EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Department of the Treasury

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, C Name of organization D Employer identification number Check if applicable: MANSFIELD UNIVERSITY FOUNDATION, INC. Address change D/B/A MANSFIELD FOUNDATION Name 23-7359440 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 54 S. MAIN STREET 570-463-4040 2,802,460. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended MANSFIELD, PA 16933 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTOPHER W. VAUGHN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.MANSFIELDFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1974 M State of legal domicile: PA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE MANSFIELD UNIVERSITY **Activities & Governance** FOUNDATION, INC. (DBA THE MANSFIELD FOUNDATION) SECURES AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 431,534. 551,893. Contributions and grants (Part VIII, line 1h) 8 $3,\overline{171.}$ 831. Program service revenue (Part VIII, line 2g) 1,150,132. 935,868. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 136,352. -143,969. 11 504,585. ,561,227. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 505,261. 404,769. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 304,604. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 312,485. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 285,286. 341,821. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,095,151. 1,059,075. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 409,434. 502,152. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 24,872,073. 21,971,825. 20 Total assets (Part X, line 16) 232,061. 245,082. 21 Total liabilities (Part X, line 26) 三年 640,012. 726,743 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTOPHER W. VAUGHN, TREASURER Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name KATHERINE E. STICKLER, CP KATHERINE E. STICKLE 05/11/23 self-employed P00385238 Paid Firm's name ▶ MENGEL, METZGER, BARR & CO. LLP Firm's EIN ▶ 16-1092347 Preparer Firm's address 333 EAST WATER ST, STE 200 Use Only Phone no. 607-734-4183 ELMIRA, NY 14901 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MANSFIELD UNIVERSITY FOUNDATION, INC. (DBA THE MANSFIELD
	FOUNDATION) SECURES AND PRUDENTLY MANAGES FINANCIAL SUPPORT AND
	DISTRIBUTES RESOURCES IN ACCORDANCE WITH DONOR INTENT TO PROVIDE
	FUNDING FOR EDUCATIONAL PROGRAMS, SCHOLARSHIPS, AND A BROAD RANGE OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 488. including grants of \$) (Revenue \$)
	PAYMENTS TO MANSFIELD UNIVERSITY FOR CAPITAL AND OTHER PROJECTS -
	MANSFIELD FOUNDATION CAPITAL AND OTHER EXPENDITURES ARE MADE FOR THE
	PURCHASE OF FURNITURE, EQUIPMENT, CLASSROOM, LAB SUPPLIES AND OTHER
	COSTS THAT ARE NECESSARY FOR EDUCATIONAL PROGRAMMING AND UNIVERSITY
	OPERATIONS THAT HELP ENSURE THE CONTINUED ADVANCEMENT AND SUCCESS OF
	MANSFIELD UNIVERSITY.
4b	(Code:) (Expenses \$ 404,769 • including grants of \$ 404,769 •) (Revenue \$)
	SCHOLARSHIPS - GENEROUS DONORS TO THE MANSFIELD FOUNDATION HAVE
	PROVIDED ENDOWED AND EXPENDABLE FUNDS TO BE USED FOR PROVIDING STUDENT
	SCHOLARSHIPS AND AWARDS BASED ON DONOR DESIGNATION AND CRITERIA. THE
	ORGANIZATION AWARDS OVER 350 ANNUAL SCHOLARSHIPS AND AWARDS TO BOTH
	FRESHMAN AND UPPERCLASSMEN BASED ON NEED AND MERIT. THIS SUPPORT IS
	INSTRUMENTAL IN THE FOUNDATION'S GOAL OF PROVIDING ACCESS TO A QUALITY
	EDUCATION AT AN AFFORDABLE COST.
4c	(Code:) (Expenses \$
	ACADEMIC PROJECTS - FOUNDATION SUPPORTED ACTIVITIES AND PROGRAMS FOR
	MANSFIELD UNIVERSITY STUDENT PROJECTS, ACADEMIC PROGRAMS, FACULTY
	SUPPORT, ADVANCEMENT AND DEVELOPMENT, TRAVEL, PUBLIC SERVICE, SPEAKERS,
	EXTERNAL RELATIONS, ATHLETICS AND OTHER CAMPUS EVENTS AND ACTIVITIES TO
	CAPITALIZE ON STUDENT AND FACULTY OPPORTUNITIES TO ENSURE THE LONG-TERM
	SUCCESS OF MANSFIELD UNIVERSITY FOR FUTURE GENERATIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 564,119.
	Form 990 (2021)

MANSFIELD UNIVERSITY FOUNDATION, INC.

D/B/A MANSFIELD FOUNDATION 23-7359440 Page 3 Form 990 (2021) Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Form 990 (2021)

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X

X

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X

Х

X

Form	MANSFIELD UNIVERSITY FOUNDATION, INC. 1990 (2021) D/B/A MANSFIELD FOUNDATION 23-73!	59440	Р	age 4
	rt IV Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?			_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	
. u	Check if School up O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part v		Voc	Na

		_	_		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

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D/B/A MANSFIELD FOUNDATION 23-7359440 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	t (continued)		I	г –		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6					
	, , , , , , , , , , , , , , , , , , , ,	OI.	Х			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ			
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30				
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x		
h	If "Yes," enter the name of the foreign country	iu.				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	,					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
''	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Ves." complete Form 6069					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		_X_
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:				
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the t	form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	I by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a				
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶PA, AK, AR, CA, C	O,CT,FL,G	A,HI,	IL,	LA,	ME
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section s	501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest p	olicy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	▶			
	THE ORGANIZATION - 570-463-4040					
	54 S. MAIN STREET, MANSFIELD, PA 16933				000	(2021)
					202	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 551,893 1f 17,321 g Noncash contributions included in lines 1a-1f 551,893. h Total. Add lines 1a-1f **Business Code** 3,171. 2 a TUITION, FEES, REIMBURS 611710 3,171. Program Service f All other program service revenue 3,171. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 171,255 171,255 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,220,110. assets other than inventory b Less: cost or other basis 1,241,233. Other Revenue and sales expenses 7b 7с 978,877. c Gain or (loss) 978,877. 978,877. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a ACTUARIAL GAIN/(LOSS) ON GIFT ANN 611710 -22,589 -22,589. b NET DEPRECIATION OF TRUSTS 611710 -121,380 -121,380. d All other revenue -143,969 Total. Add lines 11a-11d 1006163. 1,561,227. 3,171. Total revenue. See instructions 12

Form **990** (2021) 132009 12-09-21

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	404,769.	404,769.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	102,816.	34,272.	34,272.	34,272
6 Compensation not included above to disqualified		V = / = <i>i</i> = <i>i</i>	\ = \(\) = \(\)	<u> </u>
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	145,406.	39,021.	68,836.	37,549
8 Pension plan accruals and contributions (include		77,1221		. , , , , , , ,
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,196.	9,552.	27,980.	9,664
10 Payroll taxes	17,067.	5,136.	7,034.	9,664 4,897
11 Fees for services (nonemployees):	•			•
a Management				
b Legal	31,549.		31,549.	
c Accounting	14,500.		14,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,260.		31,260.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	11,816.	322.	11,494.	
12 Advertising and promotion				
13 Office expenses	36,187.	6,772.	21,412.	8,003
14 Information technology				
15 Royalties				
16 Occupancy	19,250.	6,417.	6,416.	6,417
17 Travel	957.		189.	768
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,144.		5,144.	
23 Insurance	16,631.	-2,741.	19,372.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a SOFTWARD LICENSES	101,042.	20,216.	75,326.	5,500
b OTHER EXPENSES	42,042.	24,097.	17,945.	
c MAINTENANCE	12,633.	4,211.	4,211.	4,211
d SMALL EQUIPMENT	8,478.	5,231.	3,247.	
e All other expenses	10,332.	6,844.	3,488.	
25 Total functional expenses. Add lines 1 through 24e	1,059,075.	564,119.	383,675.	111,281
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Part X Balance Sheet

		Check if Schedule O contains a response or no			/A\		(D)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			674,982.	2	333,222.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ntributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified per	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	on 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			39,085.	9	38,703
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	88,271. 86,149.			
	b	Less: accumulated depreciation	10b	86,149.	6,740.	10c	2,122
	11	Investments - publicly traded securities			21,665,893.	11	18,153,093
	12	Investments - other securities. See Part IV, line			808,000.	12	1,299,955
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,677,373.	15	2,144,730
	16	Total assets. Add lines 1 through 15 (must equ			24,872,073.	16	21,971,825
	17	Accounts payable and accrued expenses			32,178.	17	48,349
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24)	Complete Part X	199,883.		196,733
		of Schedule D			232,061.		245,082
	26	Total liabilities. Add lines 17 through 25		N Y	232,001.	26	243,002
္အ		Organizations that follow FASB ASC 958, che	eck nere				
ဗ္ဗ	07	and complete lines 27, 28, 32, and 33.			2,283,729.	27	3,262,582
<u>a</u>	27				22,356,283.	28	18,464,161.
8 9	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		le have	22,330,203.	20	10,404,101
들		_	956, CHE	K fiele			
Net Assets or Fund Balances	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
SSI	31	Retained earnings, endowment, accumulated in				31	
<u>'</u>	32	Total net assets or fund balances			24,640,012.	32	21,726,743.
o i					, ,	UZ	,,,

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D/B/A MANS	FIELD	FOUNI	DATION		

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,0				
3	Revenue less expenses. Subtract line 2 from line 1	3		02,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 24							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	21,7	<u> 26,7</u>	<u>743.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
			_	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3	а	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

MANSFIELD UNIVERSITY FOUNDATION, INC.

OMB No. 1545-0047

Employer identification number

23-7359440

Open to Public

D/B/A MANSFIELD FOUNDATION

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

	· · · · · · · · · · · · · · · · · · ·	
f	Enter the number of supported organizations	

g Provide the following information	about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

D/B/A MANSFIELD FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")	217,495.	230,255.	618,179.	329,649.	551,893.	1947471.
2	Tax revenues levied for the organ-	-	-	-	-	-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	217,495.	230,255.	618,179.	329,649.	551,893.	1947471.
	The portion of total contributions	·	,			,	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						565,141.
6	Public support. Subtract line 5 from line 4.						1382330.
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	217,495.	230,255.		329,649.	551,893.	1947471.
8	Gross income from interest,	,	,	•	,	,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	404,697.	478,512.	202,422.	93,403.	171,255.	1350289.
9	Net income from unrelated business	,	•	•	·	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3297760.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	105,981.
13	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	41.92 %
15	Public support percentage from 2020					15	45.26 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		_
b	10% -facts-and-circumstances test	-	-	*	-		
_	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu		•		•		•
18	Private foundation. If the organization		-				
			,	, , -,	,		(Form 990) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	quality under the tests listed by	slow, please com	piete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	.		, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	· ·		•	•		·
Se	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	fies as a publicly s	supported organiz	ation	>
k	33 1/3% support tests - 2020. If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	. 55	
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
90		
46		
10a		
10b		
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Part IV Supporting Organizations (continued)

2021 D/B/A MANSFIELD FOUNDATION

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360			V	
	Did the experiencian provide to each of its supported experience by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installable).	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	6:		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: If I test describe in Furt VI the fole diaved by the organization in this redard	- UU		1

23-7359440 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	b Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

MANSFIELD UNIVERSITY FOUNDATION, INC.

23-735<u>9440 Page 8</u> D/B/A MANSFIELD FOUNDATION Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MANSFIELD UNIVERSITY FOUNDATION, INC. D/B/A MANSFIELD FOUNDATION

Employer identification number 23-7359440

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Similar Funds	or Acco	Dunts. Complete if the	
		(a) Donor adv	rised funds	(b)	Funds and other account	S
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets	held in donor advis	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal contro	l?		Yes	No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that	grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose	conferring		
	impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements. Complete if the org	anization answered '	Yes" on Form 990,	Part IV, lin	e 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that app	y)			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation o	f a historic	ally important land area	
	Protection of natural habitat		Preservation o	f a certified	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation conf	ribution in the form	of a conse	ervation easement on the	last
	day of the tax year.				Held at the End of the	Tax Year
а	Total number of conservation easements			2	2a	
b	Total acreage restricted by conservation easements			2	2b	
С	Number of conservation easements on a certified historic stru	cture included in (a)		2	2c	
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not	on a historic structu	ıre		
	listed in the National Register			[2	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	organizat	ion during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, insp	ection, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	, and enforcing cons	servation e	easements during the yea	r
	>					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conserva	tion easen	nents during the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	n's financial statem	ents that c	lescribes the	
Da	organization's accounting for conservation easements.	Aut Historia al T		ls s O':	San Assats	
Pal	organizations Maintaining Collections of		reasures, or O	ner Sim	iliar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for publ	•	•		of public	
	service, provide in Part XIII the text of the footnote to its finance					
b	, .	•				
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furtl	nerance of	public service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
_					\$	
2	If the organization received or held works of art, historical trea			I gain, pro	vide	
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,				\$	
	Assets included in Form 990, Part X)	\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 9	90) 2021

132051 10-28-21

Sche	dule D (Form 990) 2021 D/B/A M	LD UNIVERSI ANSFIELD FO	UNDATION	-		359440 Pa	age 2		
Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar Asset	S (continued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use of its				
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	b Scholarly research e Other								
С	c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma					Yes	No		
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	on Form 990, Part IV	, line 9, or			
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•						
	on Form 990, Part X?					Yes	No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			Amount			
	De visacio e la decesa				4.	Amount			
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance Did the organization include an amount on Fo					Yes	-No		
	If "Yes," explain the arrangement in Part XIII.				•		No		
Pai									
	Complete	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years	back		
1a	Beginning of year balance	17,855,830.	17,820,721.	17,896,240					
	Contributions	135,121.	93,781.	360,318			396.		
	Net investment earnings, gains, and losses	3,372,341.	547,226.	444,003	. 1,525,624	1,428,	234.		
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	1,025,088.	605,898.	879,840	. 812,390	. 799,	571.		
f	Administrative expenses								
g	End of year balance	20,338,204.	17,855,830.	17,820,721	. 17,896,240	. 17,117,	226.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	13.6466	_%						
b	Permanent endowment ► 74.2075	%							
С	Term endowment ▶ 12.1458	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	d administered for	the organization				
	by:					Yes	No		
	(i) Unrelated organizations					3a(i) X			
	(ii) Related organizations						X		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?			3b			
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.						
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot			Accumulated	(d) Book value			

1,125. 997.

Schedule D (Form 990) 2021

2,122.

e Other

basis (other)

22,447.

65,824.

basis (investment)

1a Land **b** Buildings

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

d Equipment

depreciation

21,322.

64,827.

	NIVERSITY FOUN IELD FOUNDATIO		3-7359440 Page 3
Schedule D (Form 990) 2021 D/B/A MANSF Part VII Investments - Other Securities.	TEDD FOONDAILO	<u> </u>	J /JJJ + + O Page O
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(4) Florestel declaration	(-,	(0,	
(O) Olasak hald as it istanata			
(2) Closely neid equity interests			
(A) OTHER INVESTMENTS	1,299,955.	END-OF-YEAR MARKE	T VALUE
(B)	1,233,3331		1 1111011
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,299,955.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) BENEFICIAL INTERESTS IN P	ERPETUAL TRUST	S	862,159.
(2) CASH VALUE OF LIFE INSURAL	NCE		249,563.
(3) OTHER ASSET			17,135.
(4) PLEDGES RECEIVABLE			179,750.
(5) TRADEMARK			4,866.
(6) CONSTRUCTION IN PROCESS			831,257.
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		2,144,730.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIES	PAYABLE		196,733.
(3)			

(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(4) (5)

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	turn.	reer = e rage	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	-1,885,454.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•			
а	Net unrealized gains (losses) on investments	2a	-3,415,421.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-3,415,421.	
3	Subtract line 2e from line 1			3	1,529,967.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	21 260			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,260.			
b	Other (Describe in Part XIII.)	4b		٠.	21 260	
	Add lines 4a and 4b			4c	31,260. 1,561,227.	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statemen	nte W	ith Fynansas nar F	5 Retur		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	113 11	itii Experises per i	ıcıuı	•••	
				1	1,027,815.	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	1,027,013	
2 a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		-		
C	Other losses	2c		1		
	Other (Describe in Part XIII.)			1		
	Add lines 2a through 2d			2e	0.	
3	Subtract line 2e from line 1			3	1,027,815.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,260.			
	Other (Describe in Part XIII.)	4b	,			
	Add lines 4a and 4b			4c	31,260.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,059,075.	
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal int	formation.			
PAF	T V, LINE 4:					
THE	PRIMARY USE OF THE ENDOWMENT FUNDS ARE FOR	R SC	HOLARSHIPS F	OR		
	THE PURISH OF A DESCRIPTION OF THE PURISH OF					
TNT	DIVIDUALS ATTENDING MANSFIELD UNIVERSITY.					
DAE	туттые Э.					
PAF	T X, LINE 2:					
THE	FOUNDATION IS A TAX-EXEMPT ORGANIZATION UN	NDER	SECTION 501	(C)	(3) OF THE	
רואד	ERNAL REVENUE CODE AND APPLICABLE STATE REC	ΣΤΤΤ. Δ	TTONS AND A	CCO	RDINGLY	
	THE REPORT CODE IND INTERESTED DITTER		TIOND IND, II		RDINGEI,	
TS	EXEMPT FROM FEDERAL AND STATE TAXES ON INCO	OME.				
		, , , , , , , , , , , , , , , , , , ,				
THE	FOUNDATION FILES TAX RETURNS IN THE U.S. I	EDE	RAL JURISDIC	TIO	N AND IN	
					-	
SEV	ERAL STATES. THE TAX RETURNS FOR THE YEARS	S EN	DED JUNE 30,	20	19 THROUGH	
JUNE 30, 2022 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS AND VARIOUS						

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)
STATES. MANAGEMENT OF THE FOUNDATION BELIEVES IT HAS NO MATERIAL
UNCERTAIN TAX POSITIONS AND, ACCORDINGLY HAS NOT RECOGNIZED ANY LIABILITY
FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

MANSFIELD UNIVERSITY FOUNDATION, INC.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	D/B/A MAN	SFIELD FO	UNDATION					23-73.	59440
Part I	General Information on Grants a	nd Assistance					•		
1 Do	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
	eria used to award the grants or assis							X Yes	No No
	scribe in Part IV the organization's pro								
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of o or assistanc	
-									
2 Ent	ter total number of section 501(c)(3) a	nd government or	anizations listed in th	e line 1 table	I	l	1	•	
	ter total number of other organization	-	-						
	or Paperwork Reduction Act Notice							Schedule I (Form	990) 2021

D/B/A MANSFIELD FOUNDATION 23-7359440 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (f) Description of noncash assistance (b) Number of (c) Amount of (d) Amount of nonrecipients cash grant cash assistance SCHOLARSHIPS 404,769. 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE MANSFIELD FOUNDATION HAS DELEGATED THE SELECTION OF THE SCHOLARSHIP RECIPIENTS TO THE UNIVERSITY THROUGH THEIR SCHOLARSHIP COMMITTEE, THE ATHLETIC DEPARTMENT AND ACADEMIC DEPARTMENTS. THE FOUNDATION WORKS WITH THE UNIVERSITY IN THE AWARDING PROCESS TO ENSURE DONOR AGREEMENTS ARE FOLLOWED.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MANSFIELD UNIVERSITY FOUNDATION, INC. D/B/A MANSFIELD FOUNDATION

Employer identification number 23-7359440

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRUDENTLY MANAGES FINANCIAL SUPPORT AND DISTRIBUTES RESOURCES IN ACCORDANCE WITH DONOR INTENT TO PROVIDE FUNDING FOR EDUCATIONAL SCHOLARSHIPS AND RESEARCH OPPORTUNITIES IN THE NORTHERN TIER PROGRAMS, OF PA BENEFITTING MANSFIELD UNIVERSITY'S STUDENTS, FACULTY, ALUMNI AND THE GENERAL MANSFIELD UNIVERSITY COMMUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY EFFORTS THROUGHOUT THE NORTHERN TIER OF PENNSYLVANIA. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 WAS PROVIDED TO AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS MEMBERS ARE GIVEN A FORM TO COMPLETE AND ANNUALLY, SIGN INDICATING ANY CONFLICTS OF INTEREST. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: PA , AK , AR , CA , CO , CT , FL , GA , HI , IL , LA , ME , MD , MA , MI , MN , MS , NV , NH , NJ , NM , NY , NC , OH , OK OR,RI,SC,TN,TX,UT,VT,VA,WA,WV,WI,WY FORM 990, PART VI, SECTION C, LINE 18: ALL DOCUMENTS ARE AVAILABLE THROUGH THE IRS WEBSITE OR UPON REQUEST FROM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

THE ORGANIZATION.

Schedule O (Form 990) 2021	Page 2
Name of the organization MANSFIELD UNIVERSITY FOUNDATION, INC. D/B/A MANSFIELD FOUNDATION	Employer identification number 23-7359440
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE THROUGH THE IRS WEBSITE OR UPO	N REQUEST FROM
THE ORGANIZATION.	
FORM 990, PART XII, LINE 2C	
THE AUDIT REVIEW PROCESS HAS NOT CHANGED.	