Public Disclosure Copy

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internal rieve						
forms liste Contracts	<b>c filing (e-file).</b> You can electronically file Form 8868 to ed below with the exception of Form 8870, Information F s, for which an extension request must be sent to the IRS is form, visit www.irs.gov/e-file-providers/e-file-for-chari	Return for S in paper	Transfers Associated With Certain P format (see instructions). For more c	ersonal Be	enefit	
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
•	ations required to file an income tax return other than For Form 7004 to request an extension of time to file income		• • • • •	s, REMICs	s, and trusts	
Type or print	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	ridentification numb	er (TIN)
	MOUNT MARTY UNIVERSITY				46-028333	6
File by the due date for filing your return. See <b>1105 WEST 8TH STREET</b>						
instructions.	City, town or post office, state, and ZIP code. For a for <b>YANKTON</b> , <b>SD</b> 57078	-				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)	<u></u>		01
Application	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
						11
Form 990-T (trust other than above)     06     Form 8870       Form 990-T (corporation)     07			12			
Teleph If the c	books are in the care of $\blacktriangleright$ 57078 one No. $\blacktriangleright$ 605-668-1603 organization does not have an office or place of business s for a Group Return, enter the organization's four digit ( $\Box$ . If it is for part of the group, check this box $\blacktriangleright$	Group Exe		f this is fo	r the whole group, c	
the ▶[ ▶[	quest an automatic 6-month extension of time until $\underline{1}$ organization named above. The extension is for the orga	anization's	return for: d ending06/30/2023	the exem	npt organization retu · n	Irn for
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	Зb	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					•
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE for	payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form <b>8868</b> (Re	ev. 1-2022

# FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► Go to www.irs.gov/Form8868 for the latest information

Form **8868** (Rev. January 2022)

Department	of the Irea	SURV	
Doparation	or the freu	July	
Internal Rev			

File a separate application for each return.

			** PUBLIC DISCLOSURE COPY	**	noomo Toy	OMB No. 1545-0047
_	0	90	Return of Organization Exempt From			0000
For	m J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			
		of the Treasury enue Service	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the lat	-	-	Open to Public Inspection
					UN 30, 2023	moposition
в	Check if	C Name o	organization		D Employer identifica	tion number
ä	pplicab					
	Addre chang Name	ge MOUN	T MARTY UNIVERSITY			_
		ge Doing b	usiness as		46-028333	6
	return Final	Number		n/suite	E Telephone number 605-668-1	<b>E1</b> /
	return_ termin	n-			<b>G</b> Gross receipts \$	<u>514</u> 61,436,291.
	ated Amen	ided VANTZ	own, state or province, country, and ZIP or foreign postal code TON , SD 57078		H(a) Is this a group retu	
	_return Applie tion		nd address of principal officer: MARCUS LONG		for subordinates?	
	pendi		AS C ABOVE		H(b) Are all subordinates inclu	····· = =
1	Fax-ex	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		st. See instructions
	Nebsi		MOUNTMARTY.EDU		H(c) Group exemption	
			X Corporation Trust Association Other L	Year o	of formation: 1936 M	State of legal domicile: SD
Pa	art I	Summary				
ě	1		e the organization's mission or most significant activities: <u>THE INS</u> C UNIVERSITY OF HIGHER LEARNING.	TTT	UTION IS A PI	KIVATE,
Governance	2	Check this bo		moro	than 25% of its not asso	
verr	3		ing members of the governing body (Part VI, line 1a)			19
ĝ	4		ependent voting members of the governing body (Part VI, line 1b)			18
ې د	5		of individuals employed in calendar year 2022 (Part V, line 2a)			529
Activities &	6		of volunteers (estimate if necessary)			35
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			-2,485.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
		o			Prior Year 6,119,213.	Current Year
ne	8		and grants (Part VIII, line 1h)		21,783,504.	<u>4,054,156.</u> 27,364,878.
Revenue	9 10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,832,953.	8,986,763.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,219,778.	195,799.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,955,448.	40,601,596.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		10,391,459.	11,029,344.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		10,711,887.	11,550,750.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 613,065.		80,090.	80,089.
ă					0 102 124	9,848,632.
_	1 ''		es (Part IX, column (A), lines 11a·11d, 11f·24e) s. Add lines 13·17 (must equal Part IX, column (A), line 25)	·	9,182,134. 30,365,570.	32,508,815.
	10		expenses. Subtract line 18 from line 12		1,589,878.	8,092,781.
or					ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		70,710,505.	71,794,505.
ASS	21		(Part X, line 26)		27,573,136.	26,657,155.
INet	22		fund balances. Subtract line 21 from line 20		43,137,369.	45,137,350.
Pa	art II	Signature				
Und	er nen:	alties of neriury	I declare that I have examined this return including accompanying schedules and s	stateme	nts and to the best of my k	nowledge and belief it is

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.

Sign	Signature of officer		Date					
Here	LORI READ, CFO, VP-FINANC	E/ADMINSTRATION						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check DTIN					
Paid	LAURIE HANSON, CPA	LAURIE HANSON, CPA	A 02/12/24 self-employed P00851848					
Preparer	Firm's name EIDE BAILLY LLP		Firm's EIN 45-0250958					
Use Only	Firm's address 345 N. REID PL.,	STE. 400						
	SIOUX FALLS, SD 5	7103-7034	Phone no. 605-339-1999					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001       12-13-22       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022)							

	990 (2022) MOUNT MARTY UNIVERSITY	46-028333	6 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE C		
	BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS		
	CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMU	•	
	PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLI	C COLLEGE 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?		Yes 🚺 No
	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 servic	es?	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expense	es, and
	revenue, if any, for each program service reported.	27 11	F 1 / 1
4a	(Code:) (Expenses \$ 29,616,560. including grants of \$ 11,029,344.) (		5,141.)
	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,373	STUDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (		)
чи			)
4c	(Code:) (Expenses \$ including grants of \$) (	Revenue \$	)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 29,616,560.		
			m 990 (0000)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		X
С	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		X X
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	11d	77	X X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	v
14a		14a		X
b	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	446		x
15	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	14b		<u> </u>
15		15		x
16	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	15		- 23
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
15		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		x

Form 990 (2022)

			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	х	
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	х	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	х	
<b>L</b>	Schedule K. If "No," go to line 25a		- 23	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			v
	any tax-exempt bonds?	24c		X X
	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
b	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			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
00	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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			<u></u>
	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	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	<u>990 (2022)</u> MOUNT MARTY UNIVERSITY 46-0283	336	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 529			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>		X
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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f				x
g				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
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	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	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		
	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.	1		
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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069.			

Form	aan	(2022)
FOIIII	990	(2022)

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 res	enonce or note to any	ling in this Dart VI	
Check in Schedule O contains a rea	sponse or note to an	y וווכ וו נווס ו מו עו	

	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 19			
	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 18			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D	a second a like of the second is a like to 0	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	oa 8b	X	
b 9		00	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Ne
10-	Did the exercitation have lead charters branches as affiliated	100	res	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	- 23	
b 120		12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х	
10	on Schedule O how this was done	13	X	
13	Did the organization have a written document retartion and destruction policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	^ X	
b	Other officers or key employees of the organization	15b	Λ	
46-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х
	taxable entity during the year?	<u>16a</u>		<u></u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
Sec	exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed	only		
10		orny) i	availal	
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain on Schedule O)			
10		finer	viol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	mano	iai	
00	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 books and records LORI READ - 605-668-1603			
	1105 WEST 8TH STREET, YANKTON, SD 57078			
	1102 whore ormediate transformed and $21010$			

F

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of					
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	rustee	l trus		ee,	npen		1099-NEC)	1099-NEC)	and related		
	below	dual ti	ıtiona		nploy	st cor	-	1000 NEO		organizations		
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			el gamzanerie		
(1) DR. MARCUS LONG	40.00		_		_	<u> </u>						
PRESIDENT				х				272,077.	0.	37,603.		
(2) ANDREA ROBERTS	40.00											
DIR. AND ASST. PROFANESTHESIA						X		211,552.	0.	35,603.		
(3) LARRY DAHLEN	40.00											
PROFNURSE ANESTHESIA						X		174,265.	0.	24,961.		
(4) TAYLOR REHFELDT	40.00											
ASST. PROFNURSE ANESTHESIA						X		187,397.	0.	8,955.		
(5) JAMES BARNETT	40.00											
ASST. PROFNURSE ANESTHESIA						X		163,741.	0.	25,837.		
(6) WILLIAM MILLER	40.00											
EXECUTIVE VICE PRESIDENT AND PROVOST					Х			155,689.	0.	33,450.		
(7) BROCK SMITH	40.00											
ASST. PROFNURSE ANESTHESIA						X		167,022.	0.	10,871.		
(8) TABITHA LIKNESS	40.00											
VP OF FINANCE/ ADMIN UNTIL 05/23				Х				77,144.	0.	9,107.		
(9) DR. JIM FITZGERALD	2.50											
CHAIR		Х		Х				0.	0.	0.		
(10) MR. ROB STEPHENSON	2.50											
VICE CHAIR		Х		х				0.	0.	0.		
(11) MR. DENIS FOKKEN	2.50											
TREASURER		Х		х				0.	0.	0.		
(12) S. MARY JO POLAK	2.50											
SECRETARY		Х		х				0.	0.	0.		
(13) DR. J. LEE JOHNSON	1.30											
DIRECTOR		Х						0.	0.	0.		
(14) DR. LORI HANSEN	1.30											
DIRECTOR FROM 01/23		Х						0.	0.	0.		
(15) FR. JAMES KEITER	1.30											
DIRECTOR		Х						0.	0.	0.		
(16) FR. PAUL RUTTEN	1.30	l						_				
DIRECTOR FROM 01/23		Х						0.	0.	0.		
(17) MR. DARYL THURINGER	1.30	l							-			
DIRECTOR		Х						0.	0.	0.		

Form 990 (2022) MOUNT MA	RTY UNIV	'ER	SI	ΤY					46-02	2833	336	Pag	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	(C Posi heck n ss pers id a dir	tion nore son is	than o s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	I	am	(F) imated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	comp fro orga and	pensatio om the anizatio related nizatior	n d
(18) MR. DONALD ROBY DIRECTOR	1.30	x						0.		ο.			0.
(19) MR. JEFF MAY	1.30												•
DIRECTOR UNTIL 09/22	1 20	Х						0.		0.			0.
(20) MR. JOHN PORTER DIRECTOR	1.30	x						0.		0.			0.
(21) MR. SHAWN GALLAGHER DIRECTOR	1.30	x						0.		0.			0.
(22) MS. DEB FISCHER-CLEMENS DIRECTOR FROM 01/23	1.30	x						0.		ο.			0.
(23) MR. MICHAEL DONOHOE DIRECTOR	1.30	x						0.		ο.			0.
(24) S. BARBARA MCTAGUE DIRECTOR	1.30	x						0.		ο.			0.
(25) S. CAROL JEAN VANDENHEMEL DIRECTOR	1.30	x						0.		ο.			0.
(26) S. MARIBETH WENTZLAFF	1.30												_
DIRECTOR FROM 01/23		Х						0.		0.	100		<u>0.</u>
1b Subtotal								1,408,887.		0.	190	5,38	<u>/.</u> 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							•	1,408,887.		0.	186	5,38	
<ul> <li>2 Total number of individuals (including but r compensation from the organization</li> </ul>						) wh	o re		000 of reportable			,	7
												Yes	No
3 Did the organization list any former officer	, director, truste	ee, k	key e	emplo	oyee	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the su												X	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										·····	4		
rendered to the organization? If "Yes." con											5		х
Section B. Independent Contractors		201	01 00		/0/0								
	·												
(A) (B) (C) Name and business address Description of services Compensation													
LADDIN FOOD MANAGEMENT SERVICES, LLC													
W 8704, MINNEAPOLIS, MN 55485-5704 FOOD SERVICE 1,014,047						7.							
TELFL CONSTRUCTION CORP. 00 W 23RD ST, YANKTON, SD 57078 CONSTRUCTION 728,86					8,86	0.							
ANTHOLOGY PO BOX 850001, ORLANDO, H								SOFTWARE				.,48	
FRESH PRODUCE, 400 N MAIN SIOUX FALLS, SD 57104			ΤE	1(	00	,		MARKETING					
SIOUX FALLS, SD 57104 MARKETING 242,846.							<u>.</u>						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Form 990 MOUNT MA									46-028	3336
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		lv)	compensation	compensation	amount of
	per	(					.,,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	e or	tee			sate		(1000 10100)		and related
	organizations	ruste	1 trus		ee	npen				organizations
	below	ualt	tiona		lod	tcol	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
··	,	-	-	0	×	Ξ.	Ē			
(27) S. MILDRED BUSCH	1.30									_
DIRECTOR		Х						0.	0.	0.
(28) S. PATRICIA ANN TOSCANO	1.30									
DIRECTOR		х						0.	0.	0.
(29) LORI READ	40.00									
CFO FROM 05/23				x				0.	0.	0.
CIO INOM 03723								0.	0.	0.
		-								
		_								
		-								
	ļ									
	I	I		I	I		1			<u> </u>
Total to Part VII, Section A, line 1c										

		Check if Schedule O o	contains a	response	or note to any line		(D)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclude from tax under sections 512 - 5
Ś	1 a	Federated campaigns		1a					
Iun		• • • • •		1b					
e mo		Fundraising events		1c	5,000.				
and Other Similar Amounts				1d	49,160.				
Ĩ		Government grants (contr		1e	654,287.				
3		All other contributions, gifts,							
the		similar amounts not included	above	1f	3,345,709.				
D	g	Noncash contributions included in	lines 1a-1f	1g \$	17,174.				
aŭ	h	Total. Add lines 1a-1f				4,054,156.			
					Business Code				
	2 a	TUITION & FEES			611710	23,002,104.	23002104.		
Ð	b	ROOM AND BOARD			611710	3,598,444.	3,598,444.		
nue	С	SPORTING EVENT ADMN	ISSION		611710	21,503.	21,503.		
eve	d	l							
Hevenue	е				ļ ļ				
		All other program service			611710	742,827.	745,312.	-2,485.	
	g	Total. Add lines 2a-2f				27,364,878.			
	3	Investment income (incluc	ling divide	nds, intere	st, and				
						328,519.			328,53
	4	Income from investment c		• •	F				
	5	Royalties							
			(i	) Real	(ii) Personal				
	6 a	Gross rents	6a	62,577.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6c	62,577.					
		Net rental income or (loss)				62,577.			62,5
	7 a	Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	<b>7a</b> 29,3	399,166.					
	b	Less: cost or other basis							
			7b 20,						
			7c 8,6		L				
		Net gain or (loss)				8,658,244.			865824
	8 a	Gross income from fundraisi							
'		including \$	-						
		contributions reported on	,		07 400				
		Part IV, line 18							
		Less: direct expenses			11,985.	85,444.			85,44
		Net income or (loss) from		· _	·····	05,444.			05,4
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	IU a	Gross sales of inventory, I			129,566.				
	F	and allowances			· · · · · · · · · · · · · · · · · · ·				
					, ,	47,778.	47,778.		
+	C	Net income or (loss) from	Sales UI III	ventory	Business Code	17,770.	17,770.		
	11 ~								
an	11 а ь								
Revenue	b								
Яе	c								
		All other revenue							
1	e	Total. Add lines 11a-11d				40,601,596.	27415141.	-2,485.	

# Form 990 (2022) MOUNT MARTY UNIVERSITY Part VIII Statement of Revenue Vision Vision

Check here

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form	990 (2022) MOUNT MARTY t IX Statement of Functional Expense	UNIVERSITY		46-02	83336 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	11,029,344.	11,029,344.		
3	Grants and other assistance to foreign	11,025,5110	11/025/0110		
Ŭ	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	604,085.		604,085.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	75 000	75 000		
-	persons described in section 4958(c)(3)(B)	75,822. 9,033,598.	75,822. 8,278,666.	441,690.	313,242.
7 8	Other salaries and wages Pension plan accruals and contributions (include	9,033,390.	0,270,000.	441,090.	515,242.
0	section 401(k) and 403(b) employer contributions)	294,717.	279,549.	6,320.	8.848.
9	Other employee benefits	924,804.	834,639.	63,751.	8,848.
10	Payroll taxes	617,724.	533,230.	64,825.	19,669.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	97,988.		97,988.	
	Accounting	22,951.		22,951.	
	Lobbying	80,089.			80,089.
	Professional fundraising services. See Part IV, line 17 Investment management fees	00,009.			00,009.
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	816,946.	705,773.	97,490.	13,683.
12	Advertising and promotion	339,421.	311,752.	97,490. 27,150.	519.
13	Office expenses	535,559.	383,641.	118,340.	33,578.
14	Information technology	476,313.	18,158.	458,155.	
15	Royalties		000 100	10.000	4 959
16		894,499.	877,190.	12,936.	4,373.
17	Travel	645,028.	622,644.	13,654.	8,730.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	970,896.	849,534.	87,132.	34,230.
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	1,576,593.	1,551,893.	18,525.	6,175.
23	Insurance	236,410.	233,364.	2,281.	765.
24	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.)				
а	FOOD SERVICES	1,106,745.	1,083,210.	3,142.	20,393.
b	SUPPLIES	634,507.	607,380.	7,654.	19,473.
с	REPAIRS AND MAINTENANCE	424,794.	370,359.	53,007.	1,428.
d	MEMBERSHIP FEES	212,571.	207,718.	3,583.	1,270.
	All other expenses	857,411. 32,508,815.	762,694. 29,616,560.	74,531.	<u>20,186.</u> 613,065.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JZ, JUO, OLJ.	49,010,30U.	4,413,130.	013,003.

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Form 990 (		 MARTY	UNIVERSITY
Part X	Balance Sheet		

		Check if Schedule O contains a response or note	to anv	line in this Part X			
			to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			3,437,019.	2	1,637,497.
	3	Pledges and grants receivable, net			1,650,440.	3	1,723,157.
	4	Accounts receivable, net			972,289.	4	1,166,679.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ns		5	
	6	Loans and other receivables from other disqualifie	d pers	ons (as defined			
		under section 4958(f)(1)), and persons described in	n secti	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			855,962.	7	852,846.
Assets	8	Inventories for sale or use				8	
As	9				1,026,866.	9	780,056.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	56,131,908.			
	b	Less: accumulated depreciation		24,994,011.	31,121,668.	10c	31,137,897.
	11	Investments - publicly traded securities			31,035,117.	11	33,701,817.
	12	Investments - other securities. See Part IV, line 11			519,492.	12	696,381.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			91,652.	15	98,175.
	16	Total assets. Add lines 1 through 15 (must equal			70,710,505.	16	71,794,505.
	17	Accounts payable and accrued expenses			835,057.	17	941,937.
	18	Grants payable				18	
	19	Deferred revenue			1,143,428.	19	1,262,761.
	20	Tax-exempt bond liabilities			13,407,143.	20	12,952,857.
	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or former	r office	er, director,			
Liabilities		trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
abi		controlled entity or family member of any of these	perso	ns		22	
Ξ	23	Secured mortgages and notes payable to unrelate	ed thirc	parties	5,401,270.	23	5,229,607.
	24	Unsecured notes and loans payable to unrelated t	hird pa	arties		24	
	25	Other liabilities (including federal income tax, paya	ables to	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D			6,786,238.	25	6,269,993.
	26	Total liabilities. Add lines 17 through 25			27,573,136.	26	26,657,155.
		Organizations that follow FASB ASC 958, check	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	10,327,018.	27	9,549,040.		
Ba	28	Net assets with donor restrictions	32,810,351.	28	35,588,310.		
pur		Organizations that do not follow FASB ASC 958					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equi				30	
t As	31	Retained earnings, endowment, accumulated inco				31	
Net	32	Total net assets or fund balances		L	43,137,369.	32	45,137,350.
	33	Total liabilities and net assets/fund balances			70,710,505.	33	71,794,505.

Form **990** (2022)

Form	1990 (2022) MOUNT MARTY UNIVERSITY	46-	-0283336	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				<u>u</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,60	)1,5	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,50	8,8)	15.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,09	92,7	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,13	37,3	69.
5	Net unrealized gains (losses) on investments	5	-6,11	.0,9	57.
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	1	.8,1	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	45,13	37,3	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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?		2b	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	- I		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

### **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.

OMB No. 1545-0047
2022
Open to Public Inspection

н

Name of the	organization
-------------	--------------

Nan	ne of t	the organization							dentification number
			T MARTY UN						6-0283336
Pa	irt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	X	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).		
4	$\square$	A medical research organization					•	)(iii). Enter	the hospital's name,
		city, and state:	•						
5		An organization operated for	or the benefit of a col	lleae or university owned	or operate	ed by a do	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C		5		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	$\square$	An organization that norma	•					no gonoral r	public described in
'		section 170(b)(1)(A)(vi). (C	•	Initial part of its support if	on a gove	annentai		ie general j	
8				(1)(A)(wi) (Complete Der	• 11 \				
	$\square$	A community trust describe			-	ad in aanii	nation with a	land grant	aallaga
9		An agricultural research org	•					-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
40		university:	1	11					
10		An organization that norma	•					-	•
		activities related to its exem		-					
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11		An organization organized a	•		•				
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported c							
g	Prov	vide the following informatior							
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<b>T</b> - 1									
Tota	31						1		1

Schedule	A (Form 990) 2022
Part II	Support Sc

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10						
12		etc. (see instructiv	ons)			12	
13	First 5 years. If the Form 990 is for th		,			01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	% or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organ	nization
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization	-	
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin			
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization						

Schedule A (Form 990) 2022

Schedule A	Form	990	) 2022

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 qualify under the tests listed below, please complete Part II.)
Section A. Public Support

Section A. Fublic Sup	μοπ							
Calendar year (or fiscal year be	eginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2	022	<b>(f)</b> Total
1 Gifts, grants, contribution	ons, and							
membership fees receiv	/ed. (Do not							
include any "unusual gr	rants.")							
2 Gross receipts from adr merchandise sold or se formed, or facilities furn any activity that is relate organization's tax-exem	rvices per- hished in ed to the							
3 Gross receipts from act	tivities that							
are not an unrelated tra iness under section 513								
4 Tax revenues levied for	the organ-							
ization's benefit and eit or expended on its beh	-							
5 The value of services or	r facilities							
furnished by a governm the organization withou								
6 Total. Add lines 1 throu	•							
7a Amounts included on lin								
3 received from disgual	, ,							
b Amounts included on lines 2 and from other than disqualified persected the greater of \$5,000 or amount on line 13 for the year	d 3 received sons that 1% of the							
<b>c</b> Add lines 7a and 7b								
8 Public support. (Subtract li								
Section B. Total Supp	ort		•		•			
Calendar year (or fiscal year be	eginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2	022	<b>(f)</b> Total
9 Amounts from line 6								
<b>10a</b> Gross income from inte dividends, payments re securities loans, rents, r and income from simila	ceived on royalties,							
<b>b</b> Unrelated business taxable	e income							
(less section 511 taxes) fro	om businesses							
acquired after June 30, 19	75							
<b>c</b> Add lines 10a and 10b								
11 Net income from unrela activities not included c whether or not the busi regularly carried on	ited business on line 10b,							
12 Other income. Do not in or loss from the sale of assets (Explain in Part V	capital							
13 Total support. (Add lines 9,								
14 First 5 years. If the For	m 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) or	ganizatio	n,
check this box and <b>sto</b>	phere							
Section C. Computati	on of Publi	c Support Per	centage					
15 Public support percenta	age for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15		%
16 Public support percenta						16		%
Section D. Computati	on of Inves	tment Income	e Percentage					
17 Investment income per	centage for <b>20</b>	<b>22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
18 Investment income per	centage from	2021 Schedule A,	Part III, line 17			18		%
19a 33 1/3% support tests						33 1/3%, ai	nd line 17	' is not
more than 33 1/3%, che								
b 33 1/3% support tests	- 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33	3 1/3%, ar	nd
line 18 is not more than	1 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organ	nization	
20 Private foundation. If t	the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check tl	his box and see ins	structions		

#### MOUNT MARTY UNIVERSITY Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

9b 9c 10a 10b

Yes

No

#### Schedule A (Form 990) 2022 MOUNT MARTY UNIVERSITY

1

2

Yes No

Pa	rt IV Supporting Organizations (continued)			
		•	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?	а		
b	A family member of a person described on line 11a above? 11	5		
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.	C		
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			

	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 <b>Part VI</b> how the supported organization(s)					
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support						
	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.					
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, supporting organization

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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	
	the supported organization(c)	1

#### Section D. All Type III Supporting Organizations

			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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** 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.*

No

Yes

	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	1
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		
Sect	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		

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

eА	(Form 990	2022 (	MOU	NT

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Schedule A	(Form 990	) 2022	MOUNT	MARTY	UNIVERSITY	
Part V	Type II	Non-Funct	ionally Inte	egrated 5	09(a)(3) Supportin	g Organizations

<u>Sch</u> e	dule A (Form 990) 2022 MOUNT MARTY U				6-0283336 Pag
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	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 the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
f					
	Applied to underdistributions of prior years				
g	Applied to underdistributions of prior years Applied to 2022 distributable amount				
g h	Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)				
g h	Applied to 2022 distributable amount				
g h	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)				
g h i j	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
g h j 4	Applied to 2022 distributable amount         Carryover from 2017 not applied (see instructions)         Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         Distributions for 2022 from Section D,         line 7:       \$				
g h j 4	Applied to 2022 distributable amount         Carryover from 2017 not applied (see instructions)         Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         Distributions for 2022 from Section D,         line 7:       \$         Applied to underdistributions of prior years				
g h j 4 a b	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount				
g h j 4 a b	Applied to 2022 distributable amount         Carryover from 2017 not applied (see instructions)         Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         Distributions for 2022 from Section D,         line 7:       \$         Applied to underdistributions of prior years         Applied to 2022 distributable amount         Remainder. Subtract lines 4a and 4b from line 4.				
g h j 4 a b c	Applied to 2022 distributable amount         Carryover from 2017 not applied (see instructions)         Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         Distributions for 2022 from Section D,         line 7:       \$         Applied to underdistributions of prior years         Applied to 2022 distributable amount         Remainder. Subtract lines 4a and 4b from line 4.         Remaining underdistributions for years prior to 2022, if				
g h j 4 a b c	Applied to 2022 distributable amount         Carryover from 2017 not applied (see instructions)         Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         Distributions for 2022 from Section D,         line 7:       \$         Applied to underdistributions of prior years         Applied to 2022 distributable amount         Remainder. Subtract lines 4a and 4b from line 4.				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	MOUNT	MARTY	UNIVERSIT	Y		46-0283336 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4t lines 2 and 3;	), 4C, 5a, 6, 9 Part IV, Sec	9a, 9b, 9c, 11a, 11 ction E, lines 1c, 2a	b, and 11c; Part IV, S a, 2b, 3a, and 3b; Par	t V, line 1; Part V,	Section B, line 1e; Part V,

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

46-0283336

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

MOUNT	MARTY	UNIVERSITY

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
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Name of organization

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 127,025. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 110,959. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 86,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 72,361. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

#### MOUNT MARTY UNIVERSITY

(a)

No.

12

MOUNT	MARTY UNIVERSITY	4
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
7		\$153,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
8_		\$100,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9		\$40,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>   10</u>		\$27,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
11		
		\$ 21,507.

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person

Payroll Noncash

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

6-0283336

#### (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) **Total contributions** Type of contribution X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page 2

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$14,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>15,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>23,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### MOUNT MARTY UNIVERSITY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

Part I

#### Schedule B (Form 990) (2022)

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$9,681.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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#### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>5,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$1,000,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>66,697.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$41,770.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>26,137.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MOONT		
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr
31_		
		\$2
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr
32		

		\$ <u>25,200.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>26,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>21,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 223452 11-15-		\$23,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

(c)

**Total contributions** 

46-0283336

(d) Type of contribution

Page **2** 

Schedule B (Form 990) (2022)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>10,416.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 10,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$6,051.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022)

#### Page **2** Employer identification number

46-0283336

Name of organization

Part I

Name of organization

Employer identification number

46-0283336

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>49,160.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$7,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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223452	11-15-22	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$8,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$6,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,630.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u>10,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022) Name of organization

Part I

\_

\_

Employer	identification	number

Schedule B (Form 990) (2022)

Name of o	rganization	
MOUNT	MARTY UNIVERSITY	
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
55		\$5,15
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
56		\$5,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
57		
		\$5,3

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    56                                </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    57                                </u>		\$5,369.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>58</u>		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    59                                </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    60                                </u>		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Person Payroll

Noncash (Complete Part II for noncash contributions.)

46-0283336

5,150.

(d)

Type of contribution

X

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u>		\$6,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ <u>19,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 223452 11-1	5-22	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Part I

(a)

No.

61

TINT	Μλοπν	<u>ΙΙΝΙΙΎ</u> ΕΡΟΙΤΠΎ	

Employer identification number

46-0283336

Person Payroll

Noncash

(Complete Part II for

(c)

**Total contributions** 

\$

5,985.

Schedule B (Form 990) (2022) Name of organization

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	)

Name of organization

MOUNT MARTY UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$6,362.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

46-0283336

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
20	STOCK					
		\$9,430.	12/21/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

MOUNT MARTY UNIVERSITY

Employer identification number

46-0283336

Schedule B (Form 990) (2022)

223453 11-15-22

Name of o	rganization		Employer identification number
MOUNT	MARTY UNIVERSITY		46-0283336
Part III		through (e) and the following line en naritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is hold
Part I	(b) Fui pose or girt	(c) Use of girt	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, an		Relationship of transferor to transferee

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047	
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2022	
	· · · · ·		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public	
	ment of the Treasury I Revenue Service		0 for instructions and the latest information.		Inspection	
Nam	e of the organizati	on			identification number	
_		MOUNT MARTY UNIVERS			6-0283336	
Par		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A e 6.	ccounts.	Complete if the	
			(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at e	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a					
5	-		writing that the assets held in donor advised fur			
			exclusive legal control?		Yes No	
6	0	0	dvisors in writing that grant funds can be used	,		
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	ring		
Par	impermissible priv				Yes No	
			ganization answered "Yes" on Form 990, Part IV	/, line /.		
1		servation easements held by the organization	· · · · · ·		tent land avec	
		n of land for public use (for example, recrea		• •		
		of natural habitat	Preservation of a cer	tified historic	structure	
2	<ul> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last</li> </ul>					
2	day of the tax year	<b>o o</b> .	red conservation contribution in the form of a c		asement of the Tax Year	
а						
				2b		
c	-	• • • • • • • • • • • • • • • • • • • •	ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
	historic structure I	isted in the National Register	• • • • • • • • • • • • • • • • • • •	2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization during	g the tax	
	year					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements	s during the year	
_		<del></del>				
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements dur	ing the year	
8		wation assement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	2)/i)		
0		1 ()		,,,,	Yes No	
9			on easements in its revenue and expense state			
Ŭ		•	note to the organization's financial statements the		the	
	organization's acc	ounting for conservation easements.	-			
Par	t III   Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Ass	sets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet w	vorks	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works	s of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherand	e of public se	rvice,	
	-	ing amounts relating to these items:				
				\$		
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	\$	

Schedule D (Form 990) 2022

\$

Schedule D (Form 990) 2022 MOUNT MARTY UNIVERSITY 46-0283336 Pag				age <b>2</b>					
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Other S	Similar Ass	ets (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following tha	t make sigr	nificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	am				
b	Scholarly research	е		0.0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	on's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		ion nie organizat				,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributio	ns or other as	sets not inc	cluded			
Ĩ	on Form 990, Part X?		•				Yes		No
h	If "Yes," explain the arrangement in Part XIII a							L	
D		and complete the foll	owing table.				Amount		
•	Paginning balance					1c	,		
	Beginning balance					1d			
	Additions during the year					1e			
- -	Distributions during the year					1f			
0	Ending balance					· · · ·	Yes		
	Did the organization include an amount on Fo				-	·			_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in								_
		(a) Current year	(b) Prior year	(c) Two yea		I) Three years b	ack (e) Four	vears	hack
4.0	Designing of year balance	30,841,524.	34,620,689			28,252,42			805.
	Beginning of year balance	1,786,958.	1,601,113		1,222.	403,45			980.
b	Contributions	2,860,293.	-4,073,471		2,599.	682,44			861.
	Net investment earnings, gains, and losses					,			
	Grants or scholarships	1,451,642.	1,191,137	. 1,04	0,839.	1,131,09	<sup>91</sup> .	os/,	803.
е	Other expenditures for facilities								
	and programs	50 504	115 650	1.5	4 650	124.05	16		11.0
f	Administrative expenses	79,594.	115,670		4,652.	134,8			416.
g	End of year balance	33,957,539.	30,841,524		0,689.	28,072,35	28,	252,	427.
2	Provide the estimated percentage of the curr	· · · · ·	(line 1g, column (	a)) held as:					
а	Board designated or quasi-endowment	1.0700	_%						
b	Permanent endowment 74.4300	%							
с	Term endowment 24.5000	-							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organization	tion that are held a	and administe	red for the		r		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R	<b>?</b>			3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	Part IV, line 11a.	See Form 990	), Part X, lin	ne 10.			
	Description of property	(a) Cost or ot		st or other		umulated	(d) Book	value	е
		basis (investm	,	s (other)	depre	eciation			
1a	Land			00,717.			1,300		
b	Buildings		44,0	22,400.	16,84	42,549.	27,179	, 8	51.
	Leasehold improvements								
	Equipment			82,533.	6,60	04,424.	1,778	3,10	09.
	Other		2,4	26,258.	1,54	47,038.	879	, 22	20.
	. Add lines 1a through 1e. (Column (d) must ed						31,137	, 89	97.
						Schee	dule D (Form	990)	2022

	(Form 990) 2022			UNIVERSITY
Part VII	Investments -	Other Secu	rities.	

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. 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 end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	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	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
••			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE REMAINDER UNIT	RUST		214,758
(3) REFUNDABLE U.S. GOVERNMEN			-,
(4) ADVANCES			990,094
	VARLE		550,054
	וימתטאד		1 300 000
(6) UNSECURED			4,300,000
(7) OTHER LIABILITIES			765,141
(8)			
(9)			
			6,269,993

2. 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 ... X

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 MOUNT MARTY UNIVERSITY			46-	0283336 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	th Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	23,712,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-6,110,957.		
b	Donated services and use of facilities	2b	237,207.		
с					
d	Other (Describe in Part XIII.)	2d	-11,109,175.		
е	Add lines 2a through 2d			2e	<u>-16,982,925.</u>
3	Subtract line 2e from line 1			3	40,695,369.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		_	
b	Other (Describe in Part XIII.)	. 4b	-93,773.		
С				4c	-93,773.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					40,601,596.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	40,001,390.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per l	Retur	n.
Pa	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per l		n.
9 Pa	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents W	ith Expenses per l	Retur	n.
	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per l	1	n.
1	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W 	ith Expenses per I	1	n.
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents W	ith Expenses per l	1	n.
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents W 	ith Expenses per l	1	n.
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents W 	ith Expenses per l	1	n. 21,712,463.
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	ents W	237,207. 93,773.	1 2e	n. 21,712,463. 330,980.
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents W	237,207. 93,773.	1	n. 21,712,463.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W 2a 2b 2c 2d	237,207. 93,773.	1 2e	n. 21,712,463. 330,980.
1 2 b c d 8 3 4 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	ents W 2a 2b 2c 2d	ith Expenses per l	1 2e 3	n. 21,712,463. 330,980.
1 2 3 4 8 4 8	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	237,207. 93,773.	1 2e 3	n. 21,712,463. 330,980. 21,381,483.
1 2 3 4 8 4 8	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per l 237,207. 93,773. 11,127,332.	1 2e 3 4c	n. 21,712,463. 330,980. 21,381,483. 11,127,332.
1 2 3 4 5	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per l 237,207. 93,773. 11,127,332.	1 2e 3	n. 21,712,463. 330,980. 21,381,483.

Provide 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 additional information.

#### PART V, LINE 4:

PART X, LINE 2:

#### THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

#### POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

Schedule D (Form 990) 2022 MOUNT MARTY UNIVERSITY Part XIII Supplemental Information (continued)	46-0283336 Page 5
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL	TO THE
FINANCIAL STATEMENTS. THE UNIVERSITY WOULD RECOGNIZE FUTURE	ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS	AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENA	LTIES ARE
INCURRED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	-11,029,344.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	-97,988.
CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS	18,157.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-11,109,175.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	-81,788.
SPECIAL EVENT EXPENSES	-11,985.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-93,773.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	81,788.
SPECIAL EVENT EXPENSES	11,985.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	93,773.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	11,029,344.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	97,988.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	11,127,332.

	MOUNT MARTY UNIVERSITY 46-028				
Pa	rtl				
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,				
	bylaws, other governing instrument, or in a resolution of its governing body?		1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broch	ures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and s	cholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the				
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the				
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the gener	al			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
	UNIVERSITY CATALOG, WEBSITE, AND BROADCAST MEDIA				
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminate	ry basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing				
	with student admissions, programs, and scholarships?		4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.				
_					
5	Does the organization discriminate by race in any way with respect to:		_		v
	Students' rights or privileges?		5a		X
	Admissions policies?		5b		X
	Employment of faculty or administrative staff?		5c		X
	Scholarships or other financial assistance?		5d		X
	Educational policies?		5e		X
	Use of facilities?		5f		X
	Athletic programs?		5g		X
h	Other extracurricular activities?		5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				
				77	
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Х	37
b	Has the organization's right to such aid ever been revoked or suspended?	·····	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.				
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering				
	racial nondiscrimination? If "No," explain on Part II		7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule	E (Foi	rm 990	) 2022

## Schools Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or

OMB No. 1545-0047 2022

#### Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990)

Name of the organization

Open to Public Inspection Employer identification number

Schedule E (Form 990) 2022 MOUNT MARTY UNIVERSITY	46-0283336 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, a	and 7, as
applicable. Also provide any other additional information. See instructions.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERNMEN	T AGENCIES
THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AND C	ONTRACTS ARE USED
IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SUCH	AS SUPPLEMENTAL
EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTR	ATION OF SUCH
PROGRAMS.	

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities											
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, c	or if the	2022			
Department of the Treasury		Attach to Form 990 o	or Form	n 990	-EZ.			Open to Public			
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	ne latest informatio			Inspection			
Name of the organization								entification number			
		ARTY UNIVERSITY					46-0283				
	complete this part	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	line 17	. Form 990-EZ	I filers are not			
a X Mail solicitat	tions		tion of	non-g	overnment grants						
c X Phone solici	c X Phone solicitations g X Special fundraising events										
d 🚺 In-person so											
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		Yes				
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions		fraiser custody ntrol of from activity		mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization			
EAB - PO BOX 60351	9,		Yes	No							
CHARLOTTE, NC 282	60-3519	MARKETING SERVICES		X 0.			80,089.	0.			
		I	1	1			80.080				
						L	80,089.				
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	i it is e	xempt from re	gistration			

AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, CT

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MOUNT MARTY UNIVERSITY

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro		,	0 1	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MMU GOLF	GIVING DAY	NONE	(add col. (a) through
			CLASSIC MAY	2023		col. (c))
Ð			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue	1	Gross receipts	38,893.	63,536.		102,429
	2	Less: Contributions	5,000.			5,000
	3	Gross income (line 1 minus line 2)	33,893.	63,536.		97,429
	4	Cash prizes	900.			900
	5	Noncash prizes				
bense	6	Rent/facility costs	4,870.			4,870
Ulrect Expenses	7	Food and beverages	765.			765
5	8	Entertainment				
	9	Other direct expenses	860.	4,590.		5,450
	10	Direct expense summary. Add lines 4 through	9 in column (d)	· · · ·		11,985
	11	Net income summary. Subtract line 10 from li	( )			85,444
	rt I					
ne		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
2 Cash prizes				
3 Noncash prizes				
Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7 Direct expense summary. Add lines 2 through	5 in column (d)			
3 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	• •	• •		Yes No
100, 04piditt				
	<ul> <li>2 Cash prizes</li></ul>	1 Gross revenue   2 Cash prizes   3 Noncash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Enter the state(s) in which the organization conducts gaming activities:   1 Gross revenue	1 Gross revenue   2 Cash prizes   3 Noncash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Net gaming income summary. Subtract line 7 from line 1, column (d)	1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)

Sch	edule G (Form 990) 2022	MOUNT MARTY	UNIVERSITY	46-028	3336	Page 3
11	Does the organization conduct ga	ming activities with nonm	embers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trus	t, or a member of a partnership or other entity formed		_	
					Yes	No
	Indicate the percentage of gaming			1		
					a	%
					b	%
14	Enter the name and address of the	e person who prepares the	e organization's gaming/special events books and record	s:		
	Name					
	Address					
15a	Does the organization have a cont	tract with a third party fror	m whom the organization receives gaming revenue?		Yes	🗌 No
I	If "Yes," enter the amount of gami	ing revenue received by th	ne organization \$ and the am	ount		
	of gaming revenue retained by the	• third party \$				
0	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$	-			
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	Is the organization required under	state law to make charita	ble distributions from the gaming proceeds to		_	
					Yes	No No
I			o be distributed to other exempt organizations or spent in	n the		
Dr	organization's own exempt activiti	es during the tax year	\$			0, 10,
FC			olanations required by Part I, line 2b, columns (iii) and (v); any additional information. See instructions.	and Part III,	lines 9,	96, 106,
	100, 100, 10, anu 170, as		any additional information. See instructions.			

Part IV	Supplemental Informati	on (continued)		

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047					
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2022					
Department of the Treasury		Compi	ete ir the organizatio	Attach to Forn		rt iv, line 21 or 22.		Open to Public					
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection					
Name of the organization Employer i													
MOUNT MARTY UNIVERSITY													
Part I General Information on Grants and Assistance													
•	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?     X Yes     X Yes												
	IV the organization's pro												
·		1		1	1	(f) Method of	()	<u> </u>					
<b>1 (a)</b> Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
				1									

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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Schedule I (Form 990) 2022

MOUNT MARTY UNIVERSITY

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	605	11,029,344.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE UNIVERSITY HAS A NUMBER OF FED	ERAL AND	STATE GRAN	ITS. WITH	THE ISSUANCE	
OF EACH AWARD A TEMPORARILY RESTRIC	CTED ACCO	OUNT IS CRE	CATED IN TH	E DATABASE.	

AWARD LETTERS ARE KEPT IN A SEPARATE FILE WITH THE PRIMARY CONTACT

INFORMATION. IF THE GRANTEE DOES NOT HAVE ELIGIBILITY THE GRANT IS NOT

AWARDED. IF THE ELIGIBILITY OF THE GRANTEE HAS CHANGED THE INSTITUTION

RETURNS THE AWARDED FUNDS. THE GRANTS ARE BASED ON FAMILY INCOME

CONTRIBUTIONS, AND/OR ACADEMIC STANDING, AND/OR ATHLETIC ABILITY, AND/OR

#### INDIVIDUAL TALENT.

SCHEDULE J	I	OMB No. 1	1545-004	17				
(Form 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22				
Department of the Treasury	Attach to Form 990.		Open to		ic			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Name of the organiz			identification number 0283336					
Part I Quest	MOUNT MARTY UNIVERSITY ons Regarding Compensation	40-0.	40333	0				
				Vee	Na			
<b>to</b> Check the app	priote bay/aa) if the organization provided any of the following to as far a person listed on Form	000		Yes	No			
	opriate box(es) if the organization provided any of the following to or for a person listed on Form A, line 1a. Complete Part III to provide any relevant information regarding these items.	990,						
	or charter travel							
	companions Payments for business use of personal re							
	nification and gross-up payments Health or social club dues or initiation fee							
	ary spending account							
<b>b</b> If any of the bo	es on line 1a are checked, did the organization follow a written policy regarding payment or							
•	or provision of all of the expenses described above? If "No," complete Part III to explain		1b	х				
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
-	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		х			
3 Indicate which,	if any, of the following the organization used to establish the compensation of the organization's	6						
	Director. Check all that apply. Do not check any boxes for methods used by a related organizati							
	ensation of the CEO/Executive Director, but explain in Part III.							
Compens	tion committee Written employment contract							
Independe	nt compensation consultant Compensation survey or study							
X Form 990	of other organizations X Approval by the board or compensation of	ommittee						
4 During the year	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organization or	a related organization:							
a Receive a seve	ance payment or change-of-control payment?		. 4a		X			
	receive payment from a supplemental nonqualified retirement plan?		<b>4b</b>		X			
c Participate in o	receive payment from an equity-based compensation arrangement?		<b>4c</b>		X			
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
contingent on t			_		v			
a The organizatio	1?		<u>5a</u>		X			
	anization?		. <u>5</u> b		X			
	5a or 5b, describe in Part III.							
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
0	ne net earnings of:		6-		x			
a The organization	1?		. <u>6a</u>		X			
	anization?		. <u>6b</u>					
	Sa or 6b, describe in Part III.							
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments n lines 5 and 62 If "Ves." describe in Part III		7		x			
	n lines 5 and 6? If "Yes," describe in Part III		. 7					
			8		x			
	xception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 3, did the organization also follow the rebuttable presumption procedure described in		0					
	tion 53.4958-6(c)?		. 9					
	k Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2022			
		3011044						

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
		compensation	compensation	compensation				
(1) DR. MARCUS LONG	(i)	247,597.	0.	24,480.	12,180.	25,475.	309,732.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREA ROBERTS	(i)	211,552.	0.	0.	10,095.	25,560.	247,207.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARRY DAHLEN	(i)	174,265.	0.	0.	6,915.	18,098.	199,278.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAYLOR REHFELDT	(i)	187,397.	0.	0.	8,955.	52.	196,404.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES BARNETT	(i)	163,741.	0.	0.	8,305.	17,585.	189,631.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM MILLER	(i)	155,689.	0.	0.	8,522.	24,980.	189,191.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(7) BROCK SMITH	(i)	167,022.	0.	0.	8,471.	2,452.	177,945.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 1A:

THE PRESIDENT OF MOUNT MARTY UNIVERSITY, MARC LONG, RECEIVES \$2,000 PER

MONTH FOR A HOUSING STIPEND. THIS AMOUNT IS TAXABLE ON HIS W-2.

(Form 9 Departmer	SCHEDULE K (Form 990)         Supplemental Information on Tax-Exempt Bonds           Department of the Treasury Internal Revenue Service         Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.           Internal Revenue Service         Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											OMB No. 1545-0047 2022 Open to Public Inspection				
Name o	f the organization MOUNT MARTY										identif 283		n num	ber		
Part I	Bond Issues SE	E PART VI	FOR COLUM	N (F) CONT	INUATI	ONS	1									
	(a) Issuer name (b) Issuer EIN (c) CUSIP #			(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) Defeased (h)			) On behalf of issuer		oled		
									Yes	No	Yes	No	Yes	<u> </u>		
CT	CITY OF YANKTON, SOUTH						CONSTRUC	TON	Tes		165		165			
	KOTA	46-6000567	NONE	06/28/19	1384	1310.		NG, AND E		x		x		х		
В																
С																
_																
D Part II	Proceeds															
Parti	Floceeus	Δ			В	С				D						
1 A	1 Amount of bonds retired			888	,453.			U								
	mount of bonds legally defeased				,											
	otal proceeds of issue			13,841	,310.											
	iross proceeds in reserve funds															
				209	,756.											
<b>6</b> P	roceeds in refunding escrows															
<b>7</b> ls	suance costs from proceeds			41	,800.											
<b>8</b> C	redit enhancement from proceeds															
<b>9</b> W	orking capital expenditures from proceeds															
<b>10</b> C	apital expenditures from proceeds			13,589	,754.											
	ther spent proceeds															
-					20											
<b>13</b> Y	ear of substantial completion				20											
44 14	love the bonds issued as part of a vefice the	and of the surgers to	ando (or	Yes	No	Yes	No	Yes	No		Yes	+	No			
	/ere the bonds issued as part of a refunding issued prior to 2018, a current refunding issued prior to 2018, a current refunding issued to the second second		oonas (or,		x											
	lere the bonds issued as part of a refunding		ts (or if									+				
	sued prior to 2018, an advance refunding iss				x											
	las the final allocation of proceeds been mad			X								+				
	loes the organization maintain adequate bool											-				
	final allocation of proceeds?															

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Schedule K (Form 990) 2022

#### Schedule K (Form 990) 2022 MOUNT MARTY UNIVERSITY

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Page **2** 

Part III Private Business Use			40-	0203330				Page
		Α		в		c		C
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x						
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?		x						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		x						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
<ul> <li>4 Enter the percentage of financed property used in a private business use by entities</li> </ul>				1		1		
other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		
5 Enter the percentage of financed property used in a private business use as a		/0		/0		/0		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		%		%		
		.00 %		%		%		
<ul> <li>6 Total of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		X		/0		/0	1	
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or				1		1		
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		/0	1	
sections 1.141-12 and 1.145-2?								
<ul><li>9 Has the organization established written procedures to ensure that all</li></ul>								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage	21			11		1		<u> </u>
Aistuage		Δ		в		c	r	ס
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?				1		1		L
a Rebate not due yet?		X		1			1	
b Exception to rebate?		X						<u> </u>
c No rebate due?		X					1	<u> </u>
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						I		L
performed								
3 Is the bond issue a variable rate issue?	X							
ט וויב אטווע ושטעב מ עמוומאוב ומנב ושטעב (	23	1		<u> </u>				L

#### Schedule K (Form 990) 2022 MOUNT MARTY UNIVERSITY

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Page 3

Part IV Arbitrage (continued)								
	A		E	3	(	)	C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
Fait V Frocedures to Ondertake Corrective Action								
	Ą		E	3		>	C	)
Has the organization established written procedures to ensure that violations	A Yes	No	E Yes	3 No	( Yes	) No	C Yes	) No
		No						
Has the organization established written procedures to ensure that violations		No						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the		No						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions	Yes		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Yes		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA	Yes		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES:	Yes		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA	Yes X on Schedule H		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule H		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule H		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule H		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule H		Yes					

SCHEDULE L		Tra	nsaction	ns V	Vith	Interested	Persons			OMB No. 1545-0047				
(Form 990)	Complete if	the org				on Form 990, Part -EZ, Part V, line 38a	IV, line 25a, 25b, 26,	27, 2	8a,		2	<b>n2</b>	2	
						90 or Form 990-EZ					Open To Public			
Department of the Treasury nternal Revenue Service	Go	o to ww	w.irs.gov/Form	1990 fo	or inst	ructions and the la	test information.				spect			
lame of the organizatio	on .							Employer identification number					mber	
	MOUNT	MAR	TY UNIVE	RSI	ΤY			46	-02	833	36			
Part I Excess	Benefit Tran	sactio	ons (section 50	01(c)(3	), sect	ion 501(c)(4), and se	ction 501(c)(29) orgai	nizatio	ns on	y).				
Complete	if the organization	on answ	vered "Yes" on F	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disqua	(b) R	elationship betv			ified	(c) Description of transa				(d) Corrected?				
			person and or	rganiza	ation						Y	es	No	
											_			
											_			
											_			
											_			
											_			
<b>0 F</b>														
2 Enter the amount of section 4958		•	•	•			0		¢					
<b>3</b> Enter the amount of									•					
	or tax, if any, on	iii ie 2, e	above, reimburs	eu by		Janization			Ψ					
Part II Loans to	o and/or Fro	m Inte	erested Pers	sons.										
Complete	if the organization	on answ	vered "Yes" on F	Form 9	90-FZ	Part V. line 38a or l	Form 990, Part IV, line	- 26: c	or if th	e orga	nizatio	n		
	n amount on Fo					, ,		, .		e el gu				
(a) Name of interested persor	(b) Relat	ionship	onship (c) Purpose (d) Loan to or (e) Original (						(h) Approved by board or		(1) *	Vritten		
		mzation	onoan		zation?			defa		comm				
				To	From			Yes	No	Yes	No	Yes	No	

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

\$

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 MOUNT	MARTY	UNIVERSI	ΓTY		46-0283	336	Page <b>2</b>
Part IV Business Transactions Involv	ing Intere	sted Persor	າຣ.				
Complete if the organization answered	"Yes" on Fo	rm 990, Part IV	, line 28a, 2	8b, or 28c.			
(a) Name of interested person		nship between and the organ		(c) Amount of transaction	(d) Description of transaction		aring of ation's ues?
						Yes	No
JOE RUTTEN	FAMILY	MEMBER	OF BO	75,822.	EMPLOYEE CO		X
	•			•	•	•	

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOE RUTTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

SCHEDULE O (Form 990)

Name of the organization

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



46-0283336

MOUNT MARTY UNIVERSITY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGHER LEARNING.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL INCLUDE THE BOARD CHAIR, VICE CHAIR, SECRETARY, TREASURER, THE PRIORESS OR HER DESIGNEE, AND ADDITIONAL TRUSTEES SELECTED BY THE CHAIR. THE PRESIDENT SHALL BE AN EX-OFFICIO MEMBER WITHOUT VOTE, AND SHALL NOT BE COUNTED AS PART OF A QUORUM FOR THE PURPOSE OF TRANSACTING BUSINESS.

THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON ALL MATTERS, EXCEPT FOR THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD AND/OR THE MEMBERS: PRESIDENTIAL SELECTION AND TERMINATION; TRUSTEE AND BOARD-OFFICER ELECTION; CHANGES IN INSTITUTIONAL MISSION AND PURPOSE; CHANGES TO THE ARTICLES OF INCORPORATION; INCURRING OF CORPORATE INDEBTEDNESS; SALE OF UNIVERSITY ASSETS OR TANGIBLE PROPERTY; ADOPTION OF THE ANNUAL BUDGET; DETERMINING TENURE AWARDS; AND CONFERRAL OF DEGREES. THESE BYLAWS OR OTHER BOARD POLICIES MAY RESERVE OTHER POWERS FOR THE BOARD OF TRUSTEES AND/OR MEMBERS.

IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON EMERGENCY MATTERS THAT

 CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, THE

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
MOUNT MARTY UNIVERSITY	46-0283336
UNIVERSITY'S PLANNING PROCESS AND PROGRESS ON PLANNING GOA	LS, THE BOARD'S

RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE,

AND REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND TERMS OF EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2:

DENIS FOKKEN AND ROB STEPHENSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION INCLUDE THE MONASTERY PRIORESS AND THOSE

PERSONS SERVING AS MEMBERS OF THE MONASTERY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRIORESS OF THE SPONSORING MONASTERY IS ALLOWED TO APPOINT A MINIMUM OF

5 MEMBERS TO THE BOARD AND ALL MEMBERS HAVE FINAL APPROVAL OF ALL TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS HAVE AUTHORITY OVER ACTIONS TO BE TAKEN BY THE UNIVERSITY AS

FOLLOWS:

(A) TO APPROVE THE STATEMENTS OF PHILOSOPHY, MISSION AND OBJECTIVES OF THE UNIVERSITY;

(B) TO APPROVE AND ACT UPON THE SALE, LEASE, TRANSFER, EXCHANGE,

DISPOSITION, PLEDGE OR ALIENATION OF REAL PROPERTY OR BUILDINGS AND/OR THE

ACQUISITION OF DEBT, PURSUANT TO POLICIES ESTABLISHED BY THE MEMBERS;

(C) TO APPOINT THE BOARD OF TRUSTEES OF THE UNIVERSITY AND TO REMOVE A

TRUSTEE AT ANY TIME WITH OR WITHOUT CAUSE, AFTER SEEKING GUIDANCE FROM THE

BOARD. PENDING A FINAL DECISION OF THE MEMBERS, THE BOARD OF TRUSTEES MAY

SUSPEND A TRUSTEE BY A VOTE OF TWO-THIRDS OF THE REMAINING TRUSTEES;

(D) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE

Name of the organization

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

(F) TO OVERSEE THE UNIVERSITY'S FISCAL POLICIES AND TO ESTABLISH POLICIES

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

(G) TO RECEIVE THE UNIVERSITY'S ANNUAL REPORT;

(H) TO APPOINT AND REMOVE THE PRESIDENT OF THE UNIVERSITY, AFTER SEEKING

GUIDANCE FROM THE BOARD OF TRUSTEES;

(I) TO APPROVE AND/OR ACT UPON THE MERGER, CONSOLIDATION OR DISSOLUTION OF

THE UNIVERSITY; AND

(J) TO ADOPT POLICIES TO EFFECTUATE THE AUTHORITIES RESERVED TO THE

#### MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE & AUDIT COMMITTEE REVIEWS THE 990 AND A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD ALONG WITH A RECOMMENDATION FROM THE FINANCE & AUDIT COMMITTEE. THE FULL BOARD THEN REVIEWS AND APPROVES THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

RESTRICTIONS ON TRUSTEES WHEN VOTING ON ISSUES THAT GIVE RISE TO CONFLICT.

ALL TRUSTEES COMPLETE A DISCLOSURE ANNUALLY. DISCLOSURES ARE GIVEN TO ALL

TRUSTEES IN THE FORM OF A REPORT.

A TRUSTEE SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF THE TRUSTEE

(1) HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST THAT IMPAIR OR

APPEAR TO IMPAIR THE TRUSTEE'S INDEPENDENT, UNBIASED JUDGMENT IN THE

DISCHARGE OF THE TRUSTEE'S RESPONSIBILITIES TO THE UNIVERSITY; OR

(2) IS AWARE THAT A MEMBER OF THE TRUSTEE'S IMMEDIATE FAMILY HAS FINANCIAL 232212 10-28-22 Schedule O (Form 990) 2022 THE UNIVERSITY. IMMEDIATE FAMILY GENERALLY INCLUDES SPOUSE, PARENT OR

STEP-PARENT, CHILD OR STEP-CHILD, SIBLING OR STEP-SIBLING, GRANDPARENT, AND GRANDCHILD.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT: A SURVEY PROCESS WAS UNDERTAKEN BY THE BOARD OF TRUSTEES, USING GUIDESTAR.ORG TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION. A MULTI-YEAR EMPLOYMENT CONTRACT IS PUT INTO PLACE.

CFO: AN ANNUAL PERFORMANCE APPRAISAL IS DONE FOR THE CFO, AND A STANDARD

PERCENTAGE INCREASE IS GIVEN BASED ON THE DECISION OF THE BOARD OF

TRUSTEES. THE PERCENTAGE INCREASE IS THE SAME FOR THE CFO AS IT IS FOR ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS

18,157.

SCH	<b>IEDULE</b> R
<b>/</b>	

#### (Form 990)

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### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-0283336

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### MOUNT MARTY UNIVERSITY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BENEDICTINE CONVENT OF SACRED HEART DBA							
SACRED HEART MONASTARY - 46-0224541, 1005 W							
8TH STREET, YANKTON, SD 57078-3389	RELIGIOUS ORDER	SOUTH DAKOTA	501(C)(3)	LINE 1	N/A		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	{											
	{											
	{											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(i contr	i) ction b)(13) rolled tity?
		country)				233013		ge 512(t contr ent Yes	No
CHARITABLE REMAINDER TRUSTS (1)	CRT	SD	N/A	TRUST	N/A	N/A	N/A	x	
	-								
	-								
	-								
	-								

#### Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

#### Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	<b>F</b>			) <i>(f</i> )		(a)		(h) (i)		(j) (k)	
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	<b>(g)</b> Share of		IJ opor	(i) Code V URI	(j)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec. )(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												<b> </b>
												<u> </u>

Schedule R (Form 990) 2022

#### MOUNT MARTY UNIVERSITY

# Schedule R (Form 990) 2022 MOUN Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2023**

Name MOUNT MARTY UNIVERSITY	Employer Identification Number 46-0283336
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT PART	INERSHI 3,235.
FEDERAL CONTRIBUTION - 50% CASH	3.

Name	: MOUNT MARTY U	NIVERSITY								FEIN:	46-0283336
	Type and Entity: INVESTMENT PARTNERSHIP POST-2017 NO DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for								
3	2 3,235.										
à											
1											
2											
J											
, V	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai Type	I S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
3											
à											
1											
1											
2											
J											
, V											

212571 04-01-22

Name	: MOUNT MARTY I	UNIVERSITY								FEIN:	46-0283336	
	Fype and Entity:       CONTRIBUTION - 50% CASH FED       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover											
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for									
2022	2 3	•										
2022												
ì												
1												
2												
1												
v												
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
5												
ì												
1												
)												
2												
,												
V												

212571 04-01-22 (Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer identification number (TIN)				
print	MOUNT MARTY UNIVERSITY			46-0283336				
File by the due date t filing your	or Number, street, and room or suite no. If a P.O. box, s	ions.						
return. Se instruction								
Enter th	ne Return Code for the return that this application is for (file	e a separat	te application for each return)				7	
Applica	ation	Return	Application			Retur	rn	
ls For		Code	Is For			Code	е	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
● If thi box ▶ 1 I ti	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit ( 	Group Exe and atta MAX anization's , an	mption Number (GEN) If ch a list with the names and TINs of $\underline{X \ 15, \ 2024}$ , to file return for: d ending <b>JUN </b> 30, 2023	f this is fo all memb	r the whole ers the extent opt organiza	nsion is for.	iis	
<u>a</u> b If	any nonrefundable credits. See instructions.				\$	C	<u>).</u>	
	sing EFTPS (Electronic Federal Tax Payment System). See n: If you are going to make an electronic funds withdrawal ions.			<b>3c</b> 53-TE and	d Form 887		). nt	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			EXTENDED TO MAY 15, 2024		
Form	990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	endar year 2022 or other tax year beginning $\underline{JUL \ 1}$ , $\underline{2022}$ , and ending $\underline{JUN \ 30}$ , $\underline{20}$	23	2022
Depart	ment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	Ļ	Open to Public Inspection for
Interna	Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A	_ Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	oyer identification number
<b>B</b> Ex	empt under section	Print	MOUNT MARTY UNIVERSITY		6-0283336
Χ	501( <b>c</b> )( <b>3</b> )	Or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup (see i	o exemption number nstructions)
	408(e) 220(e)	Type	1105 WEST 8TH STREET		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		YANKTON, SD 57078	F	Check box if
		<b>С</b> Во	ok value of all assets at end of year		an amended return.
G	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	,		d identifying number of the parent corporation.		<u> </u>
_	he books are in car <b>t I Total Unr</b>		LORI READ Telephone number d Business Taxable Income	605-	668-1603
	•••				
1			ss taxable income computed from all unrelated trades or businesses (see		0.
-	5 1				0.
2					
3	Add lines 1 and 2		ana instructions for limitation rules)		0.
4			see instructions for limitation rules) taxable income before net operating losses. Subtract line 4 from line 3	·	
5					
6 7		•	ng loss. See instructions ss taxable income before specific deduction and section 199A deduction.		
'	Subtract line 6 fro		· · · · · · · · · · · · · · · · · · ·	7	
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		
10	Total deductions				1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_,
••	enter zero			11	0.
Par	t II Tax Com	putat			<u> </u>
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu	um tax (			
6			cility income. See instructions		
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	0.
			ion Act Nation and instructions		Earm 990-T (2022)

 $\mathsf{LHA}\quad \text{For Paperwork Reduction Act Notice, see instructions.}$ 

Form **990-T** (2022)

Form 9	90-T (2022)			P	2 age					
Part	III Tax and Payments									
<b>1</b> a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a									
b	Other credits (see instructions) 1b									
с	General business credit. Attach Form 3800 (see instructions)									
d	Credit for prior year minimum tax (attach Form 8801 or 8827)									
е										
2	Subtract line 1e from Part II, line 7	2			0.					
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866									
	Other (attach statement)	3								
4	Total tax. Add lines 2 and 3 (see instructions).									
	section 1294. Enter tax amount here	4			0.					
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.					
6a	Payments: A 2021 overpayment credited to 2022									
b	2022 estimated tax payments. Check if section 643(g) election applies 6b									
с	Tax deposited with Form 8868									
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d									
е	Backup withholding (see instructions) 6e									
f	Credit for small employer health insurance premiums (attach Form 8941)									
g	Other credits, adjustments, and payments: Form 2439									
	Form 4136 Other Total 6g									
7										
8	8 Estimated tax penalty (see instructions). Check if Form 2220 is attached									
9	9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9									
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10								
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11								
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)									
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority			Yes	No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file									
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country									
	here				X					
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a									
	foreign trust?				X					
	If "Yes," see instructions for other forms the organization may have to file.		•							
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		0.							
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL ca	•								
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par	,								
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce									
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions			-						
	Business Activity Code Available post-2017 NOL of	arryove		-						
	\$			-						
	\$									
6a	Did the organization change its method of accounting? (see instructions)				X					
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"									
	explain in Part V		<u></u>		L					
Part	V Supplemental Information									

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. **STATEMENT 1** 

					tion of which pr	nd statements, and to the parer has any knowled	May	ledge and belief, it is true, May the IRS discuss this return with the preparer shown below (see				
	Signature of officer		Date		Title			instru	ctions)? X Yes No			
	Print/Type preparer's name			Preparer's sig	gnature		Date	Check	] if	if PTIN		
Paid									self- employed			
Preparer	LAURIE	LAURIE HANSON, CPA LAURIE HANSON					02/12/24			P00851848	8	
Use Only	Firm's name EIDE BAILLY LLP							Firm's EIN		45-02509	58	
		345	N. REI	STE.	400							
	Firm's address SIOUX FALLS, SD 57103-7034 Pr							Phone no.	60	5-339-1999	9	

FORM 990-T	PART V -	SUPPLEMENTAL	INFORMATION	STATEMENT 1
------------	----------	--------------	-------------	-------------

PART I, LINE 1 -

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION: THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F) FOR ALL TRADES OR BUSINESSES.

#### **SCHEDULE A** (Form 990-T)

Department of the Treasury

Internal Revenue Service

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

46 - 0283336

D Sequence:

Α	Name of the orga	anization	
	MOUNT	MARTY	UNIVERSITY

**C** Unrelated business activity code (see instructions)

520000

INVESTMENT PARTNERSHIP

EC	Describe the unrelated trade or business INVESTMENT P	ARTN	IERSHIP			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a	1,679.			1,679.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	5	-4,164.			-4,164.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-2,485.			-2,485.
Pa	<b>t II</b> Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in			ductions. Dedu	ictions	must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses		······		6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return			8b		
9	Depletion	9				
10	Contributions to deferred compensation plans	10				
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	750
14	Other deductions (attach statement)				14	750.
15					15	750.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part I, line	13,		

	column (C)	16	-3,235.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-3,235.

LHA For Paperwork Reduction Act Notice, see instructions.

223741 01-16-23

Schedule A (Form 990-T) 2022

1

Part III 1 Inve	Cost of Goods Sold Enter method						Page 3
		of inventory valuat	ion				
	entory at beginning of year				1		
<b>2</b> Pur	rchases				2		
	st of labor				3		
<b>4</b> Add	ditional section 263A costs (attach statement)				4		
	ner costs (attach statement)				5		
	tal. Add lines 1 through 5				6		
	entory at end of year				7		
	st of goods sold. Subtract line 7 from line 6. Enter here				8		
	the rules of section 263A (with respect to property pro-					Yes	No
Part IV	Rent Income (From Real Property and P						
1 Des	scription of property (property street address, city, state	, ZIP code). Check	if a dual-use. See instru	uctions.			
A							
в							
c							
D							
		Α	В	С		D	
2 Rer	nt received or accrued						
	om personal property (if the percentage of						
	It for personal property in the percentage of						
	t not more than 50%)						
	om real and personal property (if the						
	rcentage of rent for personal property exceeds						
	% or if the rent is based on profit or income)						
	tal rents received or accrued by property.						
Ado	d lines 2a and 2b, columns A through D						
• · ·							0.
	tal rents received or accrued. Add line 2c columns A thr	ough D. Enter here	and on Part I, line 6, co	Diumn (A)			0.
	ductions directly connected with the income						
4 in li	ines 2(a) and 2(b) (attach statement)						
							0
5 Tot Part V	tal deductions. Add line 4 columns A through D. Enter Unrelated Debt-Financed Income (see i	here and on Part I,	line 6, column (B)	<u></u>			0.
	· · · · ·						
r	scription of debt-financed property (street address, city	state, ZIP code). C	heck if a dual-use. See	instructions			
A							
B							
c							
D							
		Α	В	C		D	
<b>2</b> Gro	oss income from or allocable to debt-financed						
	operty						
3 Dec	ductions directly connected with or allocable						
to d	debt-financed property						
<b>a</b> Stra	aight line depreciation (attach statement)						
<b>b</b> Oth	ner deductions (attach statement)						
<b>c</b> Tot	tal deductions (add lines 3a and 3b,						
col	umns A through D)						
	nount of average acquisition debt on or allocable						
	debt-financed property (attach statement)						
	erage adjusted basis of or allocable to debt-						
	anced property (attach statement)						
	vide line 4 by line 5	%	%		%		9
	boss income reportable. Multiply line 2 by line 6	/0	/0		70		/
	tal gross income (add line 7, columns A through D). Er	ter here and on Pa	rt Lline 7 column (A)		I		0.
5 10							
<b>9</b> Allo	ocable deductions. Multiply line 3c by line 6						
	tal allocable deductions. Multiply line sc by line o	h D. Enter hara and	h on Part L line 7, colum	nn (R)	I		0.
	tal dividends-received deductions included in line 10						0.

Sched Dart	ule A (Form 990-T) 2022 VI Interest, Annu	, iities Ro	valties and Re	onts fror	n Control	led Or	ganization	<b>S</b> (c	ee instruct	ions)		Page <b>3</b>
ιαι			Sydnees, and Th				Exempt Contro	,				
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the iniza-		
(1)										onio		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part that is inconstruction of the controlling gross	luded	in the zation's		cor	ductions directly nnected with le in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	<b>4.</b> Set- (attach st		' I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
<u>(3)</u>												
<u>(4)</u>					Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Totals Part	VIII Exploited E	vomnt A	ctivity Income	Other T	l Γhan Adve	•••		(aaa in	l atruationa)			0.
1	Description of exploite			, ouier i		านอกบุ	gincome	(see in	structions)			
2	Gross unrelated busin		e from trade or busi	ness Ente	r here and o	n Part I	line 10 colum	n (Δ)		2		
3	Expenses directly con											
Ū										3		
4	Net income (loss) from											
•	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022					Pa	1 age <b>4</b>
Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if reporting	ig two or mo	re periodicals on a c	onsolidated basis			
	B						
	c						
Entor o	amounts for each periodical listed above in the c	oorroopondii					
inter a	amounts for each periodical listed above in the c		A	В	С	D	
2	Gross advertising income		A	В			
2	Add columns A through D. Enter here and on		1 column (A)		I		0.
а	Add Coldmins / Chrough D. Enter here and on	i uiti, into i	r, column ( ()				
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on		1. column (B)		I.	1	0.
	·····	,	.,				
4	Advertising gain (loss). Subtract line 3 from lin	ne 🗌					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column in	n					
	line 4 showing a loss or zero, do not complete	e					
	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is les						
	than line 6, enter zero	上					
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain o						
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gr						0
Part 2	Part II, line 13           X         Compensation of Officers, Direction	octore a	nd Truetoos	· · · · · · · · · · · · · · · · · · ·			0.
Γαιι		ectors, a		e instructions)	0 Demonstran	1 Companyation	
	1 Nome				3. Percentage of time devoted	4. Compensation	
	1. Name		2. Title			attributable to unrelated business	
(1)					to business %		
(2)					%		
(3)					%		
(4)					%		
					,,,		
Total.	. Enter here and on Part II, line 1						0.
Part 2		e instruction	is)		······		
	••		)				

750.

750.

FORM 990-T (A)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION			NET INCOME OR (LOSS)
COMMONFUND CAPITAL INCOME (LOSS)	PARTNERS VIII, L.P	- ORDINARY BUSINESS	-585
COMMONFUND CAPITAL ESTATE INCOME	PARTNERS VIII, L.P	- NET RENTAL REAL	-426.
	PARTNERS VIII, L.P PARTNERS VIII, L.P		144. 673.
COMMONFUND CAPITAL	PARTNERS VIII, L.P PARTNERS VIII, L.P	- ROYALTIES	3
INCOME (LOSS) COMMONFUND CAPITAL	PARTNERS VIII, L.P	- OTHER INCOME	19
(LOSS)			-3,992
TOTAL INCLUDED ON	SCHEDULE A, PART I,	LINE 5	-4,164
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT

TAX PREP FEE

TOTAL TO SCHEDULE A, PART II, LINE 14

Department of the Treasury Internal Revenue Service

Name

#### Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes 🔀 No

Employer identification number

46-0283336

#### MOUNT MARTY UNIVERSITY

MOUNI MARII UNIVERSIII	
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
_	Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					
Ū	Form(s) 8949 with <b>Box C</b> checked					248.
4	Short-term capital gain from installment sales	from Form 6252 line 26 or 32	7		4	
5	Short-term capital gain or (loss) from like-kind				5	
6	Unused capital loss carryover (attach computa				6	( )
7	Net short-term capital gain or (loss). Combine				7	248.
F	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		•
to e This	e <b>instructions for how to figure the amounts</b> Inter on the lines below. Is form may be easier to complete if you Ind off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked					1,414.
					11	17.
	Long-term capital gain from installment sales		7		12	
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
					14	1 421
	Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		nh		15	1,431.
					4.5	240
	Enter excess of net short-term capital gain (lin				16	248.
	Net capital gain. Enter excess of net long-term				17	<u>1,431.</u> 1,679.
19	Add lines 16 and 17. Enter here and on Form <b>Note:</b> If losses exceed gains, see <i>Capital Los</i>		plicable line on other returns	s	18	<u> </u>
	THUR THUSSES EALEEN UNITS SEE L'SOLTOLLOS	CAS OF THE TIST HUTUNS				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022



Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2022

Attachment Sequence No. **12A** 

Social security number or taxpayer identification no.

taxpayer identification no 16 - 0283336

MOUNT MARTY UNIVERSITY

MOUNI MARII UN			F(.) 1000 D				203330	
Before you check Box A, B, or C bell statement will have the same information	ow, see whether ation as Form 10	you received any 99-B. Either will s	v Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	r cost) was	n your broker. A su s reported to the IF	bstitute S by your	
broker and may even tell you which I Part I Short-Term. Transact		al assets vou held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term		
transactions, see page 2. Note: You may aggregate al							liustments or	
codes are required. Enter the	e totals directly on \$	Schedule D, line 1a	; you aren't required	d to report these trans	actions on F	Form 8949 (see instru	ctions).	
You must check Box A, B, or C below.	Check only one bo I fit on this page for on	bx. If more than one be e or more of the boxes	ox applies for your sho complete as many for	rt-term transactions, comp ms with the same box che	olete a separat ecked as you r	te Form 8949, page 1, for need.	each applicable box.	
(A) Short-term transactions re								
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	g basis <b>wasn't</b> r	eported to the IRS				
X (C) Short-term transactions no	t reported to you	<u>u on Form 1099-I</u>	3					
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or ou enter an amount	(h)	
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(ouldo prioc)	Note below and	``````````````````````````````````````	). Sée instructions.	from column (d) &	
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result	
				the instructions	Code(s)	adjustment	with column (g)	
COMMONFUND CAPITAL								_
PARTNERS VIII, L.P							248.	С
				-				
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract						
negative amounts). Enter each to								
Schedule D, line 1b (if Box A abo								
above is checked), or <b>line 3</b> (if <b>B</b>							248.	

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022)				Attachm	nent Sequend	ce No. 12A	Page <b>2</b>	
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.	
MOUNT MARTY UN	IVERSITY						283336	
Before you check Box D, E, or F belo statement will have the same informat broker and may even tell you which to Part II Long-Term. Transaction see page 1. Note: You may aggregate all	oox to check. ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions	s). For short-term ti	ransactions,	
codes are required. Enter the You must check Box D, E, or F below. O	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	l to report these transa -term transactions, compl	actions on Forr ete a separate Fo	m 8949 (see instru rm 8949, page 2, for e	ctions).	
If you have more long-term transactions than will (D) Long-term transactions rep								
(E) Long-term transactions rep				-		-)		
X (F) Long-term transactions not				1	A			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	loss. If you in column (g	if any, to gain or enter an amount ), enter a code in see instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
COMMONFUND CAPITAL								
PARTNERS VIII, L.P							1,414.	С
2 Totals. Add the amounts in colur	nns (d) (e) (d) a	nd (h) (subtract						
negative amounts). Enter each to Schedule D, <b>line 8b</b> (if <b>Box D</b> abo	tal here and incluove is checked),	ude on your line 9 (if Box E					1 41 4	
above is checked), or line 10 (if E	Box F above is ch	necked)		 			1,414.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form	4	7	9	7	

Department of the Treasury Internal Revenue Service Name(s) shown on return

## Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184						

Sequence No. 27 Identifying number

Attachment

MOUNT MARTY UNIVERSITY		46-0283336
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
aparta	10	

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

	-	-	-		<b>`</b>	,	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CO	MMONFUND CAPITAL						
PA	RTNERS VIII, L.P						17.
3	Gain, if any, from Form 4684, line 39						
4	Section 1231 gain from installment sa						
5	Section 1231 gain or (loss) from like-k						
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the	gain or (loss) her	re and on the ap	propriate line as fo	ollows	7	17.
	Partnerships and S corporations. F		. , .		or Form 1065, Sche	edule K,	
	line 10, or Form 1120-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	2 below.			
	Individuals, partners, S corporation				,		
	from line 7 on line 11 below and skip						
	1231 losses, or they were recaptured the Schedule D filed with your return				ng-term capital gai	n on	
	the Generatic D filed with your retain	and ship lines o,	5, 11, and 12 5				
8	Nonrecaptured net section 1231 loss	es from prior yea	ars. See instruct	ions			
9	Subtract line 8 from line 7. If zero or l			e e			
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	v and enter the gai	n from line 9 as a le	ong-term	
	capital gain on the Schedule D filed v	vith your return. S	See instructions				17.
Pa	rt II Ordinary Gains and I	Losses (see in	structions)				
10	Ordinary gains and losses not includ	led on lines 11 tr	rough 16 (inclue I	de property held 1	year or less):	1	
11	Loss, if any, from line 7					11	()
12	Gain, if any, from line 7 or amount fro						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a					
15	Ordinary gain from installment sales f						
16	Ordinary gain or (loss) from like-kind e	exchanges from I	orm 8824				
17	Combine lines 10 through 16						
18	For all except individual returns, ente	r the amount fror	m line 17 on the	appropriate line of	f your return and sl	kip lines	
	a and b below. For individual returns,	complete lines a	a and b below.				
а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column	(b)(ii), enter that pa	art of the loss here.	Enter the	
	loss from income-producing property	on Schedule A (	Form 1040), line	e 16. (Do not incluc	le any loss on prop	erty used	1
	as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructi	ons		18a	
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter he	re and on Schedule	e 1	

(Form 1040), Part I, line 4

218011 12-12-22

18b

Page **2** 

19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)			
A						
B						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
b	Enter the <b>smaller</b> of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
<u> </u>	Add lines 26b, 26e, and 26f	26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	27a				
	Soil, water, and land clearing expenses					
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b If section 1254 property:	27c				
	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less					
	from other than casualty or theft on Form 4797, line 6	32				
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
30	Total gains for all properties. Add property columns A through D, line 24	30				

•	
(see instructions)	

			(a) Section 179	•	) Section 80F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33			
34	Recomputed depreciation. See instructions	34			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35			
				-	4707 (2000)

Department of the Treasury Internal Revenue Service

Name

#### Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes 🔀 No

Employer identification number

46-0283336

#### MOUNT MARTY UNIVERSITY

MOUNI MARII UNIVERSIII	
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
_	Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					
Ū	Form(s) 8949 with <b>Box C</b> checked					248.
4	Short-term capital gain from installment sales	from Form 6252 line 26 or 32	7		4	
5	Short-term capital gain or (loss) from like-kind				5	
6	Unused capital loss carryover (attach computa				6	( )
7	Net short-term capital gain or (loss). Combine				7	248.
F	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		•
to e This	e <b>instructions for how to figure the amounts</b> Inter on the lines below. Is form may be easier to complete if you Ind off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked					1,414.
					11	17.
	Long-term capital gain from installment sales		7		12	
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
					14	1 421
	Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		nh		15	1,431.
					4.5	240
	Enter excess of net short-term capital gain (lin				16	248.
	Net capital gain. Enter excess of net long-term				17	<u>1,431.</u> 1,679.
19	Add lines 16 and 17. Enter here and on Form <b>Note:</b> If losses exceed gains, see <i>Capital Los</i>		plicable line on other returns	s	18	<u> </u>
	THUR THUSSES EALEEN UNITS SEE L'SOLTOLLOS	CAS OF THE TIST HUTUNS				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022



Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Social security number or taxpayer identification no.

46-0283336

MOIINT	MARTY	UNIVERSITY	

	TARGETT					- <del>-</del> - 0 - 0	203330
Before you check Box A, B, or C belows statement will have the same information broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute S by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ge	nerally short-term (see	instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	l short-term transac	tions reported on I	Form(s) 1099-B show	ving basis was reporte	d to the IRS	and for which no ac	justments or
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than wil					-		
(A) Short-term transactions rep			•		Note ab	ove)	
(B) Short-term transactions rep	·	,	0	eported to the IRS			
X (C) Short-term transactions no					Adjustman	t if any to goin or	
1 (a)	(b)	(c) Dete sold ar	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Subtract column (e)
(Example: 100 SH: XTZ CO.)	(1010., uay, yr.)	(Mo., day, yr.)		Note below and		). See instructions.	from column (d) &
		(1110., day, j1.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL						adjustment	
PARTNERS VIII, L.P							248.
				l l			
				l .			
2 Totals. Add the amounts in colur	nns (d), (e). (a). a	nd (h) (subtract		l l			
negative amounts). Enter each to							
Schedule D, <b>line 1b</b> (if <b>Box A</b> abo		-					
above is checked) or <b>line 3</b> (if <b>B</b>		·					248.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022)				Attachn	nent Sequer	nce No. 12A	Page <b>2</b>
Name(s) shown on return. Name and	Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no.						
MOUNT MARTY UN							283336
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	pox to check.				-	-	
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term ti	ansactions,
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. C	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	d to report these trans	actions on Fo ete a separate F	rm 8949 (see instru form 8949, page 2, for e	ctions).
If you have more long-term transactions than will (D) Long-term transactions rep					-		
(E) Long-term transactions rep (E) Long-term transactions rep (K) Long-term transactions not	orted on Form(s)	) 1099-B showing	g basis <b>wasn't</b> re				
1 (a)	(b)	(c)	(d)	(e)	Adjustment	, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and	loss. If you in column ( column (f).	u enter an amount g), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(,,,,		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL							
PARTNERS VIII, L.P							1,414.
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					1 41 4
above is checked), or line 10 (if E	sox F above is ch		· · ·				1,414.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form	4	7	9	7	

Department of the Treasury Internal Revenue Service Name(s) shown on return

## Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Sequence No. 27 Identifying number

Attachment

MOUNT MARTY UNIVERSITY		46-0283336
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
aparta	10	

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

	-	-	-		<b>`</b>	,	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CO	MMONFUND CAPITAL						
PA	RTNERS VIII, L.P						17.
3	Gain, if any, from Form 4684, line 39						
4	Section 1231 gain from installment sa						
5	Section 1231 gain or (loss) from like-k						
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the	gain or (loss) her	re and on the ap	propriate line as fo	ollows	7	17.
	Partnerships and S corporations. F		. , .		or Form 1065, Sche	edule K,	
	line 10, or Form 1120-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	2 below.			
	Individuals, partners, S corporation				,		
	from line 7 on line 11 below and skip						
	1231 losses, or they were recaptured the Schedule D filed with your return				ng-term capital gai	n on	
	the Generatic D filed with your retain	and ship lines o,	5, 11, and 12 5				
8	Nonrecaptured net section 1231 loss	es from prior yea	ars. See instruct	ions			
9	Subtract line 8 from line 7. If zero or l			e e			
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	v and enter the gai	n from line 9 as a le	ong-term	
	capital gain on the Schedule D filed v	vith your return. S	See instructions				17.
Pa	rt II Ordinary Gains and I	Losses (see in	structions)				
10	Ordinary gains and losses not includ	led on lines 11 tr	rough 16 (inclue I	de property held 1	year or less):	1	
11	Loss, if any, from line 7					11	()
12	Gain, if any, from line 7 or amount fro						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a					
15	Ordinary gain from installment sales f						
16	Ordinary gain or (loss) from like-kind e						
17	Combine lines 10 through 16						
18	For all except individual returns, ente	r the amount fror	m line 17 on the	appropriate line of	f your return and sl	kip lines	
	a and b below. For individual returns,	complete lines a	a and b below.				
а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column	(b)(ii), enter that pa	art of the loss here.	Enter the	
	loss from income-producing property	on Schedule A (	Form 1040), line	e 16. (Do not incluc	le any loss on prop	erty used	1
	as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructi	ons		18a	
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter he	re and on Schedule	e 1	

(Form 1040), Part I, line 4

218011 12-12-22

18b

Page **2** 

19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:		(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)
A						
B						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
b	Enter the <b>smaller</b> of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
<u> </u>	Add lines 26b, 26e, and 26f	26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	27a				
	Soil, water, and land clearing expenses					
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b If section 1254 property:	27c				
	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Pa	art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to	50%	or Less
	from other than casualty or theft on Form 4797, line 6	32	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
30	Total gains for all properties. Add property columns A through D, line 24	30	

•	
(see instructions)	

			(a) Section 179	•	) Section 80F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33			
34	Recomputed depreciation. See instructions	34			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35			
				-	4707 (2000)

Public Disclosure Copy

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentificat	ion number (TIN)
print	MOUNT MARTY UNIVERSITY			46-0283336		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1105 WEST 8TH STREET	ee instruct	ions.			
instruction	City, town or post office, state, and ZIP code. For a for <b>YANKTON</b> , SD 57078	oreign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07				
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>1</li> <li>1</li> <li>th</li> <li>th</li> </ul>	<ul> <li>I request an automatic 6-month extension of time until <u>MAY 15, 2023</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</li> <li>▶ or</li> <li>▶ X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .</li> </ul>					
<u>ar</u> b lf <u>es</u> c Ba	this application is for Forms 990-PF, 990-T, 4720, or 6069 by nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	), enter any payment all ayment with	r refundable credits and owed as a credit. n this form, if required, by	3a 3b 3c	\$	0. 0. 0.
	: If you are going to make an electronic funds withdrawal				d Form 887	9-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			** PUBLIC DISCLOSURE COP	PY **		
	Ω	00	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			s <b>2021</b>
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and			Inspection
	or th			ل ending	UN 30, 2022	
	Check if applicat	ole: C Name of	organization		D Employer identific	ation number
	Addr		T MARTY UNIVERSITY			
F	_chan		I MARTI UNIVERSITI		46-028333	6
F	chan_ Initial returr			Room/suite	E Telephone number	
F	Final	1105	WEST 8TH STREET	100m/Julio	605-668-1	514
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	33,297,815.
	Amer	nded VANK	TON, SD 57078		H(a) Is this a group ref	
	Appli tion	ca- <b>F</b> Name a	nd address of principal officer: MARCUS LONG		for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		r 🗌 527	If "No," attach a I	ist. See instructions
			MOUNTMARTY.EDU		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ►	L Year (	of formation: 1936  M	State of legal domicile: SD
Pa	art I	•				
Ð	1		e the organization's mission or most significant activities: THE I	NSTIT	UTION IS A P	RIVATE,
anc			C UNIVERSITY OF HIGHER LEARNING.			
Governance	2	Check this bo				
20 So	3					<u>21</u> 20
	1.		ependent voting members of the governing body (Part VI, line 1b)			542
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)			28
tivi	6		of volunteers (estimate if necessary)			7,688.
A			business taxable income from Form 990-T, Part I, line 11			902.
		Not unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		5,759,098.	6,119,213.
nue	9		ce revenue (Part VIII, line 2g)		20,100,090.	21,783,504.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		437,221.	1,832,953.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,076,772.	2,219,778.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,373,181.	31,955,448.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		9,445,710.	10,391,459.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		10,343,474.	10,711,887.
Expenses	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>587,17</u>		77,730.	80,090.
ă	b				7 709 060	0 100 104
	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,708,960.	<u>9,182,134</u> . 30,365,570.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		797,307.	1,589,878.
28	19	nevenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		76,628,235.	70,710,505.
Asse	20		(Part X, line 26)		29,154,217.	27,573,136.
Net.	22		fund balances. Subtract line 21 from line 20		47,474,018.	43,137,369.
	art II				, , , ,	
Und	er pen	-	I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of white			- /

Sign	Signature of officer	Date					
Here	TABITHA LIKNESS, VP OF FINANCE/ADMINSTRATION						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date	Check PTIN					
Paid	LAURIE HANSON, CPA LAURIE HANSON, CPA 02/1	.6/23 self-employed P00851848					
Preparer	Firm's name 🕒 EIDE BAILLY LLP	Firm's EIN 🕨 45-0250958					
Use Only	Firm's address 200 E. 10TH ST., STE. 500						
	SIOUX FALLS, SD 57104-6375	Phone no. 605-339-1999					
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No					
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

	990 (2021) MOUNT MARTY UNIVERSITY	46-0283336	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Χ
1	Briefly describe the organization's mission: <u>MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE C</u> BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS		
	CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMU		
	PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLI		
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.		es 🚺 No
2			es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 27,798,843. including grants of \$ 10,391,459. ) (	Bayanua \$ 23.907	<b>,122.</b> )
та	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,235		<u>,</u> )
		<u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (	Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (	Revenue \$	)
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 27,798,843.		~ 990 (2021)

 Form 990 (2021)
 MOUNT
 MARTY
 UNIVERSITY

 Part IV
 Checklist of Required Schedules
 Image: Checklist of Required Schedules
 Image: 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	4	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	14b		х
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 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		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		х

Form 990 (2021)

Form 990 (2021)

			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	х	
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	х	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040	х	
	Schedule K. If "No," go to line 25a	24a	~	x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
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
b	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			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
00		21		- 23
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? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	29	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		X
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			
00	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	- 55		
34		24	х	
05-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		<u> </u>
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2021) MOUNT MARTY UNIVERSITY t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	46-	0283336	P	<sub>age</sub> 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
24	filed for the calendar year ending with or within the year covered by this return	2a	542		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			Х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instruction				
3a			-	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?				x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	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 ser	vices provided to the	e payor? <b>7a</b>	Х	
b				Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	12b			
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?		<u>13a</u>		
	<b>Note:</b> 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	1 1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			17
14a					X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		<u>14b</u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				<b>v</b>
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form	990	(2021)

### MOUNT MARTY UNIVERSITY

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 o	r noto to any lino in this E	Dart V/I
Check il Schedule O contains a response o	יו ווטנפ נט מווץ וווופ ווו נוווס ר	ait vi

X

						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	2	1		
	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	2	ol		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·		-		
-	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			-		
5				3		x
4						X
4	Did the organization become aware during the year of a significant diversion of the organization's ass					X
5				6	x	
6	•			0	<u></u>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			v	
	more members of the governing body?			<u>7a</u>	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	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.)			
					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 ch	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	/ befoi	re filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." a	lescribe			
	on Schedule O how this was done	, -		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
~	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 arrangen	nent w	rith a			
ieu	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
	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					
	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	NH 000	T (section 501/a)/		availa	hlo
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990		Jo Uliy)	avana	
40				nd fire		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	TUIIICT (	or interest policy, a	na inar	icial	
	statements available to the public during the tax year.	1				
20	State the name, address, and telephone number of the person who possesses the organization's boo $m_{A} p_{T} m_{A} p_{A} = 605 - 668 - 1603$	KS an	u records 🕨			
	TABITHA LIKNESS - 605-668-16031105 WEST 8TH STREET, YANKTON, SD 57078					
	TTO WDOI OIN OINOIN, TOWNION, OD $O/O/O$					

Form 990 (2021)	MOUNT MARTY UNIVERSITY	46-0283336	Page 7
Part VII Comp	pensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Emple	oyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employee	es	
12 Complete this t	able for all persons required to be listed. Penert compensation for the calendar ve	or onding with or within the organization's	tax yoar

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title         Average hours per weak (first ary four size (stary) hours for weak (first ary four size (stary) hours for below         Description (stary) (first ary four size (stary) hours for (stary) hours for (st	(A)	(B)				C)			(D)	(E)	(F)
hours per vex.         box. unsespense is tothe m         compensation tothe m         compensat	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Week (ist ary burs for related organizations line)         Week (ist ary burs for line)         Inom (ist ary burs for		hours per	box	, unle	ss per	rson i	s both	ı an	compensation	compensation	amount of
(1)         DR. MARCUS LONG         40.00         x         250         250           PRESIDENT         X         250,655.         0.         33,407.           (2)         ANDERA ROBERTS         40.00         x         208,537.         0.         29,432.           (3)         LARRY DAHLEN         40.00         x         169,229.         0.         25,605.           (4)         TATLOR REHFESIA         x         179,669.         0.         8,446.           (5)         LUKEYNTHA BARSTHESIA         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LIKNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JUN FITZGERALD         2.50         x         x         0.         0.           (9)         MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         x         0.         0.				cer ar I	nd a d I	irecto	r/trus	tee)			
(1)         DR. MARCUS LONG         40.00         x         250         250           PRESIDENT         X         250,655.         0.         33,407.           (2)         ANDERA ROBERTS         40.00         x         208,537.         0.         29,432.           (3)         LARRY DAHLEN         40.00         x         169,229.         0.         25,605.           (4)         TATLOR REHFESIA         x         179,669.         0.         8,446.           (5)         LUKEYNTHA BARSTHESIA         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LIKNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JUN FITZGERALD         2.50         x         x         0.         0.           (9)         MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         x         0.         0.			rector							U U	•
(1)         DR. MARCUS LONG         40.00         x         250         250           PRESIDENT         X         250,655.         0.         33,407.           (2)         ANDERA ROBERTS         40.00         x         208,537.         0.         29,432.           (3)         LARRY DAHLEN         40.00         x         169,229.         0.         25,605.           (4)         TATLOR REHFESIA         x         179,669.         0.         8,446.           (5)         LUKEYNTHA BARSTHESIA         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LIKNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JUN FITZGERALD         2.50         x         x         0.         0.           (9)         MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         x         0.         0.			or di	ee			ated		°		
(1)         DR. MARCUS LONG         40.00         x         250         0         33,407.           (2)         ANDREA ROBERTS         40.00         x         250,655.         0.         33,407.           (3)         LARRY DALEM         40.00         x         208,537.         0.         29,432.           (3)         LARRY DALEM         40.00         x         169,229.         0.         25,605.           (4)         TATLOR REHFEIDT         40.00         x         179,669.         0.         8,446.           (5)         LURRY THA BARSTHESIA         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LINNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JIN FITZGERALD         2.50         x         x         0.         0.           (9)         MR. DENIS FOKKEN         2.50         x         x         0.         0.           (10) MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30			ustee	trust		ee	bens		· ·	1099-NEC)	<b>v</b>
(1)         DR. MARCUS LONG         40.00         x         250         250           PRESIDENT         X         250,655.         0.         33,407.           (2)         ANDERA ROBERTS         40.00         x         208,537.         0.         29,432.           (3)         LARRY DAHLEN         40.00         x         169,229.         0.         25,605.           (4)         TATLOR REHFESIA         x         179,669.         0.         8,446.           (5)         LUKEYNTHA BARSTHESIA         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LIKNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JUN FITZGERALD         2.50         x         x         0.         0.           (9)         MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         x         x         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         x         0.         0.		1 0	ual tr	tional		yolqr	t con /ee	~	1099-NEC)		
(1) DR. MARCUS LONG       40.00       x       250,655.       0. 33,407.         (2) ANDRAR ROBERTS       40.00       x       208,537.       0. 29,432.         (3) LARRY DAHLEN       40.00       x       169,229.       0. 25,605.         (4) TAVLOR REHESTA       40.00       x       179,669.       0. 8,446.         (5) LURRY ANDER ANESTHESIA       x       179,669.       0. 8,446.         (5) LURRY ANES ANESTHESIA       x       172,117.       0. 5,756.         (6) BROCK SMITH       40.00       x       172,117.       0. 5,756.         (7) TABITHA LIKNESS       40.00       x       70,033.       0. 10,105.         (7) TABITHA LIKNESS       40.00       x       70,033.       0. 14,527.         (8) DR, ITH FITZGERALD       2.50       x       0.       0.       0.         (9) TR, NOB STEPHENSON       2.50       x       0.       0.       0.         (10) MR, DENIS FOKKEN       2.50       x       0.       0.       0.       0.         (10) MR, DENIS FOKKEN       2.50       x       0.       0.       0.       0.       0.         (11) S, MARY JO POLAK       2.50       x       0.       0.       0.       0.			ndivid	nstituf	Officer	(ey en	Highes	ormei			organizations
(2) ANDREA ROBERTS       40.00       X       208,537.       0. 29,432.         (3) LARKY DAPLEN       40.00       X       169,229.       0. 25,605.         (4) TAYLOR REFEDT       40.00       X       179,669.       0. 8,446.         (5) LUKEYTHIA BASTARDI       40.00       X       179,669.       0. 8,446.         (5) LUKEYTHIA BASTARDI       40.00       X       172,117.       0. 5,756.         (6) BROCK SHITH       40.00       X       164,300.       0. 10,105.         (7) TABITHA LINNESS       40.00       X       70,033.       0. 14,527.         (6) BROCK SHITH       40.00       X       70,033.       0. 14,527.         (7) TABITHA LINNESS       40.00       X       70,033.       0. 14,527.         (7) TABITHA LINNESS       40.00       X       70,033.       0. 14,527.         (8) DR, NOB STEPHENSON       2.50       X       X       0. 0.       0.         (9) MR, ROB STEPHENSON       2.50       X       X       0. 0.       0.         (9) MR, ROB STEPHENSON       2.50       X       X       0. 0.       0.         (9) MR, ROB STEPHENSON       2.50       X       X       0. 0.       0.         SECRETARY<	(1) DR. MARCUS LONG	40.00	_	_		-					
DIR. AND ASST. FROPAMESTHESIA         X         208,537.         0.         29,432.           (3)         LARKY DALLEN         40.00         X         169,229.         0.         25,605.           (4)         TAYLOR REHFELDT         40.00         X         179,669.         0.         8,446.           (5)         LUKEYTHIA BASTARDI         40.00         X         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         X         164,300.         0.         10,105.           (7)         TAST. FROPNURSE ANESTHESIA         X         70,033.         0.         14,527.           (6)         BROCK SMITH         40.00         X         164,300.         0.         10,105.           (7)         TAST FROPNURSE ANESTHESIA         X         70,033.         0.         14,527.           (8)         DR, JIM FITZGERALD         2.50         X         X         0.         0.           VICE CHAIR         X         X         0.         0.         0.           (10) MR. ROB STEPHENSON         2.50         X         X         0.         0.           (11) S. MARY JO POLAK         2.50         X         X         0.	PRESIDENT				x				250,655.	0.	33,407.
(3) LARRY DAHLEN       40.00       x       169,229.       0.       25,605.         PROFNURSE ANESTHESIA       40.00       x       179,669.       0.       8,446.         (5) LUKEYTHIA BASTARDI       40.00       x       172,117.       0.       5,756.         (6) BROCK SMITH       40.00       x       164,300.       0.       10,105.         (7) TABITHA LIKNES       40.00       x       164,300.       0.       10,105.         (7) TABITHA LIKNES       40.00       x       0.       0.       0.       0.         (8) DR. JIM FITZGERALD       2.50       x       x       0.       0.       0.       0.         (9) MR. ROB STEPHENSON       2.50       x       x       0.       0.       0.       0.         VICE CHAIR       2.50       x       x       0.       0.       0.       0.       0.         SECERTARY       X       X       0.       0.       0.       0.       0.       0.         (11) S., MARY JO POLAK       2.50       X       X       0.       0.       0.       0.         SECERTARY       X       X       0.       0.       0.       0.       0. <t< td=""><td>(2) ANDREA ROBERTS</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) ANDREA ROBERTS	40.00									
PROFNURSE ANESTHESIA         40.00         X         169,229.         0.         25,605.           (4) TAYLOR REHFELDT         40.00         X         179,669.         0.         8,446.           (5) LUKETTHIA BASTARDI         40.00         X         172,117.         0.         5,756.           (6) BROCK SMITH         40.00         X         164,300.         0.         10,105.           (7) TABITHA LIKNESS         40.00         X         70,033.         0.         14,527.           (8) DR. JIM FIZGERALD         X         X         0.         0.         0.           (9) MR. ROB STEPHENSON         2.50         X         X         0.         0.           (10) MR. DENIS FOKKEN         2.50         X         X         0.         0.           (11) S. MARY JO FOLAK         2.50         X         X         0.         0.           SECRETARY         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (11) S. MARY JO FOLAK         2.50         X         X         0.         0.         0.           DIRECTOR         X         <	DIR. AND ASST. PROFANESTHESIA						X		208,537.	0.	29,432.
(4)         TAYLOR REHFELDT         40.00         x         179,669.         0.         8,446.           (5)         LUKEYTHIA BASTARDI         40.00         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         x         164,300.         0.         10,105.           (7)         TABITHA LIKNES         40.00         x         70,033.         0.         14,527.           (8)         DR. JIM FITZGERALD         2.50         x         x         0.         0.         0.           (9)         MR. ROB STEPHENSON         2.50         x         x         0.         0.         0.           (10)         MR. ROB STEPHENSON         2.50         x         0.         0.         0.         0.           (11)         S. MARY JO FOLAK         2.50         x         0.         0.         0.         0.           (12)         DR. ALLAN TRAMP         1.30         x         0.         0.         0.         0.           (13)         DR. JLEE JOHNSON         1.30         x         0.         0. <td>(3) LARRY DAHLEN</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) LARRY DAHLEN	40.00									
ASST. FROFNURSE ANESTHESIA         X         179,669.         0.         8,446.           (5)         LUKEYTHIA BASTARDI         40.00         X         172,117.         0.         5,756.           (6)         BRCK SMITH         40.00         X         172,117.         0.         5,756.           (6)         BRCK SMITH         40.00         X         164,300.         0.         10,105.           (7)         TABITHA LINNESS         40.00         X         70,033.         0.         14,527.           (8)         DR. JIM FITZCERALD         2.50         X         X         0.         0.         0.           (9)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           (10)         MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.           (11)         S. MARY JO FOLAK         2.50         X         X         0.         0.         0.           (12)         DR. ALLAN TRAMP         1.30         DIRECTOR         X         0.         0.         0.           (13)         DL LEE JOHNSON         1.30         DIRECTOR         0.         0.         0.	PROFNURSE ANESTHESIA						X		169,229.	0.	25,605.
(5)       LUKEYTHIA BASTARDI       40.00         ASST. PROFNURSE ANESTHESIA       X       172,117.       0.       5,756.         (6)       BROCK SMITH       40.00       X       164,300.       0.       10,105.         (7)       TABITHA LIKNESS       40.00       X       164,300.       0.       10,105.         (7)       TABITHA LIKNESS       40.00       X       70,033.       0.       14,527.         (8)       DR. JIM FITZGERALD       2.50       X       0.       0.       0.         (9)       MR. ROB STEPHENSON       2.50       X       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.       0.       0.       0.         (10) MR. DENIS FOKKEN       2.50       X       X       0.	(4) TAYLOR REHFELDT	40.00									
ASST. PROFNURSE ANESTHESIA         X         172,117.         0.         5,756.           (6)         BROCK SMITH         40.00         X         164,300.         0.         10,105.           (7)         TABITHA LIKNESS         40.00         X         164,300.         0.         10,105.           (7)         TABITHA LIKNESS         40.00         X         70,033.         0.         14,527.           (8)         DR. JIM FITZGERALD         2.50         X         X         0.         0.         0.           (9)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (11) S. MARY JO POLAK         2.50         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         X         0.         0.         0.         0.           DIRECTOR         X         0.	ASST. PROFNURSE ANESTHESIA						X		179,669.	0.	8,446.
(6)         BROCK SMITH         40.00         X         164,300.         0.         10,105.           (7)         TABITHA LINNESS         40.00         X         70,033.         0.         14,527.           (8)         DR. JIM FITZGERALD         2.50         X         X         0.         0.         14,527.           (9)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           (10)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           (10)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           (11)         S. MARY JO POLAK         2.50         X         X         0.         0.         0.           (12)         DR. ALLAN TRAMP         1.30         X         0.         0.         0.         0.           (13)         R. J. LEE JOHNSON         1.30         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	(5) LUKEYTHIA BASTARDI	40.00									
ASST. PROFNURSE ANESTHESIA         X         164,300.         0.         10,105.           (7)         TABITHA LIKNESS         40.00         X         70,033.         0.         14,527.           (8)         DR. JIM FITZGERALD         2.50         X         0.         0.         0.           (9)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.           (10)         MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.           (11)         M. RY JO POLAK         2.50         X         X         0.         0.         0.           (12)         DR. ALLAN TRAMP         1.30         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.           (14)         DR. LAN TRAMP         1.30         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>172,117.</td><td>0.</td><td>5,756.</td></t<>							X		172,117.	0.	5,756.
(7)       TABITHA LIKNESS       40.00       X       70,033.       0.       14,527.         (8)       DR, JIM FITZGERALD       2.50       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.       0.         (9)       MR. ROB STEPHENSON       2.50       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.         (10)       MR. DENIS FORKEN       2.50       X       X       0.       0.       0.         (11) S. MARY JO POLAK       2.50       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (11) S. MARY JO POLAK       2.50       X       X       0.       0.       0.         BECRETARY       X       X       0.       0.       0.       0.       0.         (12) DR. ALLAN TRAMP       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	(6) BROCK SMITH	40.00									
VP OF FINANCE/ADMINISTRATION         X         70,033.         0.         14,527.           (8) DR. JIM FITZGERALD         2.50         X         X         0.         0.         0.           (9) MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           (10) MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.         0.           (11) S. MARY JO POLAK         2.50         X         X         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (13) DR. J. LEE JOHNSON         1.30         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) DR. LORI HANSEN         1.30         X         0.         0.         0.         0.           DIRECTOR         X							X		164,300.	0.	10,105.
(8) DR. JIM FITZGERALD       2.50       X       X       X       0.       0.       0.         (9) MR. ROB STEPHENSON       2.50       X       X       X       0.       0.       0.         (10) MR. DENIS FOKKEN       2.50       X       X       X       0.       0.       0.         (10) MR. DENIS FOKKEN       2.50       X       X       0.       0.       0.         (11) S. MARY JO POLAK       2.50       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (12) DR. ALLAN TRAMP       1.30       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.         (13) DR. J. LEE JOHNSON       1.30       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) DR. LORI HANSEN       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) FR. PAUL RUTEN       1.30		40.00									
CHAIR         X         X         X         0.         0.         0.           (9)         MR. ROB STEPHENSON         2.50         X         X         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           (10)         MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.           (11)         MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.           (11)         S. MARY JO POLAK         2.50         X         X         0.         0.         0.           (11)         S. MARY JO POLAK         2.50         X         X         0.         0.         0.           (11)         S. MARY JO POLAK         2.50         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           (14)         DR. LORI HANSEN         1.30         X         0.         0.         0.					X				70,033.	0.	14,527.
(9) MR. ROB STEPHENSON       2.50       X       X       X       0.       0.       0.         (10) MR. DENIS FOKKEN       2.50       X       X       X       0.       0.       0.         (11) MR. DENIS FOKKEN       2.50       X       X       X       0.       0.       0.         (11) S. MARY JO POLAK       2.50       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (12) DR. ALLAN TRAMP       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (14) DR. LORI HANSEN       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (15) FR. JAMES KEITER       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) FR. PAUL RUTTEN <td< td=""><td></td><td>2.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td></td<>		2.50									_
VICE CHAIR         X         X         X         0.         0.         0.         0.           (10) MR. DENIS FOKKEN         2.50         X         X         0.         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           (11) S. MARY JO POLAK         2.50         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (12) DR. ALLAN TRAMP         1.30         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (13) DR. J. LEE JOHNSON         1.30         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) DR. LORI HANSEN         1.30         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (15) FR. JAMES KEITER			Х		X				0.	0.	0.
(10) MR. DENIS FOKKEN       2.50       X       X       X       0.       0.       0.         TREASURER       X       X       X       X       0.       0.       0.       0.         (11) S. MARY JO POLAK       2.50       X       X       X       0.       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.       0.         (12) DR. ALLAN TRAMP       1.30       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (13) DR. J. LEE JOHNSON       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (14) DR. LORI HANSEN       1.30       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) FR. JAMES KEITER       1.30       X       0.       0.       0.       0.       0.         DIRECTOR		2.50									
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SECRETARY         X         X         X         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х		X				0.	0.	0.
(12) DR. ALLAN TRAMP       1.30       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) DR. J. LEE JOHNSON       1.30       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) DR. LORI HANSEN       1.30       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (15) FR. JAMES KEITER       1.30       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) FR. PAUL RUTTEN       1.30       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) MR. DARYL THURINGER       1.30       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		2.50									
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(15) FR. JAMES KEITER       1.30       0.0.0.0.         DIRECTOR       X       0.0.0.0.         (16) FR. PAUL RUTTEN       1.30       0.0.0.0.         DIRECTOR       X       0.0.0.0.         01RECTOR       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.         01RECTOR       X       0.0.0.0.         01RECTOR       X       0.0.0.0.		1.30									
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Form 990 (2021) MOUNT MAR	RTY UNIV	'ER	SI	TΥ	•				46-028	<u>3336</u>	j F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	ss per	ition more rson i	l than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> stimat mount othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	npens from th ganiza nd rela ganizat	ation ne tion ted
(18) MR. DONALD ROBY DIRECTOR	1.30	x						0.	0			0.
(19) MR. JEFF MAY DIRECTOR	1.30	x						0.	0			0.
(20) MR. JOHN PORTER DIRECTOR	1.30	x						0.	0			0.
(21) MR. SHAWN GALLAGHER DIRECTOR	1.30	x						0.	0			0.
(22) MS. DEB FISCHER-CLEMENS DIRECTOR	1.30	x						0.	0			0.
(23) MS. NANCY WERNER DIRECTOR	1.30	x						0.	0			0.
(24) S. BARBARA MCTAGUE DIRECTOR	1.30	x						0.	0			0.
(25) S. CAROL JEAN VANDENHEMEL DIRECTOR	1.30	x						0.	0			0.
(26) S. MARIBETH WENTZLAFF DIRECTOR	1.30	x						0.	0			0.
1b Subtotal								1,214,540. 0.	0	. 12	27,2	78. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)			<u></u>		<u></u>			1,214,540.	0		27,2	78.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	) whe	o re	eceived more than \$100,	000 of reportable		-	9
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	oyee on		Yes	
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>										3		X
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	,		•							4	X	
rendered to the organization? <i>If</i> "Yes." corr Section B. Independent Contractors	plete Schedule	e J fe	or sı	<u>ich p</u>	oers	on .				5		X
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ation f	rom	
(A) Name and business				<u> </u>				(B) Description of s		( Comp	<b>C)</b> ensatio	on
ALADDIN FOOD MANAGEMENT S NW 8704, MINNEAPOLIS, MN		-		С				FOOD SERVICE		97	0,2	11.
ANTHOLOGY PO BOX 850001, ORLANDO, F								SOFTWARE				05.
WELFL CONSTRUCTION CORP. 800 W 23RD ST, YANKTON, S	D 57078							CONSTRUCTION		18	39,2	00.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

Location (L)       Direct Control       Direct Control       Choice (L)       Choice (L) <thchoice (l)<="" th="">       Choice (L)       Choi</thchoice>	(A)     (B)     (C)     (D)     (E)     (F)       Name and title     Average hours     Position (check all that apply)     Position (check all that apply)     Reportable compensation from organizations     Reportable compensation from related organizations     Estimated amount o       (27) S. MILDRED BUSCH     1.30     1.30     X     0.00     0.00	Form 990 MOUNT MA	RTY UNIV	/ER	sı	ΤY					46-028	3336
(A) Name and title         (B) Pours (week (burker)         (C) (back all that apply) (burkers for week (check all that apply) (burkers for (W2/1089-MISC)         (C) Reportable compensation from related organizations (W2/1089-MISC)         (C) Reportable compensation from related organizations           (21) 5. MILDRED BUSCK         1.30         X         I         0         0.         0.         0.           (22) 5. MILDRED BUSCK         1.30         X         I         I         0         0.         0.         0.           (23) 5. FARTICLA ANN TOSCANO         1.30         X         I         I         0         0.         0.         0.           (23) 5. FARTICLA ANN TOSCANO         1.30         X         I         I         I         0.         0.         0.         0.         0.           (23) 5. FARTICLA ANN TOSCANO         1.30         X         I         I         I         I </td <td>(A)       (B)       (C)       (C)       (D)       (E)       (</td> <td>Part VII Section A. Officers, Directors, Tr</td> <td>ustees, Key Er</td> <td>nplo</td> <td>yee</td> <td>s, a</td> <td>nd H</td> <td>lighe</td> <td>est</td> <td>Compensated Employe</td> <td>es (continued)</td> <td></td>	(A)       (B)       (C)       (C)       (D)       (E)       (	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est	Compensated Employe	es (continued)	
Name and title         Average hour         Protion (related (ist any))         Protion (related (ist any))         Reportable compensation from the organization (W2/109-MISC)         Estimated amount of the organization (W2/109-MISC)         Estimated amount of the organizations           (27) 5. MLIORED BUSCI         1.30         X         I	Name and title         Average per work (1st ary below below related organization generation related organization generation related organization generation (W2/1099.MISC)         Repatable compensation (W2/1099.MISC)         Stimate and organization (W2/1099.MISC)         Stimate and and relate organization (W2/1099.MISC)         Stimate and and relate organization (W2/1099.MISC)         Stimate and and relate organization (W2/1099.MISC)         Stimate and relate organization (W2/109.MISC)         Stimate and relate organization (W2/109.MISC)         Stimate and relate organization (W2/109.MISC)         Stimate and relate organization (W2/109.MISC)         Stimate and relate organization (W2/109.MISC)										, ,	(F)
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week notation organizations organizations internet i	weak under and pair and progenization below line) $\frac{1}{20}$				T	T	T	αρρ Τ	·y)	-		
(iiii arry related organization related organization related organization related organizations for related organizations (W-2/1099-MISC)       (W	Organization organization organization organization organization organization organization organization (W-2/1099-MISC)         (W-2/1099-MISC) (W-2/1099-MISC)         (W-2/1099-MISC) organization organization organization organization (W-2/1099-MISC)           (27) S. MILDRED BUSCH         1.30 3         x         x         x         x         0.         0.           (27) S. MILDRED BUSCH         1.30 4         x         x         x         x         x         0.         0.           (27) S. MILDRED BUSCH         1.30 4         x         x         x         x         x         0.         0.           (27) S. MILDRED BUSCH         1.30 4         x											
127) S. MILRED BUSCH     1.30     x     0.     0.     0.       DIRECTOR     1.30     1.30     1.30     1.30       DIRECTOR     1.30     1.30     1.30     1.30 <td>127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.</td> <td></td> <td></td> <td>'n</td> <td></td> <td></td> <td></td> <td>loye</td> <td></td> <td></td> <td></td> <td></td>	127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.			'n				loye				
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127) S. MILRED BUSCH     1.30     x     0.     0.     0.       DIRECTOR     1.30     1.30     1.30     1.30       DIRECTOR     1.30     1.30     1.30     1.30 <td>127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.</td> <td></td> <td></td> <td>al tri</td> <td>onal</td> <td></td> <td>ploye</td> <td>Com</td> <td></td> <td></td> <td></td> <td>organizations</td>	127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.			al tri	onal		ploye	Com				organizations
127) S. MILRED BUSCH     1.30     x     0.     0.     0.       DIRECTOR     1.30     1.30     1.30     1.30       DIRECTOR     1.30     1.30     1.30     1.30 <td>127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.</td> <td></td> <td></td> <td>ividu</td> <td>tituti</td> <td>cer</td> <td>em /</td> <td>hest</td> <td>mer</td> <td></td> <td></td> <td></td>	127) S. MILDRED BUSCH     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.       DIRECTOR     1.30     x     0.0.0.			ividu	tituti	cer	em /	hest	mer			
X     0.     0.     0.     0.       (28) S. FATRICIA ANN TOSCANO     1.30     X     0.     0.     0.     0.       IRRETOR     X     0     0.     0.     0.     0.       IRRETOR     X     0     0.     0.     0.     0.       IRRETOR     X     0     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR       IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETO	DIRECTOR     X     0.     0.       (28) S. PATRICIA ANN TOSCANO     1.30     X     0.     0.       Image: Constraint of the second		line)	pul	lust	Offi	Key	Hig	For			
X     0.     0.     0.     0.       (28) S. FATRICIA ANN TOSCANO     1.30     X     0.     0.     0.     0.       IRRETOR     X     0     0.     0.     0.     0.       IRRETOR     X     0     0.     0.     0.     0.       IRRETOR     X     0     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR       IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETOR     IRRETO	DIRECTOR     X     0.     0.       (28) S. PATRICIA ANN TOSCANO     1.30     X     0.     0.       Image: Constraint of the second	(27) S. MILDRED BUSCH	1.30									
(28) S. PATRICIA ANN TOSCANO     1.30     X     0.00000000000000000000000000000000000	(28) S. PATRICIA ANN TOSCANO       1.30       X       0.       0.         DIRECTOR       X       0.       0.       0.         Image: Construction of the second of the se			v						0	0	0
X       X       Q.       Q	X       X       0       0.         Image: COR       Image: Correct on the second on the sec		1 20	<u></u>	<u> </u>					<u></u>	0.	0.
			1.30	_							-	
	Image: Section A, line 1c	DIRECTOR		Х						0.	0.	0.
	Image: Section A, line 1c											
	Image: Section A, line 1c       Image: Section A, line 1c			1			1					
	Image: Section A, line 10       Image: Section A, line 10		1	1								
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	Image: Section A, line 1c			<u> </u>								
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	Image: Section A, line 1c       Image:											
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	Image: Contract of the section A, line 1c			1								
	Image: Contract of the Part VII, Section A, line 1c     Image: Contract of the Part VII, Section A, line 1c     Image: Contract of the Part VII, Section A, line 1c     Image: Contract of the Part VII, Section A, line 1c		+	-	-	-		-	-			
Total to Part VII. Section A line 1c	Image: Control of the section A, line 1c			-								
	Total to Part VII, Section A, line 1c											
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c											
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c			1			1					
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c		+	-								
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c			-			1					
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c											
Total to Part VII. Section A line 1c	Total to Part VII, Section A, line 1c			_		_		_	-			
		Total to Part VII. Section A line 10										

		Check if Schedule O					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue exclu
s	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
and Other Similar Amounts	с	Fundraising events		1c		1,005.				
ar /	d	Related organizations		1d		1,016,000.				
Ē	е	Government grants (contr	ibutio	ons) <b>1e</b>		2,683,056.				
3	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		2,419,152.				
0 D	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$		48,292.				
aŭ	h	Total. Add lines 1a-1f				<b>&gt;</b>	6,119,213.			
						Business Code				
	2 a	TUITION & FEES			_	611710	21,108,997.	21108997.		
ð	b				_					
ň	с				_					
eve	d				_					
Revenue	е				_					
	f	All other program service	rever	nue		611710	674,507.	666,819.	7,688.	
	g	Total. Add lines 2a-2f					21,783,504.			
	3	Investment income (includ	ding o	dividends, int	tere	st, and				
		other similar amounts)					29,783.			29,7
	4	Income from investment of	of tax	-exempt bon	d pr	roceeds 🕨				
	5	Royalties	······							
				(i) Real		(ii) Personal				
		Gross rents		64,03						
		Less: rental expenses $\dots$	6b		0.					
		Rental income or (loss)	6c	64,03	88.					
		Net rental income or (loss	)				64,038.			64,0
	7 a	Gross amount from sales of		(i) Securitie		(ii) Other				
		assets other than inventory	7a	1,803,62	21.					
	b	Less: cost or other basis			0	451				
			7b 7c	1 000 00	0.	451.				
		Gain or (loss)				-451.	1 002 170			18031
		Net gain or (loss)				▶	1,803,170.			18031
	8 a	Gross income from fundraisin	0	· ·						
		including \$								
		contributions reported on			0-	34,260.				
	h	Part IV, line 18 Less: direct expenses			8a 8b	9,826.				
		Net income or (loss) from				5,020.	24,434.			24,4
		Gross income from gamin		n -	3					
	Jd	Part IV, line 19	-		9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from			55					
		Gross sales of inventory, I				►				
		and allowances		I	10a	3,463,396.				
	h	Less: cost of goods sold			10b					
		Net income or (loss) from					2,131,306.	2,131,306.		
╈	<u> </u>		20100			Business Code	, , , .	, , , .		
	11 a									
Revenue	b				-					
SVe	c				-					
Ř		All other revenue			-					
										<u> </u>

MOUNT MARTY UNIVERSITY

Form 990 (2021)

### Form 990 (2021) MOUNT MARTY U. Part IX Statement of Functional Expenses MOUNT MARTY UNIVERSITY

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 respor	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	10,391,459.	10,391,459.		
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	390,254.		390,254.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	73,365.	73,365.		
7	Other salaries and wages	73,365. 8,487,047.	73,365. 7,607,344.	634,818.	244,885
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	295,495.	265,590.	19,857.	<u>   10,04</u> 8
9	Other employee benefits	861,535.	773,124.	66,749.	10,048 21,662 16,594
10	Payroll taxes	604,191.	520,463.	67,134.	16,594
11	Fees for services (nonemployees):				
а	Management				
b		126,336.		126,336.	
с	•	31,564.	12,000.	19,564.	
d					
е		80,090.			80,090
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	249,816.	236,270.	13,546.	
12	Advertising and promotion	128,517.	127,762.		755
13	Office expenses	471,521.	359,793.		111,728
14	Information technology	430,026.	7,117.	422,909.	
15	Royalties				
16	Occupancy	377,357.	377,357.		
17	Travel	572,389.	562,207.	8,555.	1,627
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest	1,005,925.	868,754.	98,482.	38,689
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,639,865.	1,614,177.	19,266.	6,422
23	Insurance	287,110.	287,110.		
24	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.)				
а		1,942,191.	1,892,990.	15,143.	34,058
b	REPAIRS AND MAINTENANCE	676,416.	623,016.	53,400.	. ,
c	SUPPLIES	658,833.	647,922.	5,517.	5,394
d	STUDENT LIFE	398,842.	367,266.	17,000.	14,576
	All other expenses	185,426.	183,757.	1,020.	649
- 25	Total functional expenses. Add lines 1 through 24e	30,365,570.	27,798,843.	1,979,550.	587,177
26	Joint costs. Complete this line only if the organization				2
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

MOUNT MARTY UNIVERS	ITY
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	נא	Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			4,447,850.	2	3,437,019.
	3	Pledges and grants receivable, net			2,342,970.	3	1,650,440.
	4	Accounts receivable, net			969,368.	4	972,289.
	5	Loans and other receivables from any current or fe					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per	sons (as defined			
		under section 4958(f)(1)), and persons described i	n sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			906,792.	7	855,962.
Assets	8	Inventories for sale or use				8	
As	9	<b>_</b>			1,391,088.	9	1,026,866.
	10a	Land, buildings, and equipment: cost or other	1	[			
		basis. Complete Part VI of Schedule D	10a	54,538,851.			
	b	Less: accumulated depreciation	10b	23,417,183.	31,856,607.	10c	31,121,668.
	11	Investments - publicly traded securities			34,365,522.	11	31,035,117.
	12	Investments - other securities. See Part IV, line 11			243,521.	12	519,492.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11			104,517.	15	91,652.
	16	Total assets. Add lines 1 through 15 (must equal			76,628,235.	16	70,710,505.
	17	Accounts payable and accrued expenses			837,939.	17	835,057.
	18	Grants payable				18	
	19	Deferred revenue			1,109,825.	19	1,143,428.
	20				14,932,489.	20	13,407,143.
	21	Escrow or custodial account liability. Complete Pa		F		21	
s	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
lide		controlled entity or family member of any of these				22	
Li	23	Secured mortgages and notes payable to unrelate			4,472,601.	23	5,401,270.
	24	Unsecured notes and loans payable to unrelated t			200,000.	24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D	-		7,601,363.	25	6,786,238.
	26				29,154,217.	26	27,573,136.
		Organizations that follow FASB ASC 958, check					
ses		and complete lines 27, 28, 32, and 33.					
anc	27				11,769,313.	27	10,327,018.
Bal	28				35,704,705.	28	32,810,351.
pu		Organizations that do not follow FASB ASC 958					
Fu		and complete lines 29 through 33.	-				
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid in or capital surplus, or land, building, or equ				30	
Ast	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			47,474,018.	32	43,137,369.
~	33				76,628,235.	33	70,710,505.
Ż		Total liabilities and net assets/fund balances					70,710

Form **990** (2021)

## Part X Balance Sheet

Form	1990 (2021) MOUNT MARTY UNIVERSITY	46-0	283336	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,95	5,4	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,36	5,5	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,589	9,8	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,474	1,0	18.
5	Net unrealized gains (losses) on investments	5	-5,943	1,2	38.
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	14	<b>1,</b> 7:	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	43,13	7,3	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# 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.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
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Nam	Name of the organization Employer identification number										
	MOUNT MARTY UNIVERSITY							6-0283336			
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2	Х	A school described in sect									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).				
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:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that	• •			-		-			
а		<b>Type I.</b> A supporting orga	-	-	•	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	-								
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ime perso	ns that co	ntrol or mana	ge the supp	oorted		
		organization(s). You mus	-								
С		J Type III functionally inte	• • • •					lly integrate	ed with,		
	_	its supported organization	. , .			-					
d		J Type III non-functionally						-			
		that is not functionally int			•		-	an attentiv	/eness		
-		requirement (see instructi									
е		Check this box if the orga					турет, туре	п, туре п			
f	Ento	functionally integrated, or er the number of supported of a support of a		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
g		vide the following information	•	d organization(s)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		

	A (Form 990)	202
Part II	Suppor	t Sc

## MOUNT MARTY UNIVERSITY

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.)

See	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		(6)2010	(0) 2010	(4) 2020		
8	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0							
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	5						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	· · · · ·		L				
12	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	0		,	5		
80	organization, check this box and stop ction C. Computation of Publi						▶∟
				I			
	Public support percentage for 2021 (I		-			14	%
15						15	<u>%</u>
168	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies		-				
C	<b>33 1/3% support test - 2020.</b> If the o						
4-	and <b>stop here.</b> The organization qual		•••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organi	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ind see instruction	s ►

Schedule A	۲ (Form	990)	2021
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Schedule A	Form	990	202

## MOUNT MARTY UNIVERSITY

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 qualify under the tests listed below, please complete Part II.)

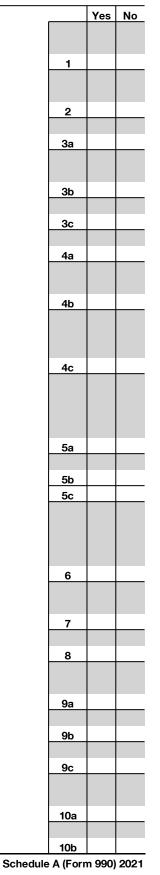
See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	021	(f) Total		
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts 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									
~	<b>o o o</b>									
	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and 3 received from disqualified persons									
t	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.)									
		() 22/7	(1) 00 / 0	( ) 00/0	( )) 00000	() ()		(0		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	J21	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
t	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									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)			fourth or fittle torr				~		
14	First 5 years. If the Form 990 is for th	•		-	•		•	·		
<u> </u>	check this box and stop here						<u></u>	·····		
	ction C. Computation of Public	• •	-			.=				
	Public support percentage for 2021 (li			column (f))		15		%		
	Public support percentage from 2020					16		%		
	ction D. Computation of Inves					1 1				
17	Investment income percentage for 20					17		%		
18						18		%		
<b>1</b> 9a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	83 1/3%, ar	nd line 17	' is not		
ŀ	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2020.</b> If the						8 1/30% or	►□		
L L										
20	line 18 is not more than 33 1/3%, check									
20	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

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.)



# Schedule A (Form 990) 2021 MOUNT MARTY UNIVERSITY Part IV Supporting Organizations (continued)

1

2

			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? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

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.
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,

supervised, or controlled the supporting organization.

porting Organizations

30	cuon c. Type in 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		

			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		

### Section 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 v	ear (see instructions)
•	Grieck the box heat to the method that the organization used to satisfy	' ווופ ווונפעומו רמונ ופגנ טעווווע נוופ ע	

- a \_\_\_\_ 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 <b>Part VI</b> how you supported a governmental entity (see instructions).	
---	--	------------------------------	----------------------	--	--

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- **a** 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.
- 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 these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** 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.*

	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
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		
Sect	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

e A (Form 990) 2021 MOU
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1

NT MARTY UNIVERSITY Schedule Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Schedule A		2021	
	-	 	

# MOUNT MARTY UNIVERSITY

46-0283336 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	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 the	e 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	IS	(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				
e	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)				
j	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.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	MOUNT	MARTY	UNIVERSITY		46-0283336 Page 8
Part VI	Part IV, Section A, lines 1	, 2, 3b, 3c, 4i lines 2 and 3	5, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 11a, 11b ction E, lines 1c, 2a,	, and 11c; Part IV, Section 2b, 3a, and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

46-0283336

	MOUNT MARTY UNIVERSITY	46-
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

1	
(a)	(b)
No.	Name, address, and ZIP + 4
2	
(a)	(b)
No.	Name, address, and ZIP + 4
3	

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

# Schedule B (Form 990) (2021)

MOUNT MARTY UNIVERSITY

Name of organization

Part I

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

#### (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 1,016,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 469,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 109,528. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B	(Form 990) (2021)	

Name of organization

Part I

# MOUNT MARTY UNIVERSITY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>280,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>65,869.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

123452 11-11-21

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u>130,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$50,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$41,081.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
No. 16 (a)	Name, address, and ZIP + 4	Total contributions           \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 16 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       40,000.         (c)       Total contributions	Type of contribution         Person       X         Payroll       Noncash         Noncash       Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan=

# MOUNT MARTY UNIVERSITY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Schedule B (Form 990) (2021) Name of organization

Part I

(a)

\_

\_

Employer identification number

(d)

46-0283336

(c)

Schedule B (Form 990) (2021)

(b) (d Name, address, and ZIP + 4 Total con \$	
Name, address, and ZIP + 4 Total con	\$
\$	
\$	
	\$

# Name of organization

# MOUNT MARTY UNIVERSITY

Part I

Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   19</u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>20,279.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
No.		Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
No. 22 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       31,893.         (c)       (c)         Total contributions       15,000.         \$       15,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)
No. 22 (a) No. 23	Name, address, and ZIP + 4	Total contributions         \$       31,893.         (c)       (c)         Total contributions       15,000.	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)
No. 22 (a) No. 23 (a)	Name, address, and ZIP + 4	Total contributions         \$       31,893.         (c)       (c)         Total contributions       15,000.         \$       15,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

46-0283336

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

MOUNT MARTY UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>25,768.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>10,234.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

46-0283336

Scheo	dule B	(Form	990)	(2021)	
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Name of organization

MOUNT MARTY UNIVERSITY

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		- \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		- \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		- \$\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# Employer identification number

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Page **2** 

Part I

Schedule B (Form 990) (2021) Name of organization

MOUNT MARTY UNIVERSITY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,092.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person X
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) 	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No.		(c) Total contributions	Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

46-0283336

123452 11-11-21

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MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 44 X Person Payroll <u>5,00</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

	\$
(b) Name, address, and ZIP + 4	(c) Total contribu
	\$
	•
(b) Name, address, and ZIP + 4	(c) Total contribu
	\$
	Ψ
	1

Name of organization	
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Schedule B (Form 990) (2021)

Employer identification number

46-0283336

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 50 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (d) No. tions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) Type of contribution No. tions Person Payroll Noncash (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

MOUNT MARTY UNIVERSITY

OUNT 1	MARTY UNIVERSITY	46	-0283336
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	STOCK	_	
		\$25,768.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	STOCK	_	
		\$10,234.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
37	STOCK	-	
·		\$5,092.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Name of organization

Schedule B (Form 990) (2021)

Employer identification number

Name of or	rganization		Employer identification number
	MARTY UNIVERSITY		46-0283336
Part III		through (e) and the following line en naritable, etc., contributions of <b>\$1,000 o</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	[
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE Form 990) Department of the Treas Internal Revenue Service	► Complete if the Part IV, line 6, 7, 8,	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.			
Name of the orga	MOUNT MARTY UNIV		Employer identification number 46-0283336		
	anizations Maintaining Donor Ad nization answered "Yes" on Form 990, Part	vised Funds or Other Similar Funds IV, line 6.	or Accounts. Complete if the		
<ul><li>2 Aggregate v</li><li>3 Aggregate v</li></ul>	er at end of year ralue of contributions to (during year) ralue of grants from (during year) ralue at end of year		(b) Funds and other accounts		
5 Did the orga are the orga	anization inform all donors and donor adviso inization's property, subject to the organizat	rs in writing that the assets held in donor advision's exclusive legal control?	Yes No		
for charitabl impermissib	le purposes and not for the benefit of the do le private benefit?	nor advisors in writing that grant funds can be nor or donor advisor, or for any other purpose 	conferring		
1 Purpose(s) o	of conservation easements held by the organ rvation of land for public use (for example, re ction of natural habitat rvation of open space	nization (check all that apply). ecreation or education) Preservation o	f a historically important land area f a certified historic structure		

# 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year

No

	day of the tax year.		HEIU AL LIE EILU VI LIE TAX FEAT
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure		
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation	during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	n ease	ments during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	semen	ts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)	
-	and section 170(h)(4)(B)(ii)?	.,	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sł	neet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of pul	olic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide	)
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021

Sche		ARTY UNIVER				46-	0283336	5 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or (	Other Si	imilar Ass	ets <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	nake signif	icant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d		hange program	'n				
b	Scholarly research	e		nange program					
		e							
c	Preservation for future generations								
4	Provide a description of the organization's co						art XIII.		
5	During the year, did the organization solicit o								1
D	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on For	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other asset	ts not inclu	lded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.		•						1
Par		f the organization and	swered "Ves" on Fo	rm 990 Part IV	/ line 10				
		(a) Current year	(b) Prior year	(c) Two years		Three years ba	ack <b>(e)</b> Four	vears	hack
4		34,620,689.	28,072,359.			26,608,80		453,	
	Beginning of year balance	1,601,113.	441,222.	1		416,98			
b	Contributions							448,	
	Net investment earnings, gains, and losses	-4,073,471.	7,302,599.			2,141,86		087,	
	Grants or scholarships	1,191,137.	1,040,839.	1,131,	091.	837,80	<sup>3</sup> . <sup>2</sup> ,	295,	916.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	115,670.	154,652.	134,		77,41			987.
g	End of year balance	30,841,524.	34,620,689.	28,072,	359.	28,252,42	27. 26,	608,	805.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	1.1000	_%						
b	Permanent endowment $\blacktriangleright$ 73.3000	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	-	tion that are held ar	nd administered	d for the o	rganization			
	by:					5	]	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations								X
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	nd on Schodulo P2				0a(ii) 3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm		whent lunds.						
1 41	Complete if the organization answere		Part IV line 11a S	ee Form 990 E	Part X line	10			
							( ) D		
	Description of property	(a) Cost or of basis (investm	• • •	or other (other)	(c) Accu depred		(d) Bool	k value	3
			,	. ,	depred	Jation	1 200		1 7
	Land			0,717.	1 - 00	4 202	1,300	, / ]	
	Buildings		43,00	5,565.	15,83	4,323.	27,171	L,24	ŧΖ.
	Leasehold improvements						4		
d	Equipment			0,665.	6,08	7,843.	1,882		
е	Other		2,26	1,904.	1,49	5,017.		5,88	
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part 2	X. column (B). line 1	0c.)	<u></u>	►	31,123	L,60	58.
	· · · · ·			-			dule D (Form	1 990)	2021

Schedule D	(Form 990) 2021	MOUNT	MARTY	UNIVERSITY
Part VII	Investments -	Other Secu	rities.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives	(		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	.,	,,	,
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [ (1)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Part IX         Other Assets.           Complete if the organization answered "Yes" or (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description		<b>(b)</b> Book value
Part IX         Other Assets.           Complete if the organization answered "Yes" of (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.	Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of (a)	Description		
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability	Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes	Description 15.) Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         (2)       CHARITABLE REMAINDER UNITR	Description 15.) on Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description 15.) on Form 990, Part IV, line		(b) Book value 266 , 201
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         (2)       CHARITABLE REMAINDER UNITR         (3)       REFUNDABLE U.S. GOVERNMENT         (4)       ADVANCES	Description 15.) on Form 990, Part IV, line UST		(b) Book value 266,201
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description 15.) on Form 990, Part IV, line UST		(b) Book value 266,201 1,059,967
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)         Federal income taxes         (2)       CHARITABLE REMAINDER UNITR         (3)       REFUNDABLE U.S. GOVERNMENT         (4)       ADVANCES         (5)       LONG-TERM RELATED NOTE PAY         (6)       UNSECURED	Description 15.) on Form 990, Part IV, line UST		(b) Book value 266,201 1,059,967 4,325,000
Part IX       Other Assets. Complete if the organization answered "Yes" of (a) [1]         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (6)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         (2)       CHARITABLE REMAINDER UNITR         (3)       REFUNDABLE U.S. GOVERNMENT         (4)       ADVANCES         (5)       LONG-TERM RELATED NOTE PAY         (6)       UNSECURED         (7)       OTHER LIABILITIES	Description 15.) on Form 990, Part IV, line UST		
Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)         Federal income taxes         (2)       CHARITABLE REMAINDER UNITR         (3)       REFUNDABLE U.S. GOVERNMENT         (4)       ADVANCES         (5)       LONG-TERM RELATED NOTE PAY         (6)       UNSECURED	Description 15.) on Form 990, Part IV, line UST		(b) Book value 266,201 1,059,967 4,325,000

2. 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 .... X

Sche	dule D (Form 990) 2021 MOUNT MARTY UNIVERSITY			46-	0283336 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer		¥		
	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	17,113,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-5,941,238.		
b	Donated services and use of facilities	2b	235,831.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-10,477,980.		
е	Add lines 2a through 2d			2e	<u>-16,183,387.</u> 33,297,365.
3	Subtract line 2e from line 1			3	33,297,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b	-1,341,917.		
С	Add lines 4a and 4b			4c	-1,341,917.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	31,955,448.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		ith Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	
1	Total expenses and losses per audited financial statements			1	21,450,627.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		005 004		
а	Donated services and use of facilities		235,831.	-	
b	Prior year adjustments			-	
С	Other losses		1 244 045	-	
d	Other (Describe in Part XIII.)	2d	1,341,917.		
е	Add lines 2a through 2d			2e	1,577,748.
3	Subtract line <b>2e</b> from line <b>1</b>			3	19,872,879.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		I		
а	Investment expenses not included on Form 990, Part VIII, line 7b		10 100 001	-	
b	Other (Describe in Part XIII.)	4b	10,492,691.		10 100 601
С	Add lines 4a and 4b			4c	10,492,691.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	30,365,570.
ral	t XIII Supplemental Information.				

Provide 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 additional information.

## PART V, LINE 4:

THE INSTITUTION USES GROWTH FROM THE ENDOWMENT FUNDS ACCORDING TO THE
DONORS' WISHES. THE AMOUNT OF GROWTH SPENT IS DETERMINED ACCORDING TO THE
UNIVERSITY'S INVESTMENT POLICY. THE POLICY STATES THAT THE DISTRIBUTIONS
MAY BE MADE UP TO 4% OF THE AVERAGE MARKET VALUE OF THE TOTAL ENDOWMENT,
CALCULATED OVER 12 ROLLING QUARTERS. CURRENT INTENDED USES ARE FUNDED
NAMED SCHOLARSHIPS, CAPITAL EXPENDITURES, ENDOWED-CHAIRS, ENHANCING THE
INSTITUTIONS MISSION, AND MAINTAINING INFRASTRUCTURES.

PART X, LINE 2:

## THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

## POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

Schedule D (Form 990) 2021         MOUNT MARTY UNIVERSITY           Part XIII         Supplemental Information (continued)	46-0283336 Page 5
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL	TO THE
FINANCIAL STATEMENTS. THE UNIVERSITY WOULD RECOGNIZE FUTURE	ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS	AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENA	LTIES ARE
INCURRED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	-10,391,459.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	-101,232.
CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS	14,711.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-10,477,980.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	-1,332,090.
SPECIAL EVENT EXPENSES	-9,827.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,341,917.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	1,332,090.
SPECIAL EVENT EXPENSES	9,827.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,341,917.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	10,391,459.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	101,232.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	10,492,691.

(For	HEDULE E	Schools	OMB No.	1545-004	47
, 01	m 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.	20	21	
	ment of the Treasury Revenue Service		Open to Inspect		ic
lame	e of the organizatio	· •	•		mbe
		MOUNT MARTY UNIVERSITY 46-	0283	336	
Pa	rtl				
				YES	N
1	-	ation have a racially nondiscriminatory policy toward students by statement in its charter,			
		erning instrument, or in a resolution of its governing body?	1	X	
2	Does the organization	ation include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
		ther written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	•	ion publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
		imes during its taxable year in a manner reasonably expected to be noticed by visitors to the			
		ough newspaper or broadcast media during the period of solicitation for students, or during the			
	•	d if it has no solicitation program, in a way that makes the policy known to all parts of the general			
		res? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	UNIVERSIT	Y CATALOG, WEBSITE, AND BROADCAST MEDIA			
4	U U	ation maintain the following?		v	
a		g the racial composition of the student body, faculty, and administrative staff?		X X	
b		nting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	~	
С		logues, brochures, announcements, and other written communications to the public dealing		v	
		issions, programs, and scholarships?	4c	X X	-
d		erial used by the organization or on its behalf to solicit contributions?	4d		
	If you answered "	No" to any of the above, please explain. If you need more space, use Part II.			
			:		
5	Does the organiza	ation discriminate by race in any way with respect to:			
	•		5a		X
а	Students' rights c	or privileges?	5a 5b		
a b	Students' rights of Admissions polici	es?			X X X
a b c	Students' rights of Admissions polici Employment of fa	or privileges? es? .culty or administrative staff?	5b		X X
a b c d	Students' rights of Admissions polici Employment of fa Scholarships or o	or privileges? es? culty or administrative staff? ther financial assistance?	5b 5c		X X X
a b c d e	Students' rights of Admissions polici Employment of fa Scholarships or of Educational polici	or privileges? es? culty or administrative staff? ther financial assistance? ies?	5b 5c 5d		X X X X X X
a b c d e f	Students' rights of Admissions polici Employment of fa Scholarships or of Educational polici Use of facilities?	or privileges?	5b 5c 5d 5e		X X X X X X X
a b d f g	Students' rights of Admissions polici Employment of fa Scholarships or of Educational polici Use of facilities? Athletic programs	or privileges? es? .culty or administrative staff? ther financial assistance? ies?	5b 5c 5d 5e 5f		X X X X X X X
a b d f g	Students' rights of Admissions polici Employment of fa Scholarships or o Educational polici Use of facilities? Athletic programs Other extracurrice	or privileges?	5b 5c 5d 5e 5f 5g		X X X X X X X X
b c d f g	Students' rights of Admissions polici Employment of fa Scholarships or o Educational polici Use of facilities? Athletic programs Other extracurrice	or privileges? es? culty or administrative staff? ther financial assistance? ies?	5b 5c 5d 5e 5f 5g		X X X X X X X X X
a b c d e f g h	Students' rights of Admissions polici Employment of fa Scholarships or o Educational polici Use of facilities? Athletic programs Other extracurricu If you answered "	or privileges?	5b 5c 5d 5e 5f 5g 5h		X X X X X X X X
a b c d e f g h	Students' rights of Admissions polici Employment of fa Scholarships or o Educational polici Use of facilities? Athletic programs Other extracurricu If you answered "  Does the organiza	er privileges? es? culty or administrative staff? ther financial assistance? ies? ular activities? Yes" to any of the above, please explain. If you need more space, use Part II. Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h 6a	X	X
a b c d e f g h	Students' rights of Admissions polici Employment of fa Scholarships or of Educational polici Use of facilities? Athletic programs Other extracurricu If you answered " 	es? culty or administrative staff? ther financial assistance? ies? 	5b 5c 5d 5e 5f 5g 5h 6a	x	X X X X X X X X X
a b c d f g h	Students' rights of Admissions polici Employment of fa Scholarships or of Educational polici Use of facilities? Athletic programs Other extracurricu If you answered " Does the organizat Has the organizat	er privileges? es? culty or administrative staff? ther financial assistance? ies? ular activities? Yes" to any of the above, please explain. If you need more space, use Part II. Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h 6a	X	X X X X X X X X X

Schedule E (Form 990) 2021 MOUNT MARTY UNIVERSITY	46-0283336 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h	, 6b, and 7, as
applicable. Also provide any other additional information.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERN	MENT AGENCIES
THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AN	D CONTRACTS ARE USED
IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SU	CH AS SUPPLEMENTAL
EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINI	STRATION OF SUCH
PROGRAMS.	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047						
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021						
Department of the Treasury		Attach to Form 990						Open to Public						
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	<b></b>	Inspection						
Name of the organization								lentification number						
Part I Fundrais		ARTY UNIVERSITY					46-028							
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not						
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization</li> </ul>	tions l email solicitations itations blicitations on have a written c	s f ── Solicita g ── Special or oral agreement with any individual	tion of tion of fundra (incluo	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus	tees,		es X No						
<b>b</b> If "Yes," list the 10	<ul> <li>key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>													
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained byj fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization						
EAB - PO BOX 60351	9,		Yes	No										
CHARLOTTE, NC 282	60-3519	MARKETING SERVICES		x	0.		80,900	. 0.						
Total				►			80,900							
3 List all states in wh	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	registration						

or licensing.

AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, CT

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

MOUNT MARTY UNIVERSITY

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	r	,	<b>0</b> 1	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MMU GOLF		NONE	(add col. (a) through
			CLASSIC MAY			col. (c))
			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	35,265.			35,265.
۳						
	2	Less: Contributions	1,005.			1,005.
	3	Gross income (line 1 minus line 2)	34,260.	34,260.		
	4	Cash prizes	900.			900.
	5	Noncash prizes	235.			235.
ses						
Sen	6	Rent/facility costs	4,540.			4,540.
Ш						
Direct Expenses	7	Food and beverages	3,058.			3,058.
Ē						
	8	Entertainment				
	9	Other direct expenses	1,093.			1,093.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	9,826.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			24,434.
Pa	rt I	<b>II</b> Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				_
0			(a) Bingo	(d) Total gaming (add		
anue				bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)

anue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)						
Revenue	1	Gross revenue										
Direct Expenses	2	Cash prizes										
	3	Noncash prizes										
Direct E	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes%							
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)											
9 a		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac										
b	lf "	No," explain:										
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No						

Sch	edule G (Form 990) 2021	MOUNT MARTY	UNIVERSITY	46-02	83	336	Pag	ge <b>3</b>
11	Does the organization conduct ga	ming activities with nonm	nembers?			Yes		No
12	Is the organization a grantor, bene	eficiary or trustee of a trus	st, or a member of a partnership or other entity formed	_				
				L		Yes		No
	Indicate the percentage of gaming			1				
					I3a			%
			· · · · · · · · · · · · · · · · · · ·		3b			%
14	Enter the name and address of the	e person who prepares th	e organization's gaming/special events books and reco	iras:				
	Name							
	Address 🕨							
15a	Does the organization have a cont	tract with a third party from	m whom the organization receives gaming revenue?			Yes		No
ł	If "Yes," enter the amount of gami	ing revenue received by th	he organization 🕨 \$ and the ar	nount				
	of gaming revenue retained by the	e third party ►\$						
Ċ	If "Yes," enter name and address	of the third party:						
	Name 🕨							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	▶ \$	-					
	Description of services provided	•						
	Director/officer	Employee	Independent contractor					
17	Mandatory distributions:							
	•	state law to make charita	able distributions from the gaming proceeds to					
	retain the state gaming license?			[		Yes		No
ł	Enter the amount of distributions	required under state law t	to be distributed to other exempt organizations or spen	t in the				
	organization's own exempt activiti							
Pa			planations required by Part I, line 2b, columns (iii) and ( any additional information. See instructions.	v); and Part II	I, lin	es 9, 9	9b, 10	)b,

Partiv	Supplemental information	(continued)		

SCHEDULE IGrants and Other Assistance to Organizations, Governments, and Individuals in the United States												
(Form 990	(L		vernments, ar ete if the organizatio					2021				
Department o	f the Treasury	Comp		Attach to For		1117, IIIC 21 01 22.		Open to Public				
Internal Rever	nue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection				
Name of t	he organization MOUNT MAR	TY UNIVER	SITY					Employer identification number $46-0283336$				
Part I	General Information on Grants a	nd Assistance										
crite	s the organization maintain records t eria used to award the grants or assis	stance?				-		on 🔣 Yes 🗌 No				
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>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</li> </ul>												
Part II	recipient that received more than \$					anization answered f	es on ronn 990, ran	TV, III e 21, IOF any				
							(h) Purpose of grant or assistance					
2 Ente	er total number of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table	•	•	•	· · · · · · · · · · · · · · · · · · ·				
3 Ente	er total number of other organizations	s listed in the line 1	I table									
LHA Fo	r Paperwork Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021				

Schedule I (Form 990) 2021

MOUNT MARTY UNIVERSITY

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	928	10,391,459.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE UNIVERSITY HAS A NUMBER OF FED	ERAL AND	STATE GRAN	ITS. WITH	THE ISSUANCE	

OF EACH AWARD A TEMPORARILY RESTRICTED ACCOUNT IS CREATED IN THE DATABASE.

AWARD LETTERS ARE KEPT IN A SEPARATE FILE WITH THE PRIMARY CONTACT

INFORMATION. IF THE GRANTEE DOES NOT HAVE ELIGIBILITY THE GRANT IS NOT

AWARDED. IF THE ELIGIBILITY OF THE GRANTEE HAS CHANGED THE INSTITUTION

RETURNS THE AWARDED FUNDS. THE GRANTS ARE BASED ON FAMILY INCOME

CONTRIBUTIONS, AND/OR ACADEMIC STANDING, AND/OR ATHLETIC ABILITY, AND/OR

INDIVIDUAL TALENT.

CHED	ULE J Compensation Information		OMB No. 1	545-004	7
Form 9		-	20	21	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		20		
epartment c	f the Treasury Attach to Form 990.		Open to		c
ternal Rever	hue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
ame of t	he organization		identificatio		nber
Dout	MOUNT MARTY UNIVERSITY	46-0	028333	0	
Part I	Questions Regarding Compensation				
<b>1</b> - 01				Yes	No
	the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	m 990,			
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel				
	Travel for companions Payments for business use of personal				
	Tax indemnification and gross-up payments Bisouting and gross-up payment				
	Discretionary spending account Personal services (such as maid, chauff	eur, chet)			
-	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		4	x	
	pursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	_	
	he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				v
truste	ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X
	ate which, if any, of the following the organization used to establish the compensation of the organization				
	/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organiza	ition to			
	blish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
X	Form 990 of other organizations	committee			
	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	nization or a related organization:				37
	ive a severance payment or change-of-control payment?				X
	cipate in or receive payment from a supplemental nonqualified retirement plan?				X
	cipate in or receive payment from an equity-based compensation arrangement?		4c		X
lf "Y€	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	lion			
	ngent on the revenues of:		_		v
	organization?				<u>X</u>
	related organization?		5b		X
	es" on line 5a or 5b, describe in Part III.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	lion			
	ngent on the net earnings of:		-		v
	prganization?				X
	related organization?		<u>6b</u>		X
	es" on line 6a or 6b, describe in Part III.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v
	lescribed on lines 5 and 6? If "Yes," describe in Part III		7		X
	any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			37
			8		X
	es" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Ilations section 53.4958-6(c)?		9		

### 46-0283336

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. MARCUS LONG	(i)	226,175.	0.	24,480.	11,546.	21,913.	284,114.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREA ROBERTS	(i)	208,537.	0.	0.	9,563.	19,921.	238,021.	0.
DIR. AND ASST. PROFANESTHESIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARRY DAHLEN	(i)	169,229.	0.	0.	8,985.	16,672.	194,886.	0.
PROFNURSE ANESTHESIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAYLOR REHFELDT	(i)	179,669.	0.	0.	8,446.	52.	188,167.	0.
ASST. PROFNURSE ANESTHESIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LUKEYTHIA BASTARDI	(i)	168,617.	0.	3,500.	5,756.	1,232.	179,105.	0.
ASST. PROFNURSE ANESTHESIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BROCK SMITH	(i)	164,300.	0.	0.	8,305.	1,852.	174,457.	0.
ASST. PROFNURSE ANESTHESIA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# PART I, LINE 1A:

THE PRESIDENT OF MOUNT MARTY UNIVERSITY, MARC LONG, RECEIVES \$2,000 PER

MONTH FOR A HOUSING STIPEND. THIS AMOUNT IS TAXABLE ON HIS W-2.

SCHEE		omplete if the organ	nization answere	EDULE K Supplemental Information on Tax-Exempt Bonds m 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,									OMB No. 1545-0047			
Departme Internal R	ent of the Treasury evenue Service Attach to			l any additional in orm990 for instru			information.					Open to nspect		lic		
	of the organization MOUNT MARTY	-									identification number					
Part I	Bond Issues SE	E PART VI	FOR COLUM	N (F) CON	TINUATI	ONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	le price	(f) Descripti	on of purpose	(g) D	efeased	<b>(h)</b> On	behalf	(i) Po	oled		
											of is	suer	finan	cing		
									Yes	No	Yes	No	Yes	No		
CI	CITY OF YANKTON, SOUTH						CONSTRUC									
A DA	АКОТА	46-6000567	NONE	06/28/19	1384	1310.	FURNISHI	NG, AND	E	X		Х		Х		
В																
С																
D																
Part I	Proceeds															
				A	-		В	С				D				
<u>1</u> A	mount of bonds retired			43	84,167.											
<b>2</b> A	mount of bonds legally defeased															
<u>3</u> T	otal proceeds of issue			13,84	1,310.											
-	•															
<b>5</b> (	Capitalized interest from proceeds			20	9,756.	•										
<b>6</b> F	Proceeds in refunding escrows															
<b>7</b> ls	ssuance costs from proceeds			4	1,800.											
<b>8</b> (	Credit enhancement from proceeds															
<b>10</b> C	Capital expenditures from proceeds			13,58	89,754.											
<u>11</u> (	Other spent proceeds															
<b>12</b> (	Other unspent proceeds															
<b>13</b> Y	ear of substantial completion			2	020											
				Yes	No	Yes	No	Yes	No		Yes	$\rightarrow$	No			
	Vere the bonds issued as part of a refunding i		onds (or,													
-	issued prior to 2018, a current refunding issu				Х											
	Vere the bonds issued as part of a refunding i		( )													
	ssued prior to 2018, an advance refunding iss				X							+				
-	las the final allocation of proceeds been made			X								+				
	Does the organization maintain adequate book	ks and records to sup	port the													
fi	nal allocation of proceeds?		X													

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

Schedule K (Form 990) 2021

# Schedule K (Form 990) 2021 MOUNT MARTY UNIVERSITY

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Page **2** 

Part III Private Business Use								
		<u>A</u>		B		ç	[	P
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		x						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								1
other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		
5 Enter the percentage of financed property used in a private business use as a		///		/0		/0		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		%		%		
		.00 %		<u>%</u>		%		
		X		70		70		T
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-		x						
governmental person other than a 501(c)(3) organization since the bonds were issued?		A						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		1
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?		_						
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Part IV Arbitrage			1					
Ļ		<u>A</u>		В		ç		P
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?		-						
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							

# Schedule K (Form 990) 2021 MOUNT MARTY UNIVERSITY

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Page 3

Part IV Arbitrage (continued)								
	A		В		ç		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
Find Procedures to Undertake Corrective Action								
	Ą			B			C	)
Has the organization established written procedures to ensure that violations	A Yes	No	Yes	B No	( Yes	C No	C Yes	) No
		No						
Has the organization established written procedures to ensure that violations		No						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the		No						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions	Yes X		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Yes X		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions	Yes X		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES:	Yes X		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA	Yes X on Schedule		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule		Yes					
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE:	Yes X on Schedule		Yes					

SCHEDULE L	1	Tra	insaction	ıs V	Vith	Int	erested	P	ersons			ON	1B No.	1545-0	047		
(Form 990)	Complete i		rganization ans	were	d "Yes	" on F	orm 990, Par	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	)1		
			28b, or 28c, o ► Atta				art V, line 38a Form 990-EZ		406.			O	Den T				
Department of the Treasury Internal Revenue Service		Go to v	www.irs.gov/Fo						est information.			-	spect		5110		
Name of the organizatio	'n											r identification number					
D. I.I. E			TY UNIVE									833	36				
									n 501(c)(29) orga								
Complete	if the organizatio		vered "Yes" on H Relationship betv				ine 25a or 25b	), or	Form 990-EZ, Pa	art V, I	ine 40	b.	(d)	Corr	ected?		
(a) Name of disqua	lified person		person and or			meu	(0	c) D	escription of tran	sactic	n		Yes		No		
													+	-			
													-				
2 Enter the amount of	of tax incurred by	the o	rganization man	agers	or disc	qualifie	d persons dur	ing t	the year under				_				
3 Enter the amount of	of tax, if any, on I	ine 2, a	above, reimburs	ed by	the ore	ganiza	tion				▶ \$						
Part II Loans to	o and/or From	n Int	erested Pers	sons.													
						. Part '	V. line 38a or F	orm	n 990, Part IV, lin	e 26: (	or if th	e orga	nizatio	n			
	n amount on For					,	-,		, , ,	,		-					
(a) Name of	(b) Relationship (c) Purpose			(d) Loan to or (e) Original (f) Balance due				i) Balance due	(g		h) Approved by board or (i) Writte						
interested person	with organ	ization	of loan	organi	zation?	prine	cipal amount	ipal amount			ault?	cómm	ittee?				
				To	From					Yes	No	Yes	No	Yes	<u>No</u>		
															_		
								-							+		
Total							> \$										
	or Assistance		-														
	if the organizatio								(-1) T			(-)	<b>D</b>				
(a) Name of intere	ested person		(b) Relationship interested pers the organiza	on an			c) Amount of assistance		(d) Type assistan				Purp assista		DT		
		-															
		_															
		_															
		+									-+						
		+															
LHA For Paperwork R	eduction Act N	otice,	see the Instruct	tions f	for For	m 990	) or 990-EZ.				Sche	dule L	(For	n 990	) 2021		

Schedule L (Form 990) 2021 MOUNT	46-0283	336	Page <b>2</b>									
Part IV Business Transactions Involv	ing Intere	sted Persor	าร.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.												
(a) Name of interested person		nship between n and the organ		ed	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's jues?				
							Yes	No				
JOE RUTTEN	FAMILY	MEMBER	OF E	30	73,365.	EMPLOYEE CO		X				
Part V Supplemental Information						1						

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: JOE RUTTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2021
Open to Public

Employer identification number

	MOUNT MARTY	UNIVER	SITY			4	6-0283	336	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on		(d) d of determin ontribution ar		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	4	45,	365.F	MV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $\ldots$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	L	10						
25	Other $\blacktriangleright$ ( <u>IN-KIND GIFTS</u> )	X	13	2,4	427.F	MV			
26	Other ( )								
27	Other ()								
28	Other ()			<u> </u>					
29	Number of Forms 8283 received by the organi							~	
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive b				•				
	must hold for at least three years from the date		l contribution, and	which isn't required	to be used	d for			37
	exempt purposes for the entire holding period	?					<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.							77	
31	Does the organization have a gift acceptance					ns?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell no	oncash				
_	contributions?						<u>32a</u>		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	i for which column (a	is checke	ed,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

#### COLUMN B IS THE NUMBER OF CONTRIBUTORS

SCHEDULE O (Form 990)

Name of the organization

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



46-0283336

MOUNT MARTY UNIVERSITY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGHER LEARNING.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL INCLUDE THE BOARD CHAIR, VICE CHAIR, SECRETARY, TREASURER, THE PRIORESS OR HER DESIGNEE, AND ADDITIONAL TRUSTEES SELECTED BY THE CHAIR. THE PRESIDENT SHALL BE AN EX-OFFICIO MEMBER WITHOUT VOTE, AND SHALL NOT BE COUNTED AS PART OF A QUORUM FOR THE PURPOSE OF TRANSACTING BUSINESS.

THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON ALL MATTERS, EXCEPT FOR THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD AND/OR THE MEMBERS: PRESIDENTIAL SELECTION AND TERMINATION; TRUSTEE AND BOARD-OFFICER ELECTION; CHANGES IN INSTITUTIONAL MISSION AND PURPOSE; CHANGES TO THE ARTICLES OF INCORPORATION; INCURRING OF CORPORATE INDEBTEDNESS; SALE OF UNIVERSITY ASSETS OR TANGIBLE PROPERTY; ADOPTION OF THE ANNUAL BUDGET; DETERMINING TENURE AWARDS; AND CONFERRAL OF DEGREES. THESE BYLAWS OR OTHER BOARD POLICIES MAY RESERVE OTHER POWERS FOR THE BOARD OF TRUSTEES AND/OR MEMBERS.

IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON EMERGENCY MATTERS THAT

 CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, THE

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
MOUNT MARTY UNIVERSITY	46-0283336

UNIVERSITY'S PLANNING PROCESS AND PROGRESS ON PLANNING GOALS, THE BOARD'S

RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE,

AND REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND TERMS OF EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2:

DENIS FOKKEN AND ROB STEPHENSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION INCLUDE THE MONASTERY PRIORESS AND THOSE

PERSONS SERVING AS MEMBERS OF THE MONASTERY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRIORESS OF THE SPONSORING MONASTERY IS ALLOWED TO APPOINT A MINIMUM OF

5 MEMBERS TO THE BOARD AND ALL MEMBERS HAVE FINAL APPROVAL OF ALL TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS HAVE AUTHORITY OVER ACTIONS TO BE TAKEN BY THE UNIVERSITY AS

FOLLOWS:

(A) TO APPROVE THE STATEMENTS OF PHILOSOPHY, MISSION AND OBJECTIVES OF THE UNIVERSITY;

(B) TO APPROVE AND ACT UPON THE SALE, LEASE, TRANSFER, EXCHANGE,

DISPOSITION, PLEDGE OR ALIENATION OF REAL PROPERTY OR BUILDINGS AND/OR THE

ACQUISITION OF DEBT, PURSUANT TO POLICIES ESTABLISHED BY THE MEMBERS;

(C) TO APPOINT THE BOARD OF TRUSTEES OF THE UNIVERSITY AND TO REMOVE A

TRUSTEE AT ANY TIME WITH OR WITHOUT CAUSE, AFTER SEEKING GUIDANCE FROM THE

BOARD. PENDING A FINAL DECISION OF THE MEMBERS, THE BOARD OF TRUSTEES MAY

SUSPEND A TRUSTEE BY A VOTE OF TWO-THIRDS OF THE REMAINING TRUSTEES;

TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE (D) 132212 11-11-21

Name of the organization

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

(F) TO OVERSEE THE UNIVERSITY'S FISCAL POLICIES AND TO ESTABLISH POLICIES

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

(G) TO RECEIVE THE UNIVERSITY'S ANNUAL REPORT;

(H) TO APPOINT AND REMOVE THE PRESIDENT OF THE UNIVERSITY, AFTER SEEKING

GUIDANCE FROM THE BOARD OF TRUSTEES;

(I) TO APPROVE AND/OR ACT UPON THE MERGER, CONSOLIDATION OR DISSOLUTION OF

THE UNIVERSITY; AND

(J) TO ADOPT POLICIES TO EFFECTUATE THE AUTHORITIES RESERVED TO THE

FULL BOARD THEN REVIEWS AND APPROVES THE 990 PRIOR TO FILING.

#### MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE & AUDIT COMMITTEE REVIEWS THE 990 AND A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD ALONG WITH A RECOMMENDATION FROM THE FINANCE & AUDIT COMMITTEE. THE

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

RESTRICTIONS ON TRUSTEES WHEN VOTING ON ISSUES THAT GIVE RISE TO CONFLICT.

ALL TRUSTEES COMPLETE A DISCLOSURE ANNUALLY. DISCLOSURES ARE GIVEN TO ALL

TRUSTEES IN THE FORM OF A REPORT.

A TRUSTEE SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF THE TRUSTEE

(1) HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST THAT IMPAIR OR

APPEAR TO IMPAIR THE TRUSTEE'S INDEPENDENT, UNBIASED JUDGMENT IN THE

DISCHARGE OF THE TRUSTEE'S RESPONSIBILITIES TO THE UNIVERSITY; OR

(2) IS AWARE THAT A MEMBER OF THE TRUSTEE'S IMMEDIATE FAMILY HAS FINANCIAL 132212 11-11-21 Schedule O (Form 990) 2021 THE UNIVERSITY. IMMEDIATE FAMILY GENERALLY INCLUDES SPOUSE, PARENT OR

STEP-PARENT, CHILD OR STEP-CHILD, SIBLING OR STEP-SIBLING, GRANDPARENT, AND GRANDCHILD.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT: A SURVEY PROCESS WAS UNDERTAKEN BY THE BOARD OF TRUSTEES, USING GUIDESTAR.ORG TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION. A MULTI-YEAR EMPLOYMENT CONTRACT IS PUT INTO PLACE.

CFO: AN ANNUAL PERFORMANCE APPRAISAL IS DONE FOR THE CFO, AND A STANDARD

PERCENTAGE INCREASE IS GIVEN BASED ON THE DECISION OF THE BOARD OF

TRUSTEES. THE PERCENTAGE INCREASE IS THE SAME FOR THE CFO AS IT IS FOR ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS

14,711.

SCHEDULE	R
(Form 990)	

#### (1 0111 000)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 46 - 0283336

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### MOUNT MARTY UNIVERSITY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?	
				501(c)(3))		Yes	No
BENEDICTINE CONVENT OF SACRED HEART DBA							
SACRED HEART MONASTARY - 46-0224541, 1005 W							
8TH STREET, YANKTON, SD 57078-3389	RELIGIOUS ORDER	SOUTH DAKOTA	501(C)(3)	LINE 1	N/A		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?				or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
	-											
	-											
	-											
	1											
											+	
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	tion b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (1)	CRT	SD	N/A	TRUST	N/A	N/A	N/A	x	
	-								
	-								
	-								
	-								

#### Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
_(6)				

#### Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	<b>F</b>	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	<b>(g)</b> Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
				$\left  \right $								

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 MOUN Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form <b>990-T</b>						
	(and proxy tax under section 6033(e))	_	2024			
	For calendar year 2021 or other tax year beginning <u>JUL 1, 2021</u> , and ending <u>JUN 30, 202</u>	<u>2</u> .	2021			
Department of the Treasury Internal Revenue Service	<ul> <li>Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>	501(c	n to Public Inspection for c)(3) Organizations Only			
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employer i	identification number			
B Exempt under section	Print MOUNT MARTY UNIVERSITY	46-	0283336			
X 501(c)(3) 408(e) 220(e)	or TypeNumber, street, and room or suite no. If a P.O. box, see instructions.1105WEST8THSTREET	E Group exer (see instruc	mption number ctions)			
408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code <b>YANKTON</b> , SD 57078	F 🗌 C	heck box if			
	C Book value of all assets at end of year > 70,710,505.	ar	n amended return.			
G Check organization	type 🕨 🔀 501(c) corporation 🔄 501(c) trust 🔄 401(a) trust 🗌 Other trust					
H Check if filing only to	D Claim credit from Form 8941 Claim a refund shown on Form 2439					
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<b>&gt;</b>			
J Enter the number of	attached Schedules A (Form 990-T)	1				
<b>K</b> During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► 🗌 Y	es X No			
	ame and identifying number of the parent corporation.					
	e of ► TABITHA LIKNESS Telephone number ► 6	05-66	8-1603			
	elated Business Taxable Income	<del></del>				
	business taxable income computed from all unrelated trades or businesses (see		1 004			
,		1	1,904.			
		2	1 004			
3 Add lines 1 and 2		3	1,904.			
	utions (see instructions for limitation rules) STMT 3 STMT 4	4	<u>2.</u> 1,902.			
	siness taxable income before net operating losses. Subtract line 4 from line 3	5	1,902.			
	operating loss. See instructions	6				
	business taxable income before specific deduction and section 199A deduction.		1 0 0 0			
Subtract line 6 from		7	<u>1,902.</u> 1,000.			
	n (generally \$1,000, but see instructions for exceptions)	8	1,000.			
	09A deduction. See instructions	9	1 000			
	Add lines 8 and 9	10	1,000.			
	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		000			
Part II Tax Com	nutation	11	902.			
			189.			
•	trable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	109.			
	trust rates. See instructions for tax computation. Income tax on the amount on					
Part I, line 11 from 3 Proxy tax. See ins		2				
<ul><li>3 Proxy tax. See ins</li><li>4 Other tax amounts</li></ul>		4				
5 Alternative minimu		5				
	iant facility income. See instructions	6				
•	through 6 to line 1 or 2, whichever applies	7	189.			
	Reduction Act Notice, see instructions.		orm <b>990-T</b> (2021)			
		•	(= )			

	90-T (2021)		ŀ	Page <b>2</b>
Part	III Tax and Payments			
<b>1</b> a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	1	89.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4	1	89.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 6	9	1	89.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 4		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions			
	Business Activity Code Available post-2017 NOL c	arryove	r	
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	nder penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other than			je.	Ű	
Here	Signature of officer	Date	CE/ADMINS	STRATI	the pr	he IRS discuss this return with eparer shown below (see ctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid Preparer	LAURIE HANSON, CPA	LAURIE HANSON, CPA	02/16/23	self- employe	ed	P00851848
Use Only	Firm's name EIDE BAILLY LLP					45-0250958
eee enig	Firm's name ► EIDE BAILLY LLP 200 E. 10TH ST., STE. 500 Firm's address ► SIOUX FALLS, SD 57104-6375					5-339-1999
		*				

46 - 0283336

FORM 990-T LATE PAYMENT INTEREST								STATEMENT		
DESCRIPTION	DATE	AM	OUNT	BAL	ANCE	RATI	ΞI	DAYS	INTERE	ST
TAX DUE	11/15/22		189.		189.	.060	00			
LATE FILING PENALTY	11/15/22		189.		378.	.060	00	46		3
INTEREST RATE CHANGE	12/31/22		Ο.		381.	.070	00	46		3
DATE FILED	02/15/23				384.					
TOTAL LATE PAYMENT IN	ITEREST									6
FORM 990-T	L2	ATE PA	YMENT PEN	JALTY				STAT	FEMENT	2
DESCRIPTION	DAT	Έ	AMOUNT		BALANCE	1	MONI	THS	PENALT	Y
TAX DUE	11/15	5/22	18		1	89.		3		3
DATE FILED	02/15	6/23			1	89.				
TOTAL LATE PAYMENT PE	NALTY							=		3
FORM 990-T		CONT	RIBUTIONS	5				STAT	TEMENT	3
	PROPERTY	METH	OD USED 1	ro de'	FERMINE	FMV		A	MOUNT	
DESCRIPTION/KIND OF P							_			
DESCRIPTION/KIND OF F CHARITABLE CONTRIBUTI COMMONFUND CAPITAL PA VIII. L.P		N/A								2
CHARITABLE CONTRIBUTI		N/A								2

-

\_

FORM 990-T CONTRIBUTIONS SUMMARY	STAT	EMENT 4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2 90	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	
ALLOWABLE CONTRIBUTIONS DEDUCTION		2
TOTAL CONTRIBUTION DEDUCTION		2

#### FOOTNOTES

STATEMENT 5

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	INTEREST A	ND PENALTIES	STATEMENT 6
TAX FROM FORM 990-T, PART LATE PAYMENT INTEREST LATE PAYMENT PENALTY LATE FILING PENALTY	r IV		189. 6. 3. 189.
TOTAL AMOUNT DUE			387.

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

### Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

1

Open to Fublic Inspection for
501(c)(3) Organizations Only

Α	Name of the orga	anization	
	MOUNT	MARTY	UNIVERSITY

<u>c</u> Unrelated business activity code (see instructions) ► 520000

В	Employer identification number $46-0283336$

1

of

D Sequence:

#### 

Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	9,409.		9,409.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 7	5	-7,505.		-7,505.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	1,904.		1,904.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	 	1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion	 	9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)			
15	Total deductions. Add lines 1 through 14	 	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)	 	16	1,904.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	1,904.
LHA	For Paperwork Reduction Act Notice, see instructions.		Schedu	le A (Form 990-T) 2021

							1
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth	od of inventory valu					Page 2
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				8		
9	Do the rules of section 263A (with respect to property p					Yes	No
Part	IV Rent Income (From Real Property and	Personal Prope	erty Leased with Re	al Proper	ty)		
1	Description of property (property street address, city, st	ate, ZIP code). Chec	k if a dual-use. See instru	ctions.			
	A						
	в						
	c						
	D		- <u>r</u> r				
	-	Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
							0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	re and on Part I, line 6, co	lumn (A)			0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
-	Total de des l'anna Addition de aleman Adherente D. Est						0.
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	e instructions)	т, ппе 6, соштт (в)				0.
1	Description of debt-financed property (street address, c		Check if a dual-use. See	netructione			
•	A	ity, state, Zir codej.	Offeck if a dual-use. See				
	в 🗌						
	c 🗌						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5	(	%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on F	art I, line 7, column (A)		. ►		0.
	-						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro						0.
11	Total dividends-received deductions included in line	10					0.

Sched Dart	ule A (Form 990-T) 2021 VI Interest, Annu	iities Ro	ovalties and Re	ents fror	n Control	led Or	nanization	<b>S</b> (c	ee instruct	ions)		Page <b>3</b>
Tart							Exempt Contro	`		,		
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	e connected with	
(1)										Jointo		
(2)												
(3)												
(4)												
			No		Controlled O	•	ons					
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif syments mad		<b>10.</b> Part of that is inconstruction of the controlling gross	luded	in the zation's		<b>11.</b> Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)							n Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		re and on Part I,		
Totals						►			0.			0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incor		<b>3.</b> Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		nt)	and set-asides (add cols 3 and 4)
(1)												
<u>(2)</u>												
<u>(3)</u>												
(4) Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part		vemnt A	ctivity Income	Other 1	 [han Adva			(000 in				0.
1	Description of exploite			, outer i			gincome		structions			
2	Gross unrelated busin		e from trade or busi	ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3							-	• •				
	B Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							3				
4												
	lines 5 through 7							4				
5									5			
6	Expenses attributable									6		
7	Excess exempt expen									_		
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2021

Schedu	ule A (Form 990-T) 2021				1 Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting t	wo or more periodicals on a	consolidated basis	8.	
	<u>A</u> [				
	B				
	с р				
intor o	mounts for each periodical listed above in the co	rrosponding column			
inter a	mounts for each periodical listed above in the col		В	С	D
2	Gross advertising income				
2	Add columns A through D. Enter here and on Pa				0.
а				····· ·	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa		•		0.
-				······	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea				0
Part 2	Part II, line 13           X         Compensation of Officers, Direct	tore and Tructoop	· · · · ·		0.
r ai t i			see instructions)	0 Demonstrate	<b>1</b> Oceano ation
	1. Name	<b>2.</b> Title		3. Percentage of time devoted	<ol> <li>Compensation attributable to</li> </ol>
	I. Name	<b>2.</b> Ille		to business	unrelated business
1)				%	unitelated busiliess
-, 2)				%	
2) 3)				%	
<u>-,</u> 4)				%	
-,					
Total.	Enter here and on Part II, line 1				0.
Part 2		nstructions)			
	· · · · · · · · · · · · · · · · · · ·	,			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION		NET INCOME OR (LOSS)
COMMONFUND CAPITAL INCOME (LOSS)	PARTNERS VIII, L.P - ORDINARY BUSINESS	-2,099.
COMMONFUND CAPITAL ESTATE INCOME	PARTNERS VIII, L.P - NET RENTAL REAL	-30.
	PARTNERS VIII, L.P - INTEREST INCOME PARTNERS VIII, L.P - DIVIDEND INCOME	116. 224.
	PARTNERS VIII, L.P - OTHER PORTFOLIO	26.
COMMONFUND CAPITAL (LOSS)	PARTNERS VIII, L.P - OTHER INCOME	-5,742.
TOTAL INCLUDED ON S	SCHEDULE A, PART I, LINE 5	-7,505.

Name

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Yes X No

**ZUZ I** 

Employer identification number

46-0283336

►C

#### MOUNT MARTY UNIVERSITY

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

If "Yes," attach Form 8949 and see its instru			•			
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	or loss from Form(s) 89	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		
<ul> <li>round off cents to whole dollars.</li> <li>1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b</li> </ul>					result with column (g)	
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					141.	
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4		
5 Short-term capital gain or (loss) from like-kin				5		
6 Unused capital loss carryover (attach comput				6	( )	
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	141.	
	ns and Losses - Ass	ets Held More Tha	n One Year			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10 Totals for all transactions reported on						
Form(s) 8949 with <b>Box F</b> checked					9,261.	
dd Eater acia from Form 1707 line 7 or 0				11	7.	
12 Long-term capital gain from installment sales				12		
13 Long-term capital gain or (loss) from like-kin				13		
				14		
<b>15</b> Net long-term capital gain or (loss). Combin				15	9,268.	
Part III Summary of Parts I and					· · ·	
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	l loss (line 15)		16	141.	
17 Net capital gain. Enter excess of net long-term				17	9,268.	
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	9,409.	
Note: If losses exceed gains, see Capital Los						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021



Name(s) shown on return

### Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Sequence No. 12A

С

Social security number or taxpayer identification no.

46-0283336

MOUNT MARTY UNIVERSITY

<ul> <li>transactions, see page 2.</li> <li>Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).</li> <li>You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions complete a separate Form 8949, page 1, for each applicable box. f you have more short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>(A) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (see Note above)</li> <li>(B) Short-term transactions not reported to you on Form 1099-B</li> </ul>	MOUNI MARII UN							203330
Part II       Short-Term. Transactions motiving capital assets you had 1 year or eas a generally information to maintain the relation of approximation of the motiving capital asset asset of the maintain of the main	Before you check Box A, B, or C belows statement will have the same information belows the same information belows and the same statement of the same stat	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute statem Ir basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your
Tankactions, see page 2.         Term bit is page 2.         Term bit is page 2.           Out must black Box A, B, or C below. Check only one box. If more than use to apple 6 your grant term to associate and use to an apple 6 your grant term to associate and use to an apple 6 your grant term to associate and use to an apple 6 your grant term to associate and use to an apple 6 your grant term to associate and use to an apple 6 your grant term terms and use that and the targe to an or need of backs. The apple 6 your grant term terms and use that and the targe to an apple 6 your grant term target and use to an apple 6 your grant term term terms and use that and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target to an apple 6 your grant term terms and the target term target to an apple 6 your on Form 1099B           (G) (S) bort-term transactions reported to your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) of the term an apple 6 your on Form 1099B         (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			al assets vou held	1 vear or less are ge	enerally short-term (see	e instruction	s). For long-term	
codes are regimed [2] filter the totals dresdy on Schedule (), line 1s, you jiern't regulared triggers aspansion on Order (methods) applicable box.         (i) () () () () () () () () () () () () ()	transactions, see page 2.							livetmente er
Type have no selections have will be able to be one or one of the toxes, complex as inary torms with same to calculate and the selection of th								
A) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (see Note above)         B) Short-term transactions not reported to promise 1099-B         1 (c) Short-term transactions not reported to youn Form 1099-B         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to youn Form 109-B         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to youn Form 109-B         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to youn Form 109-B         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactions not reported to the IRS (see Note above)         1 (c) Short-term transactio								each applicable box.
Image: Shortherm transactions reported to property (Example: 100 sh. XVZ Co.)       Data acquired (Mo., day, yr.)       Image: Color of the image: Color of the image color o	<u> </u>					,		
Image: Construction in the image of the image o				-	-	Hoto us	010)	
(a)       (b)       (c)       (d)       (e)       (d)       (f)       (				-				
Description of property (Example: 100 sh. XYZ Co.)     Date sodured (Mo., day, yr.)     Proceeds (sales price) (Mo., day, yr.)     Cost of other (sales price) (sales price)     Ios (Hourn (b) (b) (b) (b) (b)     G(b) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c) (c)     G(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					(e)	Adjustme	nt, if any, to gain or	(h)
(Example: 100 sh. XYZ Co.)       (Mo., day, yr.)       disposed of (Mo., day, yr.)       (sales price)       basis. See the <b>Note</b> below <b>(mo. day, yr.) basis. See the <b>Note</b> below <b>(mo. day, yr.) basis. See the <b>Note</b> below <b>(mo. day, yr.) basis. See the Note</b> below <b>(mo. day, yr.) basis. </b></b></b>				Proceeds		<b>  loss</b> . If y	ou enter an amount	Gain or (loss).
(mot, day, yr.)         see Column (e) in the instructions         (f) Code(s)         Amof, or adjustment         combine the result with column (i)           PARTNERS VIII, L.P         141.	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)		column (f	). See instructions.	Subtract column (e)
the instructions       Code(s)       Andurt of adjustment       with column (g)         COMMONFUND CAPITAL			(Mo., day, yr.)			(f)	(g)	
COMMONFUND CAPITAL       141.         PARTNERS VIII, L.P       141.         Image: Comparison of the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each tota here and include on your Schedule D, line 1b (fl Box A above is checked), line 2 (fl Box B       111						Code(s)		
PARTNERS VIII, L.P 141.	COMMONFUND CAPITAL						adjuotinont	
Image: Second								141.
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
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negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	2 Totals Add the emounts in selim		l nd (b) (cubtract					
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
	, , , , , , , , , , , , , , , , , , ,		•					141

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form <b>4797</b>
------------------

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

		, ,
MOUNT MARTY UNIVERSITY		46-0283336
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
25545	10	

 
 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MMONFUND CAPITAL						
PA	RTNERS VIII, L.P						7.
3	Gain, if any, from Form 4684, line 39						
4	Section 1231 gain from installment sa						
5	Section 1231 gain or (loss) from like-k	ind exchanges fi	rom Form 8824				
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the					7	7.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,				or Form 1065, Sche	edule K,	
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain aı r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion	
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instructi	ons		8	
9	Subtract line 8 from line 7. If zero or le						
	line 9 is more than zero, enter the am			°			
	capital gain on the Schedule D filed w			-		-	7.
Pa	ITT II Ordinary Gains and I						
10	Ordinary gains and losses not includ	ed on lines 11 th	nrough 16 (inclue	de property held 1	year or less):		
11	Loss, if any, from line 7				1	11	( )
12	Gain, if any, from line 7 or amount fro	m line 8. if applic	able			12	
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, line	10					
15	Ordinary gain from installment sales f						
16	Ordinary gain or (loss) from like-kind e						
17							
18	For all except individual returns, enter				f vour return and sl		
	a and b below. For individual returns,						
а	If the loss on line 11 includes a loss fr	•		(b)(ii), enter that pa	art of the loss here	Enter the	
u		5 5 +004,		and the participation of the p			

loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

Page **2** 

19	(a) Description of section 1245, 1250, 1252, 1254, c		<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)		
A						
B						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
	Enter the <b>smaller</b> of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions $\dots$	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f 26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the <b>smaller</b> of line 24 or 27b	27c				
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the <b>smaller</b> of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b				

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

# Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

З	0 Total gains for all properties. Add property columns A through D, line 24	30				
3	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
3	2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
_	from other than casualty or theft on Form 4797, line 6	32				
Г	Part IV Recenture Amounts Under Sections 170 and 280E/b)(2) When Business Use Drops to 50% or Less					

# Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	•	) Section 80F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33			
34	Recomputed depreciation. See instructions	34			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35			
				-	4707 (222 1)

Name

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Yes X No

**ZUZ I** 

Employer identification number

46-0283336

►C

#### MOUNT MARTY UNIVERSITY

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

If "Yes," attach Form 8949 and see its instru			•		
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	Proceeds Cost or loss from Form			49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<ul> <li>round off cents to whole dollars.</li> <li>1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b</li> </ul>					
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					141.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	( )
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	141.
	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					9,261.
dd Eater acia from Form 1707 line 7 or 0				11	7.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin				13	
				14	
<b>15</b> Net long-term capital gain or (loss). Combin				15	9,268.
Part III Summary of Parts I and					· · ·
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	l loss (line 15)		16	141.
17 Net capital gain. Enter excess of net long-term				17	9,268.
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	9,409.
Note: If losses exceed gains, see Capital Los					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021



Name(s) shown on return

### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Sequence No. 12A

Social security number or taxpayer identification no.

0283336 n c

MOUNT	MARTY	UNIVERSITY

MOUNT MARTY UN							283336
Before you check Box A, B, or C belows statement will have the same information broker and may even tell you which b	box to check.						bstitute IS by your
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term							
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 1a	; you áren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box A, B, or C below. O If you have more short-term transactions than wil	Check only one bo	<b>x.</b> If more than one be or more of the boxes	ox applies for your shor complete as many for	t-term transactions, comp ns with the same box che	lete a separate cked as vou ne	e Form 8949, page 1, for eed.	each applicable box.
(A) Short-term transactions rep							
(B) Short-term transactions rep	ported on Form(s	) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-	3				
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Sales price)	Note below and	<u>``</u>	. See instructions.	from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
COMMONFUND CAPITAL							
PARTNERS VIII, L.P							141.
-							
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if B	ox C above is ch	ecked)					141.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)				Attachn	nent Sequen	ice No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
MOUNT MARTY UN							283336
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	box to check.						
Part II Long-Term. Transaction see page 1. Note: You may aggregate all notes or programs to the	l long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS a	nd for which no adj	ustments or
Codes are required. Enter the You must check Box D, E, or F below. O If you have more long-term transactions than will	fit on this page for one	<b>X.</b> If more than one be or more of the boxes	ox applies for your long , complete as many forn	-term transactions, compl ns with the same box chee	ete a separate Focked as you need	orm 8949, page 2, for e d.	
(D) Long-term transactions rep					Note abov	ve)	
(E) Long-term transactions rep			-	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustment	if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in	loss. If you in column (g column (f).	i enter an amount g), enter a code in See instructions. (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
COMMONFUND CAPITAL PARTNERS VIII, L.P							9,261.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your					
above is checked), or line 10 (if E	Box F above is ch	necked)					9,261.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form <b>4797</b>
------------------

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

		, ,
MOUNT MARTY UNIVERSITY		46-0283336
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
25545	10	

 
 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MMONFUND CAPITAL						
PA	RTNERS VIII, L.P						7.
3	Gain, if any, from Form 4684, line 39					3	
4	Section 1231 gain from installment sa						
5	Section 1231 gain or (loss) from like-k	ind exchanges fi	rom Form 8824				
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the					7	7.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,						
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain aı r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion	
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instructi	ons		8	
9	Subtract line 8 from line 7. If zero or le	ess, enter -0 If li	ine 9 is zero, ent				
	line 9 is more than zero, enter the am			•			
	capital gain on the Schedule D filed w	/ith your return. S	See instructions				7.
Pa	art II Ordinary Gains and I	LOSSES (see in	structions)			·	
10	Ordinary gains and losses not includ	ed on lines 11 th	nrough 16 (inclue	de property held 1	year or less):		
							1
11	Loss, if any, from line 7	•	•	•	1	11	( )
12	Gain, if any, from line 7 or amount fro	m line 8. if applic	able			12	<u> </u>
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, line						
15	Ordinary gain from installment sales f						1
16	Ordinary gain or (loss) from like-kind e						1
17							1
18	For all except individual returns, enter						-
	a and b below. For individual returns,			11 -1	,		
а	If the loss on line 11 includes a loss fr	•		(b)(ii), enter that pa	rt of the loss here.	Enter the	
-				(-,(.,, ee. ear po			

loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

Page **2** 

19	(a) Description of section 1245, 1250, 1252, 1254, c	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)			
A						
B						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
	Enter the <b>smaller</b> of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f 26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the <b>smaller</b> of line 24 or 27b	27c				
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the <b>smaller</b> of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

# Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

3	Total gains for all properties. Add property columns A through D, line 24	30				
3	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
3	2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
	from other than casualty or theft on Form 4797, line 6	32				
	Part IV Recenture Amounts Under Sections 179 and 280E/b)(2) When Business Use Drops to 50% or Less					

# Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	•	) Section 80F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33			
34	Recomputed depreciation. See instructions	34			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35			
				_	4707 (222 1)

				* PUBLI									
	(	000							Income Ta		OMB No. 1545-0047		
Fo	rm	990			7, or 4947(a)(1) of the Internal Revenue Code (exc					dations)	2020		
Dep	artmei	t of the Treasury Do not enter social security numbers on this form as it may be							•				
Inte	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection					
	A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021												
В	Check applic	k if C Name of organization						D Employer id	D Employer identification number				
	cha	Address MOUNT MARTY UNIVERSITY											
	cha	inge Doing Du	usiness as					- <u>1</u>	46-028	46-0283336			
	retu Fina retu	al 1105	and street (or P.O. box if WEST 8TH STI		ered to str	reet addres	s)	Room/suite	E Telephone nu 605-66		514		
<b>h</b>	tern	nin-	own, state or province, co		P or forei	ian postal	code		G Gross receipts \$	<u> </u>	29,917,154.		
	lretu	In YANK	<u>FON, SD 5707</u>			• •			H(a) Is this a gro	oup retur			
	tion	F Name ar	nd address of principal of	ficer: MARC	US LC	ONG			for subordi		the second se		
			AS C ABOVE						H(b) Are all subordir	nates includ	ied? Yes No		
		exempt status: 🚺			(insert r	no.)	4947(a)(1)	or 52	7 If "No," atta	ach a list	. See instructions		
			MOUNTMARTY.EI	<u> </u>					H(c) Group exer				
		of organization:	Corporation Tru	ist Asso	ciation	Othe	r 🕨 📃	L Year	of formation: 193	6 M S	tate of legal domicile: SD		
Ľ	art I				-								
0	1		the organization's miss					INSTIT	TUTION IS	A PR	IVATE,		
Activities & Governance			COLLEGE OF										
ern	2		► if the organiz				s or dispo	sed of more	e than 25% of its ne	et assets			
Ň	3		ng members of the gove					••••••		3	23		
ు శ	4	4 Number of independent voting members of the governing body (Part VI, line 1b)								22			
ies	5		f individuals employed ir							5	523		
<u>V</u>	6 Total number of volunteers (estimate if necessary)									6	28		
Acti			business revenue from f							7a	0.		
	Ľ	Net unrelated b	usiness taxable income	from Form 99	0-T, Part	I, line 11				7b	0.		
		_							Prior Year		Current Year		
e	8		nd grants (Part VIII, line				••••••	······	3,144,26		5,759,098.		
ent	9	-	e revenue (Part VIII, line :						17,897,52		20,100,090.		
Revenue	10		ome (Part VIII, column (A)						263,94		437,221.		
_	11		Part VIII, column (A), line						1,568,75		2,076,772.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)						22,874,48		28,373,181.		
	13		ilar amounts paid (Part I)						8,091,77	-	9,445,710.		
	14		or for members (Part IX							0.	0.		
es	15		compensation, employee						9,683,47		10,343,474.		
oenses	16a	Professional fur	ndraising fees (Part IX, co	olumn (A), line	11e)	·····				0.	77,730.		
Exp			g expenses (Part IX, colu										
ш	17	Other expenses	(Part IX, column (A), line	es 11a-11d, 11	f-24e)			·····	6,036,08		7,708,960.		
			Add lines 13-17 (must e						23,811,33		27,575,874.		
	19	Revenue less ex	penses. Subtract line 18	3 from line 12		<u></u>			-936,84		797,307.		
ts or Inces		Table of the Ob							ginning of Current Y		End of Year		
t Assets		Total assets (Pa							<u>69,294,07</u>		76,628,235.		
Net ⊿ Fund		Total liabilities (F							29,746,29		$\frac{29,154,217}{47}$		
	<u>22</u> rt II		nd balances. Subtract lir <b>Block</b>	ne 21 from line	20				39,547,78	4.	47,474,018.		
oniciae			eclare that I have examined	this rature incl	uding aga	omnonula	nahadula-	and states	nto and to the hard	6 may 1	udadaa ahd bi (C. K. 193		
			eclaration of preparer (othe							н шу кпо	wieuge and bellet, it is		
	001100		tha Richel		5 JASEU ()	i all IIIOI Ma	auon oi wh	ion preparer		7-2	<u>2000</u>		
C:		Signature o		r-J					Date	1-2	Udd		
Sign		1.		יים ים סע	T NT 7 NT 4	ית ג/ קיר	AT NTOM	סאמדסיי					
Here		Type or prin	it name and title	VP OF F	TIANIAC	-E/ADI	TUST.	<b>VALION</b>					
		Drint/Tupe proper						I г	)ate Chae		DTIN		

	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	LAURIE HANSON, CPA	LAURIE HANSON, CPA	03/07/22 self-employed P00851848					
Preparer	Firm's name 🕨 EIDE BAILLY LLP		Firm's EIN 🕨 45-0250958					
Use Only	Firm's address 🕨 200 E. 10TH ST.,	STE. 500						
	SIOUX FALLS, SD	57104-6375	Phone no.605-339-1999					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							

	1 990 (2020) MOUNT MARTY UNIVERSITY	46-028	3336	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			<u> </u>
1	Briefly describe the organization's mission:			
	MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE CAT			
	BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS FO	RA		
	CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMUNI		)	
	PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLIC	COLLEGE	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?		Yes	XNo
	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?		Ves	XNo
0	If "Yes," describe these changes on Schedule O.			
	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by	02000000	
4				d
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total ex	cpenses, ar	u
	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 25,116,147. including grants of \$ 9,445,710. ) (Rever	20	,086,	122 \
4a	(Code:) (Expenses \$ 25,116,147. including grants of \$ 9,445,710. ) (Rever			<u>+32.</u> )
	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,058 ST	UDEN15.		
4b	(Code: ) (Expenses \$) (Rever	nue \$		)
				····· ·
			-	
		<u></u>		
		<u></u>	w	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$		)
4d	Other program services (Describe on Schedule O.)			
-14	(Expenses \$ including grants of \$ ) (Revenue \$		)	
	Total program service expenses > 25,116,147.			
			Form 9	90 (2020)

Form 990 (2020) MOUNT MARTY UNIVERSITY
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	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?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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		<u> </u>
С	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		<u> </u>
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	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	X	x
		14a		<u> </u>
U	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			
				х
15	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	14b		<u> </u>
15		45		х
16	foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		10		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
.,		477	x	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		10	x	
19	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."	18		
15		10		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		<u> </u>
21	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	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	Complete Schedule I, Fails I and II			~ -

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4	6 –	0	2	8	3	3	3	6	Page	4
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22

24a 24b

24c

24d

25a

25b

26

27

28a

28c

30

31

32

33

28b X

29 X

34 | X

38 X

Yes No

Х

23 X

Х

Х

X

Х

Х

Х

х

х

X

Х

х

х

Х

х

Х

х

X

#### MOUNT MARTY UNIVERSITY Form 990 (2020) Part IV Checklist of Required Schedules (continued) 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J 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 Schedule K. If "No," go to line 25a ..... b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Schedule L, Part I 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): . .... ----12.

а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If
	"Yes," complete Schedule L, Part IV
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
	A 25% controlled entity of one or more individuals and/or expensions described in lines 20s or 20h2. If

C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If
	"Yes, " complete Schedule L, Part IV
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
	Schedule N. Part II

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
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

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	35b	
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	
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	
~~	Did the experimentian experimentate Orthophyle Orandomyride explorestions in Octor Det Millions (ddb exert 400	1 /	1

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance
	Note: All Form 990 filers are required to complete Schedule O
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	55		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		diam'ny fi
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	gaming		
	(gambling) winnings to prize winners?		1c	X	

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
		Loss and Loss	Yes	No			
2:	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	523					
ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X			
	· · · · · · · · · · · · · · · · · · ·	<u>3b</u>		ļ			
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	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?			X			
b	· · · · · · · · · · · · · · · · · · ·			X			
С							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	n solicit					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	Section 1997				
7	Organizations that may receive deductible contributions under section 170(c).		77				
a			X				
b		<u>7b</u>	_X				
С							
	to file Form 8282?	<u>7c</u>		<u> </u>			
d				37			
e	<b>.</b>			<u>X</u>			
f				X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re-			·····			
h		n 1098-C? 7h		20000000			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	0-					
a b	Did the sponsoring organization make any taxable distributions under section 4966?						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	de					
10 a							
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a 10a 10a 10b						
11	Section 501(c)(12) organizations. Enter:						
'' a	Gross income from members or shareholders 11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
5	amounts due or received from them.)	1.00					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		annan i			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>120</u>					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>0005380903</u>			
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.						
h	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						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
	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		х			
	If "Yes," see 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?		1999), 1999) 1999	х			
-	If "Yes," complete Form 4720, Schedule O.						
				and the second second			

Form 990 (2020)

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 MOUNT MARTY UNIVERSITY
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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		23				
	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		22				
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	<u>X</u>		
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision							
					3		<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 98	90 wa	s filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		<u>X</u>	
6	Did the organization have members or stockholders?				6	X		
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	ockho	lders, 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 th	e following:					
а	The governing body?				8a	X		
b	Each committee with authority to act on behalf of the governing body?				8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities governing the activities governin	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$				10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the forr	n?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					X		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe					
	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization				15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a					
	taxable entity during the year?				16a		<u> </u>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	ı's					
_	exempt status with respect to such arrangements?	<u></u>			16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (Section 501	l (c)(3)s	only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest polic	y, 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	d records 🕨 🕨					
	TABITHA LIKNESS - 605-668-1603							
	1105 WEST 8TH STREET, YANKTON, SD 57078							

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors	-	
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		·
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year and	ing with or within the organization's	. +

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box it neither the organization (A)	(B)	(C)					isat	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week (list any hours for related organizations	Individual trustee or director	il trustee		yee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individual 1	Institutional trustee	Otticer	Key employee	Highest co employee	Former			organizations
(1) DR. MARCUS LONG	40.00									
PRESIDENT				X			L	241,573.	0.	32,086.
(2) LARRY DAHLEN	40.00									
PROFNURSE ANEST						X		166,039.	0.	23,738.
(3) ANDREA ROBERTS	40.00									
ASST. PROFNURSE ANEST						Х		173,220.	0.	5,229.
(4) TAYLOR REHFELDT	40.00									
ASST. PROFNURSE ANEST						х		165,300.	0.	6,575.
(5) LUKEYTHIA BASTARDI	40.00							155 000		_
ASST. PROFNURSE ANEST	- 10 00					X		155,300.	0.	0.
(6) CHRISTIAN HUNHOFF	40.00							100.005		
CHIEF INFORMATION OFFICER	- 10.00					X		123,085.	0.	25,798.
(7) TABITHA LIKNESS	40.00							<b>CE 000</b>		
VP OF FINANCE/ADMINISTRATI (8) MS. DEB FISCHER-CLEMENS				X				65,000.	0.	3,250.
<pre>(8) MS. DEB FISCHER-CLEMENS CHAIR</pre>	2.50							0		•
(9) MS. NANCY WERNER	2.50	X		X				0.	0.	0.
VICE CHAIR		x		x				0.	0	0
(10) MR. DENIS FOKKEN	2.50	^						U.	0.	0.
TREASURER		x		~				0	0	0
(11) DARYL THURINGER	2.50	-		X		_		0.	0.	0.
SECRETARY		x		x				0.	ο.	0
(12) DCN. JOHN OSNES, PH.D.	1.30			_				· · ·		0.
IMMEDIATE PAST CHAIR		x		x				0.	0.	0.
(13) S. MARIBETH WENTZLAFF	1.30		-+	≏┼		-			0.	<u> </u>
PRIORESS		x						0.	0.	0.
(14) S. CAROL JEAN VANDEN HEMEL	1.30	-	-+		-+	-				<u>U.</u>
DIRECTOR		x						0.	0.	0.
(15) S. MARY CAROLE CURRAN	1.30									<u>.</u>
DIRECTOR		x						0.	0.	0.
(16) FR. PAUL RUTTEN	1.30			-+	$\neg$	-	$\neg$			<b>.</b>
DIRECTOR	the second se	x						0.	0.	0.
(17) FR. JAMES KEITER	1.30		$\neg$	1						
DIRECTOR		x						0.	0.	0.
		······					d		<u></u>	- 000 (100 - 10

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Form 990 (2020) MOUNT MAE	RTY UNIV	/ER	SI	TY	-				46-02	833	36 Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		s (continued)		
(A)	(B)			(C Pos	C) ition			(D)	(E)		(F)
Name and title	Average hours per		not c	heck I	more	than o		Reportable compensation	Reportable		Estimated amount of
	week					s both x/trus		from	compensation from related		other
	(list any	ctor						the	organizations		compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC	)	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC)			organization
	organizations below	ual tru	ional 1		ploye	t com					and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(18) DR. JIM FITZGERALD	1.30			°	×	Ξē	ш.				
DIRECTOR		X						0.		0.	0.
(19) S. MARY JO POLAK	1.30										
DIRECTOR		X						0.		0.	0.
(20) DR. ALLAN TRAMP	1.30										
DIRECTOR		X						0.		0.	0.
(21) DR. VICTORIA VLACH	1.30										
DIRECTOR	1 20	X				ļ		0.		0.	0.
(22) DR. J. LEE JOHNSON	1.30										0
DIRECTOR	1 20	X						0.		0.	0.
(23) DR. LORI HANSEN	1.30							0.		0.	0.
(24) DONALD ROBY	1.30	X						U.		<u>.</u>	0.
DIRECTOR	1.50	x						0.		0.	0.
(25) DAVID JOHNSON	1.30	1						v.		<u> </u>	<u>.</u>
DIRECTOR		x						0.		0.	0.
(26) MS_ KATHIE GERSTNER	1.30			İ							
DIRECTOR (UNTIL OCT 2020)		x						0.		0.	0.
1b Subtotal			L	<b>.</b>	<b>.</b>			1,089,517.		0.	96,676.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								1,089,517.		0.	96,676.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		10
											Yes No
3 Did the organization list any former officer,	director, trust	ee, k	(ey e	empl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a									dual for services		
rendered to the organization? If "Yes." corr	plete Schedul	∋Jf	or si	ich (	oers	on .					5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	manage of a disc							ant reactived more than d	100 000 of compo	nacti	an from
<ol> <li>Complete this table for your five highest co the organization. Report compensation for the organization.</li> </ol>	•								•	nsau	
(A)	ine calendar y	sar e		iy w	iui u			(B)	eal.		(C)
Name and business	address							Description of s	ervices	Co	mpensation
A'VIANDS											
NW 8704, MINNEAPOLIS, MN	55485-5	70	4					FOOD SERVICE			874,111.
ANTHOLOGY											
PO BOX 850001, ORLANDO, F	'L 32885							IT SUPPORT			692,945.
								<u> </u>			
2 Total number of independent contractors (in	-	ot lir	nited	d to			ted	above) who received m	ore than		
SEE PART VII, SECTION		TN	אזד	πт		2	սե	ידייר		<u></u>	orm <b>990</b> (2020)
DEE FART VII, SECTION	A CONT	TTA	JA	. <b>т</b> . т.	014	10	نلد ،			F	(2020)

Part VII Section A. Officers, Directors,		mplo	oyee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	10		Pos k all			44	Reportable compensation	Reportable compensation	Estimated
	per	10	T	Т	T	app	лу) Т	from	from related	amount of other
	week					9		the	organizations	compensatio
	(list any	ē				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				en en		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	ee or	istee			nsate		、 ·····/		and related
	organizations	trus	hal tru		oyee	ompe				organization
	below	Individual trustee or director	Institutional trustee	ia Sec	Key employee	Highest compensated employee	ner			
	line)	Indi	Inst	Officer	Key	튤	Former			
(27) S. BARBARA MCTAGUE	1.30									
DIRECTOR		X						0.	0.	C
(28) MR. JEFF MAY	1.30									
DIRECTOR		X						0.	0.	C
(29) MR. JOHN PORTER	1.30									
DIRECTOR		X						0.	0.	0
(30) ROB STEPHENSON	1.30									
DIRECTOR		X						0.	0.	(
31) S. PATRICIA ANN TOSCANO	1.30									
DIRECTOR		X						0.	0.	
				_						
			-+							
						-				
				_						
				-+			-+			
				L						

orm 9 Part					UN	IVERSIT	Y		46-0283	336 Page
		Check if Schedule O			<u>nse or</u>	note to any lir	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue exclude
3 59	1 a	Federated campaigns		1a						
		Membership dues								
	с	Fundraising events		1c		6,548.				
and Other Similar Amounts		Related organizations				206,329.				
	e	Government grants (conti	ributio	ons) <u>1e</u>		4,277,382.				
្ល	f	All other contributions, gifts,	-	·						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		similar amounts not included	i abov			1,268,839.				
H	g	Noncash contributions included in				129,944.	F 550 000			
5.8	<u>h</u>	Total. Add lines 1a-1f	<u></u>			<u> </u>	5,759,098.			
	-	MILTON C PPPC				Business Code 611710	19 410 091	19 410 081		
		TUITION & FEES				611/10	19,410,081.	19,410,081.		
e	b									
Ven	c d				-  -					
Revenue	e				-  -					
2	f	All other program service	rever	lue	-  -	611710	690,009.	690,009.		
		Total. Add lines 2a-2f					20,100,090.			
	3	Investment income (inclue								
		other similar amounts)				►	40,892.			40,89
	4	Income from investment of								
	5	Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>		<u></u>					
				(i) Real		(ii) Personal				
	6 a	Gross rents	<u>6a</u>	59,62						
	b	Less: rental expenses	_		0.					
	c	Rental income or (loss)	6c	59,62	29.		F0 (00			50.00
		Net rental income or (loss	·	(i) Coouriti			59,629.			59,62
	7 a	Gross amount from sales of	1 1	(i) Securitie 641,52		(ii) Other 25, 542.				
	5	assets other than inventory	<u>7a</u>	041,5/	20.	23,342.				
0	D	Less: cost or other basis and sales expenses	76	270,73	33.	0.				
Bn	<u>،</u>	Gain or (loss)				25,542.				
Revenue		Net gain or (loss)					396,329.			396,32
P		Gross income from fundraisi			ΓT					
ŧ		including \$	-	548. of						
		contributions reported on	line '	Ic). See						
		Part IV, line 18			8a	49,162.				
	b	Less: direct expenses			8b	18,361.				
	c	Net income or (loss) from	fund	aising event	ts	<b>&gt;</b>	30,801.			30,80
	9 a	Gross income from gamin	•	1						
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	-	- 1	<u> </u>	<b>&gt;</b>				
1	υa	Gross sales of inventory,		1	10-	3,241,221.				
	h	and allowances Less: cost of goods sold			10a 10b	1,254,879.				
		Net income or (loss) from			•		1,986,342.	1,986,342,		
			54100			Business Code	, ,•	, ,		
1	1 a				F					
Bevenue	b				-  -					
eve	c									[
Revenue		All other revenue			[					
		Total. Add lines 11a-11d				►				
	2	Total revenue. See instruction	one				28,373,181.	22,086,432.	0.	527,65

# Form 990 (2020) MOUNT MARTY UNIVERSITY Part IX Statement of Functional Expenses

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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 respo				<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	9,445,710.	9,445,710.		
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	357,907.		357,907.	
6	Compensation not included above to disgualified	· · · · · · · · · · · · · · · · · · ·			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	72.877.	72,877.		
7	Other salaries and wages	72,877. 8,313,582.	72,877. 7,397,902.	663,917.	251,76
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	301,454.	263,901.	27,002.	10,55
9	Other employee benefits	732,418.	636,925.	74,411.	21,08
5	Payroll taxes	565,236.	484,662.	64,241.	16,33
1	Fees for services (nonemployees):				
а	Management				
ь	Legal	149,348.	149,348.		·······
с	Accounting	54,231.	34,210.	20,021.	-
	Lobbying				
	Professional fundraising services. See Part IV, line 17	77,730.			77,73
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch 0.)	291,006.	264,772.	4,500.	21,734
2	Advertising and promotion	116,514.	264,772. 116,514.		
3	Office expenses	396,986.	243,013.	91,880.	62,09
ŀ	Information technology	367,999.	350.	367,649.	
;	Royalties				
;	Occupancy	510,557.	510,557.		
•	Travel	350,446.	346,182.	2,776.	1,488
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings				
	Interest	954,343.	826,650.	87,369.	40,324
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,650,705.	1,629,421.	15,963.	5,321
	Insurance	162,689.	162,689.		
	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 Schodulo (A)				
	amount, list line 24e expenses on Schedule 0.)	890,331.	865,194.	10,413.	14,724
	REPAIRS AND MAINTENANCE	658,358.	563,163.	95,195.	14,124
	SUPPLIES	545,321.	520,104.	11,759.	13,458
	STUDENT LIFE	330,356.	312,615.	16,518.	1,223
	All other expenses	279,770.	269,388.	10,350.	32
	Total functional expenses. Add lines 1 through 24e	27,575,874.	25,116,147.	1,921,871.	537,856
	Joint costs. Complete this line only if the organization			U/	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			1	1	

# Form 990 (2020) MOUNT MARTY UNIVERSITY Part X Balance Sheet Value Value

	• •	Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1					1	
	2	Savings and temporary cash investments			4,085,801.	2	4,447,850.
	3	Pledges and grants receivable, net			3,096,768.	3	2,342,970.
	4	Accounts receivable, net			988,807.	4	969,368.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif		•			
		under section 4958(f)(1)), and persons described			4 0 7 4 4 4 4	6	0.00 500
ts	7	Notes and loans receivable, net			1,074,144.	7	906,792.
Assets	8	Inventories for sale or use			1 200 000	8	1 201 000
∢	9				1,729,002.	9	1,391,088.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	53,272,131. 21,415,524.	20 202 205		21 056 607
		Less: accumulated depreciation			30,303,205.	10c	31,856,607.
	11				27,907,834.	11	34,365,522.
	12	Investments - other securities. See Part IV, line 1			25,486.	12	243,521.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			83,032.	14	104,517.
	15	Other assets. See Part IV, line 11			69,294,079.	15 16	76,628,235.
	16	Total assets. Add lines 1 through 15 (must equa			2,338,709.	10	837,939.
	17	Accounts payable and accrued expenses			2,330,705.	18	001,000.
	18 19	Grants payable			960,132.	10	1,109,825.
	20	Deferred revenue			13,065,686.	20	14,932,489.
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			3,462,800.	23	4,472,601.
	24	Unsecured notes and loans payable to unrelated			346,788.	24	200,000.
	25	Other liabilities (including federal income tax, par					
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D			9,572,180.	25	7,601,363.
	26	Total liabilities. Add lines 17 through 25			29,746,295.	26	29,154,217.
		Organizations that follow FASB ASC 958, che	ck here	• ► X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			6,197,228.	27	11,769,313.
Bal	28	Net assets with donor restrictions	33,350,556.	28	35,704,705.		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9					
г Г		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Š	32	Total net assets or fund balances			39,547,784.	32	47,474,018.
	33	Total liabilities and net assets/fund balances	<u>,</u>		69,294,079.	33	76,628,235. Form <b>990</b> (2020)

Form 990 (2020)

Form 990 (2020)	MOUNT	MARTY	UNIVERSITY

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Pa	Int 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	28,3	373,1	L81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,5	575,8	374.
3	Revenue less expenses. Subtract line 2 from line 1	3		797,3	307.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,5	547,7	784.
5	Net unrealized gains (losses) on investments	5	6,8	393,0	)28.
6	Donated services and use of facilities	6	2	235,8	399.
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	47,4	174,0	)18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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	ьΧ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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,	1.1000	teres of the other	C 2406-070304-071
	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 Sche		0.0000000		-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit		
	Act and OMB Circular A-133?		3	a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			ь Х	
			For	rm <b>990</b>	(2020)

(For	r <b>m 99</b> Iment of al Reven	DULE A 0 or 990-EZ) the Treasury uue Service	Co	omplete if the organ 494 ► /	rity Status an ization is a section 50 <sup>°</sup> 47(a)(1) nonexempt cha Attach to Form 990 or I //Form990 for instructi	l(c)(3) org ritable tru Form 990-	anization ıst. EZ.	or a section		OMB No. 1545-0047
Nam	e of t	he organizati	on							identification number
<b>E-15</b>			MOUN	T MARTY UN	IVERSITY				4	6-0283336
Pa	rti	Reason	for Public (	Charity Status.	All organizations must o	omplete ti	nis part.) S	ee instruction	IS.	
The o	organi	zation is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	X	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	nization described in s	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, sta	te, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(	b <b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela-	ted to its exem	pt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	ifter June 30, 1975.
		See section	509(a)(2). (Co	nplete Part III.)						
11		-	-	•	vely to test for public sa					
12		-	-	•	vely for the benefit of, to	•				• •
				-	d in section 509(a)(1) o					Check the box in
		ר	-		supporting organization				-	
а				-	upervised, or controlled		-			
			-		jularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
1.		۰ <sup>–</sup>		omplete Part IV, Se					- (-) to to	4
b				-	or controlled in connect			-		-
			-		inization vested in the si	ame perso	ns that co	ntrol or mana	ge the supp	orted
•		י <sup>-</sup>	••	t complete Part IV,		in connoct	lion with a	and functional	lu intograto	
C	L		-		g organization operated				ly integrate	a with,
d		1	•		<ul> <li>You must complete I orting organization oper</li> </ul>				tod organi:	ration(c)
u			-	•	ation generally must sat				0	
			•		plete Part IV, Sections	•		-	anauenus	reness
е		1			vritten determination fro					
Ũ			•		ally integrated supporti			19901, 1990	n, type in	
f	Ente	-	of supported c	•	any megraces support	ig organiz				
a			••	about the supporte	d organization(s).				•••••	
		) Name of supp		(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
<u></u>										
Total								l		

# Schedule A (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY Part II Support Schedule for Organizations Described in Sect

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	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.)

Se	ction A. Public Support		·····				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			1			
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	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	the second second					
	amount shown on line 11,						
	column (f)					1000	
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	r	r		T	······································	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10	<u> </u>	<u>`````````````````````````````````````</u>				
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						
Sec	organization, check this box and stop tion C. Computation of Public						
	Public support percentage for 2020 (li			column (fi)		14	%
	Public support percentage from 2019					15	<u>%</u>
	<b>33 1/3% support test - 2020.</b> If the o					and the second sec	
	stop here. The organization qualifies a	-					、 []
b	33 1/3% support test - 2019. If the o		•				
	and stop here. The organization quali	-					·1
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					•
	meets the facts-and-circumstances tes						
	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		÷ .		•••		

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	/					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	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						f
	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 disgualified persons						1
Ł	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				8		
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						······
10a	Gross income from interest,						
	dividends, payments received on						1
	securities loans, rents, royalties, and income from similar sources						1
t	Unrelated business taxable income						,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
6	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						1
12	Other income. Do not include gain						• • • • • • • • • • • • • • • • • • •
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fir	rst. second. third.	fourth, or fifth tax v	/ear as a section 5	01(c)(3) organizatio	n.
	check this box and stop here	-					
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2020 (	line 8, column (f), d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
	Investment income percentage for 2			ne 13, column (f))		17	%
	Investment income percentage from	-				18	%
	<b>33 1/3% support tests - 2020.</b> If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	-					nd
	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation. If the organization					-	

# Schedule A (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 1 2 3a Зb <u>3c</u> 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10<u>a</u> 10b

## Schedule A (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY

### Part IV Supporting Organizations (continued)

#### 11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?

- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

#### detail in Part VI Section B. Type I Supporting Organizations

- 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.
- 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,

#### supervised, or controlled the supporting organization, Section C. Type II Supporting Organizations

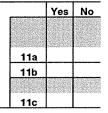
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3 By reason of the relationship described in 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 upported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- ] The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- cL The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- **b** Did the activities described in 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b 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





	Yes	No
		1
12		
- 4		

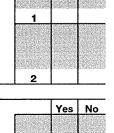
Yes No

2a

2b

3a

3b



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# Schedule A (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Strate Section	Type in real rune une une une grated bestar(e) supporting of	Janizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1970 ( explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must comp	lete Sections A through E.	

Sec	tion 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		
Sect	tion 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-functional	ly integrate	d Type III supporting organiz	ration (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 MOUNT MARTY UNIVERSITY

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Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	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	es of supported organizations	S	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	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 the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				Sector and the sector of the
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<b>i</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years	and the second of			
b	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			41 X 194-015 00 50	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
<u> </u>	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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 Schedule A (Form 990 or 990-EZ) 2020
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 Part VI
 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, 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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

46-0283336

MOUNT	MARTY	UNIVERSITY	

Drganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	R	(Form 90	n	990.E7	or	GON DE	(2020)
ochequie	D	1.0000 25	ν,	990-CZ,	0I	990°FF)	(2020)

Part I

#### MOUNT MARTY UNIVERSITY

46-0283336 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$280,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    3                                </u>		\$206,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$17,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule	в	(Form 990,	990-EZ,	or 990-PF)	(2020)

Page 2

Employer identification number

#### MOUNT MARTY UNIVERSITY

46-0283336 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 59,675. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 60,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 18,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 19,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 12 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	(2020)

MOUNT MARTY UNIVERSITY

Employer identification number

Page 2

46-0283336

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$\$     \$\$, 685.     Person     X       Payroll     D       Noncash     D       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14_		\$     22,103.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$       20,000.         \$       20,000.         Person       X         Payroll       D         Noncash       D         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$       10,000.         \$       10,000.         Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$     25,000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$     6,807.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	В	(Form	990,	990-EZ,	or	990-PF)	(2020)
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MOUNT MARTY UNIVERSITY

46-0283336

Employer identification number

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroli 16,231. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 23 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 24 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Schedule	в	(Form	990,	990-EZ,	or 990-PF)	(2020)

Part I

(a) No.

25

(a) No.

26

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MARTY UNIVERSITY	46-0283336					
Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.					
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	\$99,13	Person     X       Payroll     Image: Complete Part II for noncash contributions.)				
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	\$25,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

			(Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$ <u>11,596.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$50,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

Employer identification number

Page 2

Schedule E	(Form 99	90. 990-EZ.	or 990-PF) (2020)
	. (	,,	0.000

Page 2

MOUNT MARTY UNIVERSITY

46-0283336

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$56,838.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,100.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$89,095.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	Page 3
Name of organization	Employer identification number
MOUNT MARTY UNIVERSITY	46-0283336

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	TOCK	\$\$9,675.	_12/18/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>25</u>	IOCK	\$\$\$\$	_11/25/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>28</u>	rock	\$11,596.	11/13/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>33</u> <u></u>	OCK	\$10,100.	12/04/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2020)				Page 4			
Name of or	ganization				Employer identification number			
MOUNT	MARTY UNIVERSITY				46-0283336			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	(a) through (e) and the follow charitable, etc., contributions of	ving line entry. For a	organizations	nat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
		(e) Trans	fer of gift					
-	Transferee's name, address, a	and ZIP + 4	R	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	<u> </u>	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift (d) Des		ription of how gift is held			
		(e) Trans	fer of gift	L <u></u>				
-	Transferee's name, address, a	and ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
		· · · · · · · · · · · · · · · · · · ·						
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	R	elationship of trar	nsferor to transferee			

so	HEDULE D	Supplement	al Financia	Statements	OMB No. 1545-0047
	rm 990)	Complete if the org	anization answered	l "Yes" on Form 990,	2020
Deer	irtment of the Treasury	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11c Attach to Form 990		Open to Public
	nal Revenue Service	Go to www.irs.gov/Form9			on. Inspection
Nar	ne of the organizati	ion MOUNT MARTY UNIVER	CTOV		Employer identification number
P	art I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds or	46-0283336
		on answered "Yes" on Form 990, Part IV, lir		on on the runus of	Complete il the
	organizatio	iranswered res off offinsso, raitiv, in	T	lvised funds	(b) Funds and other accounts
1	Total number at e	nd of year	·····		
2		of contributions to (during year)			
3		of grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in		s held in donor advised fi	unds
Ū	-	on's property, subject to the organization's	•		
6		on inform all grantees, donors, and donor a			
•		poses and not for the benefit of the donor o	_	-	•
	impermissible priv				
Pa		ation Easements. Complete if the or			
1		servation easements held by the organization			
	`` /	of land for public use (for example, recrea		<u> </u>	istorically important land area
		f natural habitat	,		ertified historic structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation cor	tribution in the form of a	conservation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a
b					
с	Number of conserv	vation easements on a certified historic stru			
d		vation easements included in (c) acquired a			
	listed in the Nation	al Register			2d
3		vation easements modified, transferred, rel			anization during the tax
	year 🕨				-
4	Number of states v	where property subject to conservation eas	ement is located		
5	Does the organizat	tion have a written policy regarding the peri	iodic monitoring, ins	pection, handling of	
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting, l	handling of violation	s, and enforcing conserva	ition easements during the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conservation	easements during the year
	▶\$				
8	Does each conserv	ation easement reported on line 2(d) above	e satisfy the requiren	ents of section 170(h)(4)	(B)(i)
	and section 170(h)				
9		e how the organization reports conservation			
	balance sheet, and	I include, if applicable, the text of the footn	ote to the organization	on's financial statements	that describes the
De		ounting for conservation easements.	Aut. Illatente al 7		
Pa		tions Maintaining Collections of		reasures, or Other	Similar Assets.
		the organization answered "Yes" on Form			
1a	-	elected, as permitted under FASB ASC 958	•		
		asures, or other similar assets held for pub			rance of public
		Part XIII the text of the footnote to its finan			
b	•	elected, as permitted under FASB ASC 958	, ,		
		ures, or other similar assets held for public	exhibition, education	n, or research in furtheran	ice of public service,
	-	ng amounts relating to these items:			<b>N A</b>
		led on Form 990, Part VIII, line 1			<b>N 1</b>
-					
2		received or held works of art, historical trea		0	n, provide
	-	nts required to be reported under FASB AS	-		
		on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in I	Form 990, Part X			<b>5</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

Sche Pai		ARTY UNIVER						83336		age <b>2</b>
1000000	<u> </u>							s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that mak	e signi	ficant L	ise of its			
	collection items (check all that apply):		[].							
a		d		hange program						
b	Scholarly research	e	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o		•				_	_	<b></b>	•
200100000000000000000000000000000000000	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Fo	rm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•				r			-
	on Form 990, Part X?						∟	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			r				
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe							Yes		] No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, Iir	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance	28,072,359.	28,252,427.	26,608,805	5.	26,4	53,771.	20,	366,0	019.
b	Contributions	441,222.	403,455.	416,980	).	4	48,946.	4,	154,	786.
с	Net investment earnings, gains, and losses	7,302,599.	682,444.	2,141,861	L.	2,0	87,991.	2,	752,	601.
d	Grants or scholarships	1,040,839.	1,131,091.	837,803	3.	2,2	95,916.	1	725,	077.
	Other expenditures for facilities		· · · · · ·					<u> </u>	<u></u>	
-	and programs									
f	Administrative expenses	154,652,	134,876.	77,410	5.		85,987.	1	94	558.
	End of year balance	34,620,689.	28,072,359.	· · · · · · · · · · · · · · · · · · ·			08,805.	26	453,	
2	Provide the estimated percentage of the curr		·····	· · · · · · · · · · · · · · · · · · ·		- , -			,	
	Board designated or quasi-endowment	1.1200	%	y neiu as.						
	Permanent endowment ► 60.4500	%	70							
	Term endowment 38.4300									
С										
•	The percentages on lines 2a, 2b, and 2c show	•								
за	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administered to	r the o	rganiza	tion	ſ		
	by:								Yes	No
	(i) Unrelated organizations							<u>3a(i)</u>		<u>X</u>
	(ii) Related organizations				•••••			3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza			••••••			•••••	3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par										
	Complete if the organization answered	d "Yes" on Form 990,			X, line	10.				
	Description of property	(a) Cost or ot			•	mulate	d	(d) Bool	c value	e
		basis (investm		(other)	depre	clation				
	Land			0,717.				1,300		
b	Buildings		42,72	4,889. 14	,78	<u>2,98</u>	30. 2	7,941	.,90	)9.
	Leasehold improvements									-
	Equipment					2,44		1,737	1,34	17.
	Other		1,93	6,731. 1	,06	0,09	97.	876	5,63	34.
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990. Part X	(. column (B), line 1		<u></u>		▶ 3	1,856	5,60	)7.
						:		D (Form		

032052 12-01-20

Schedule D (Form 990) 2020 MOUNT MARTY	UNIVERSITY	46	-0283336 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			·····
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear 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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		
		the end of Dee France 200 Deet V line OF	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	The or This See Form 990, Part X, line 25.	(b) Book value
			(b) BOOK Value
(1) Federal income taxes (2) CHARITABLE REMAINDER UNITE	וופיי		286 661
(2) CHARITABLE REMAINDER UNITE (3) REFUNDABLE U.S. GOVERNMENT			286,661.
(4) ADVANCES			1,460,170.
(5) LONG-TERM RELATED NOTE PAY	ABLE		1,400,170.
	, יוועה.		4,350,000.
(6) UNSECURED (7) OTHER LIABILITIES			1,504,532.
(7) OTHER DIABIDITIES			<u>, 104,004</u>
(9)	······································		
Total. (Column (b) must equal Form 990. Part X, col. (B) line	25.1		7,601,363.
toolanni tor must equal ronn 330. Fart A. Cui. (B) line	<u> </u>		.,

2. 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 .... X

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 MOUNT MARTY UNIVERSITY			46-	0283336	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per Re	eturn.		
	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	27,174	,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	6,893,028.			
b	Donated services and use of facilities	2b	235,899.			
с	· · · · ·					
d			-9,600,618.			
е	Add lines 2a through 2d			2e	-2,471	<u>,691.</u>
3	Subtract line 2e from line 1			3	29,646	<u>,601.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-1,273,420.			
С	Add lines 4a and 4b			4c	-1,273	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	28,373	<u>,181.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	19,248	<u>,676.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)		1,273,420.			
е	Add lines 2a through 2d			2e	1,273,	420.
3	Subtract line 2e from line 1			3	17,975,	256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	9,600,618.			
с	Add lines 4a and 4b			4c	9,600,	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	27,575,	874.
Pai	rt XIII Supplemental Information.					

Provide 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 additional information.

PART V, LINE 4:

THE INSTITUTION USES GROWTH FROM THE ENDOWMENT FUNDS ACCORDING TO THE
DONORS' WISHES. THE AMOUNT OF GROWTH SPENT IS DETERMINED ACCORDING TO THE
UNIVERSITY'S INVESTMENT POLICY. THE POLICY STATES THAT THE DISTRIBUTIONS
MAY BE MADE UP TO 4% OF THE AVERAGE MARKET VALUE OF THE TOTAL ENDOWMENT,
CALCULATED OVER 12 ROLLING QUARTERS. CURRENT INTENDED USES ARE FUNDED
NAMED SCHOLARSHIPS, CAPITAL EXPENDITURES, ENDOWED-CHAIRS, ENHANCING THE
INSTITUTIONS MISSION, AND MAINTAINING INFRASTRUCTURES.

PART X, LINE 2:

THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, 032054 12-01-20 Schedule D (Form 990) 2020

DOES NOT HAVE ANY UNCERTAIN TAX FOSITIONS THAT ARE MATERIAL TO THE         FINANCIAL STATEMENTS. THE UNIVERSITY WOULD RECOGNIZE FUTURE ACCRUED         INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND         LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE         INCURRED.         PART XI, LINE 2D - OTHER ADJUSTMENTS:         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP         -9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP         -9,600,618.         FORT XI, LINE 4B - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE         -12,254,879.         SPECIAL EVENT EXPENSES INCLUDED IN REVENUE         -1,273,420.         FART XII, LINE 2D - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE         -1,273,420.         FART XII, LINE 2D - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE         -1,273,420.         FART XII, LINE 2D - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE         1,254,879.         SPECIAL EVENT EXPENSES         SPECIAL EVENT EXPENSES         SPECIAL EVENT EXPENSES         ADMINISTRATIVE EXPENSES INCLUDED IN REVENUE         1,254,879.         SPECIAL EVENT EXPENSES INCLUDED IN REVENUE	Schedule D (Form 990) 2020 MOUNT MARTY UNIVERSITY Part XIII Supplemental Information (continued)	46-0283336 Page 5
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: SCHOLARSHIPS NETTED TO REVENUE FOR GAAP -9,445,710. ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP -154,908. TOTAL TO SCHEDULE D, PART XI, LINE 2D -9,600,618. PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE SPECIAL EVENT EXPENSES INCLUDED IN REVENUE -1,254,879. SPECIAL EVENT EXPENSES INCLUDED IN REVENUE -180. TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,273,420. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 1,254,879. SPECIAL EVENT EXPENSES INCLUDED IN REVENUE 1,254,879. SPECIAL EVENT EXPENSES 180. EVENT EXPENSES 180. SPECIAL EVENT EXPENSES 180. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 1,254,879. SPECIAL EVENT EXPENSES 180. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 1,254,879. SPECIAL EVENT EXPENSES 180. EVENT EXPENSES 180. PART XII, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 180. TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,273,420. PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS NETTED TO REVENUE FOR GAAP 9,445,710. ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP 154,908.	DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIA	L TO THE
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: SCHOLARSHIPS NETTED TO REVENUE FOR GAAP -9,445,710. ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP -154,908. TOTAL TO SCHEDULE D, PART XI, LINE 2D -9,600,618. PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE -1,254,879. SPECIAL EVENT EXPENSES INCLUDED IN REVENUE -180. TOTAL TO SCHEDULE D, PART XI, LINE 4B -11,273,420. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 1,254,879. SPECIAL EVENT EXPENSES INCLUDED IN REVENUE -180. TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,273,420. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 180. TOTAL TO SCHEDULE D, PART XII, LINE 4B -1,273,420. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE 180. TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,273,420. PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS NETTED TO REVENUE FOR GAAP 9,445,710. ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP 154,908.	FINANCIAL STATEMENTS. THE UNIVERSITY WOULD RECOGNIZE FUTUR	E ACCRUED
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PART XI, LINE 4B - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE       -1,254,879.         SPECIAL EVENT EXPENSES       -18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       -180.         TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:	ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	-154,908.
COST OF GOODS SOLD NETTED TO REVENUE       -1,254,879.         SPECIAL EVENT EXPENSES       -18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       -180.         TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       -1,254,879.         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:	TOTAL TO SCHEDULE D, PART XI, LINE 2D	-9,600,618.
COST OF GOODS SOLD NETTED TO REVENUE       -1,254,879.         SPECIAL EVENT EXPENSES       -18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       -180.         TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       -1,254,879.         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES       -18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       -180.         TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       -1,254,879.         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       -180.         TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       -1,254,879.         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:       20         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP       9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	COST OF GOODS SOLD NETTED TO REVENUE	-1,254,879.
TOTAL TO SCHEDULE D, PART XI, LINE 4B       -1,273,420.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       1,254,879.         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:       1,273,420.         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP       9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	SPECIAL EVENT EXPENSES	-18,361.
PART XII, LINE 2D - OTHER ADJUSTMENTS:         COST OF GOODS SOLD NETTED TO REVENUE       1,254,879.         SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:       SCHOLARSHIPS NETTED TO REVENUE FOR GAAP         9,445,710.       ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	BOARD IN-KIND EXPENSES INCLUDED IN REVENUE	-180.
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SPECIAL EVENT EXPENSES       18,361.         BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:       9,445,710.         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP       9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
BOARD IN-KIND EXPENSES INCLUDED IN REVENUE       180.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:       9,445,710.         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP       9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	COST OF GOODS SOLD NETTED TO REVENUE	1,254,879.
TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,273,420.         PART XII, LINE 4B - OTHER ADJUSTMENTS:         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP       9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP       154,908.	SPECIAL EVENT EXPENSES	18,361.
PART XII, LINE 4B - OTHER ADJUSTMENTS:         SCHOLARSHIPS NETTED TO REVENUE FOR GAAP         9,445,710.         ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP         154,908.	BOARD IN-KIND EXPENSES INCLUDED IN REVENUE	180.
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP9,445,710.ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP154,908.	TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,273,420.
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP9,445,710.ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP154,908.		
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP 154,908.	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	9,445,710.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 9,600,618.	ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	154,908.
	TOTAL TO SCHEDULE D, PART XII, LINE 4B	9,600,618.

SC	HEDULE E	Schools		OMB No.	1545-00	47
(For	rm 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	21	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		CHARLES BEING		-
	ment of the Treasury	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Inspect		lic
Nam	e of the organization		Employer ide			mher
		MOUNT MARTY UNIVERSITY		0283		
Pa	rtl					
					YES	NO
1	Does the organizat	ion have a racially nondiscriminatory policy toward students by statement in its charter,				
		ming instrument, or in a resolution of its governing body?		1	X	
2		ion include a statement of its racially nondiscriminatory policy toward students in all its broc				
	-	ner written communications with the public dealing with student admissions, programs, and	scholarships?	2	X	
3	-	n publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
		nes during its taxable year in a manner reasonably expected to be noticed by visitors to the ugh newspaper or broadcast media during the period of solicitation for students, or during the period of solicitation for students.	ha			
		if it has no solicitation program, in a way that makes the policy known to all parts of the gen				
	÷ .	s? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	x	
		CATALOG, WEBSITE, AND BROADCAST MEDIA		Ť		
						and the second se
4	Does the organizat	ion maintain the following?				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		<u>4a</u>	X	ļ
		ing that scholarships and other financial assistance are awarded on a racially nondiscrimina	tory basis?	4b	X	ļ
c		gues, brochures, announcements, and other written communications to the public dealing				
		sions, programs, and scholarships?		4c	X X	
d		al used by the organization or on its behalf to solicit contributions?		4d	<b>A</b>	
	If you answered "N	o" to any of the above, please explain. If you need more space, use Part II.				
			******			
5	Does the organizat	on discriminate by race in any way with respect to:				
а	Students' rights or	privileges?		5a	arp-sub-loca	X
	Admissions policies			5b		X
c	Employment of fac	ulty or administrative staff?		<u>5c</u>	L	X
d	Scholarships or oth	er financial assistance?		<u>5</u> d	ļ	X
e	Educational policie	\$?		<u>5</u> e		X
f				5f		X
				5g		X
n		ar activities?		<u>5h</u>		X
	If you answered "Y	es" to any of the above, please explain. If you need more space, use Part II.				
6a	Does the organizat	on receive any financial aid or assistance from a governmental agency?		6a	X	ang (1030303033)
	-	n's right to such aid ever been revoked or suspended?		6b		X
		es" on either line 6a or line 6b, explain on Part II.				
7	Does the organizat	on certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc. 7	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	X	

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

Schedule E (Form 990 or 990-EZ) 2020

Schedule E (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

### LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERNMENT AGENCIES

THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AND CONTRACTS ARE USED

IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SUCH AS SUPPLEMENTAL

EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTRATION OF SUCH

PROGRAMS.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivit	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)	•	e organization answered "Yes" on organization entered more than \$1				or 19, o	r if the	2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organizatior	Contraction of the second s	to www.irs.gov/Form990 for instr	uction	s and	the latest informati			Inspection Inspection number
Name of the organization		ARTY UNIVERSITY					46-0283	
Part I Fundrais		Complete if the organization answe	ared "V	os <sup>#</sup> or	Form 990 Part IV			
	complete this par		sieu i	63 01	11 0(11 990, Partiv, 1	MIC 17.	1000 390-62	Thers are not
a X Mail solicitat b X Internet and c Phone solicit d In-person soi 2 a Did the organization key employees list	ions email solicitations tations in have a written o ed in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover iising iing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, o	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
EAB - PO BOX 603519	,		Yes	No				
CHARLOTTE, NC 2826	0-3519	MARKETING SERVICES		x	0.		77,730.	0.
			1					
			+					
			<b> </b>					
Total		I		•			77,730.	
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is ex	empt from re	gistration

AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, CT

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

Schedule G (Form 990 or 990-EZ) 2020

### Schedule G (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY Part II Fundraising Events. Complete if the organization answered "Yes"

46-0283336 Page 2

1		(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	1
		MMU GOLF	MMU GOLF	NONE	(d) Total events
		CLASSIC JULY		NOINE	(add col. (a) throug
1		(event type)	(event type)	(total pumbor)	- col. (c))
B		(event type)	(event type)	(total number)	+
	Gross receipts		38,563.		55,710
	Less: Contributions	3,696.	2,852.		6,548
3	Gross income (line 1 minus line 2)	13,451.	35,711.		49,162
4	Cash prizes	400.	900.		1,300
			2001	<u></u>	1,500
5	Noncash prizes				
6	Rent/facility costs		6,665.		12,415
7	Food and beverages	1,385.	1,459.		2,844
8	Entertainment			······································	
9	Other direct expenses	906.	896.		1,802
10	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 from	• • • • • • • • • • • • • • • • • • • •			<u>18,361</u> 30,801
	\$15,000 on Form 990-EZ, line 6a.	(.) Diana	(b) Pull tabs/instant		(NT.) ) /
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	
1	Gross revenue			(c) Other gaming	
	Gross revenue			(c) Other gaming	
2		···		(c) Other gaming	
2 3	Cash prizes	···		(c) Other gaming	
2 3 4	Cash prizes Noncash prizes Rent/facility costs	···		(c) Other gaming	
2 3 4	Cash prizes	···	bingo/progressive bingo		(d) Total gaming (ad col. (a) through col. (
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
2 3 4 5 6 7	Cash prizes		bingo/progressive bingo	☐ Yes% No	
2 3 4 5 6 7 8	Cash prizes		bingo/progressive bingo	□ Yes% □ No	
2 3 4 5 6 7 8 Entr	Cash prizes		bingo/progressive bingo	% % No►	col. (a) through col. (
2 3 4 5 6 7 8 Entt Is tr If "N	Cash prizes		bingo/progressive bingo	Yes%	col. (a) through col. (
3 4 5 6 7 8 Enti Is th If "N	Cash prizes		bingo/progressive bingo	Yes%	Col. (a) through col

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 MOUNT MARTY UNIVERSITY	46-028333	6 Page 3
11 Does the organization conduct gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or oth		
to administer charitable gaming?		s 🗌 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special event		
Name		
Address 🕨		
15a Does the organization have a contract with a third party from whom the organization receives ga	ning revenue? Yes	s 🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$	and the amount	
of gaming revenue retained by the third party >\$		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address		<u> </u>
16 Gaming manager information:		
News N		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
retain the state gaming license?		5 🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt orga		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, or	columns (iii) and (v); and Part III, lines §	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruct	xtions.	

Schedule G (Form 990 or 990 EZ) MOUNT MARTY UNIVERSITY Part IV Supplemental Information (continued)	46-0283336 Page 4
Part IV Supplemental Information (continued)	
· ·	
-	

SCHEDULE I (Form 990)		Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	er Assistand d Individual answered "Yes"	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Go to www.irs	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	n 990. r the latest inform	ation.		Open to Public Inspection	0
Name of the organization	zation MOUNT MARTY UNIVERSITY	Y UNIVER	ТТY				ш 	Employer identification number 46-0283336	26 S 6
Part I General	General Information on Grants and Assistance	d Assistance							
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants c	or assistance, the c	grantees' eligibility	for the grants or assis	tance, and the selection		
criteria used t	criteria used to award the grants or assistance?	ance?						X Yes	No
2 Describe in Pa	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monite	pring the use of grant fu	unds in the United	States.				
Part II Grants	Grants and Other Assistance to Domestic Organizations	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	/, line 21, for any	
recipien	recipient that received more than \$5,000. Part II can be dup	,000. Part II can	be duplicated if additio	licated if additional space is needed	èd.				
1 (a) Name and or ç	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	i government org	anizations listed in the	line 1 table					
3 Enter total nun	Enter total number of other organizations listed in the line 1 table	isted in the line 1	table						
LHA For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for	iee the Instructio	ons for Form 990.					Schedule I (Form 990) 2020	020

032101 11-02-20

Schedule   (Form 990) 2020       MOUNT       MARTY       UNIVERSITY         Part III       Grants and Other Assistance to Domestic Individuals.       Complete if         Part III       can be duplicated if additional space is needed.	~	organization answe	ERSITY Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	46-0283336 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	870	9,445,710.	. 0		
Part IV Supplemental Information. Provide the information requi		e 2; Part III, column (	red in Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
THE UNIVERSITY HAS A NUMBER OF FEDE	FEDERAL AND	STATE GRANTS	HTIW .	THE ISSUANCE	
OF EACH AWARD A TEMPORARILY RESTRICTED	CTED ACCOUNT	IS	CREATED IN THE	E DATABASE.	
AWARD LETTERS ARE KEPT IN A SEPARATE	FILE	WITH THE PR	PRIMARY CONTACT	ACT	
INFORMATION. IF THE GRANTEE DOES N	NOT HAVE	ELIGIBILIT	ELIGIBILITY THE GRANT IS NOT	r is not	
AWARDED. IF THE ELIGIBILITY OF THE	E GRANTEE	HAS	CHANGED THE INST	INSTITUTION	
RETURNS THE AWARDED FUNDS. THE GRA	GRANTS ARE 1	BASED ON F.	FAMILY INCOME	1E	
CONTRIBUTIONS, AND/OR ACADEMIC STAN	STANDING, ANI	AND/OR ATHLETIC	<b>FIC ABILITY</b>	(, AND/OR	
INDIVIDUAL TALENT.					
032102 11-02-20					Schedule I (Form 990) 2020

	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	CREATE CONTRACT	LU	<b>L</b> U	
	tment of the Treasury	Attach to Form 990.		Open to	o Publection	ic
	al Revenue Service le of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ider			mher
Nan	e of the organization	MOUNT MARTY UNIVERSITY	46-02			nber
Pa	rt I Question	s Regarding Compensation	40 02	0555	0	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163	140
la		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary s	spending account Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	CILINGUEV-SUICE	X
3		ly, of the following the organization used to establish the compensation of the organization's				a succession of the second sec
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		tion of the CEO/Executive Director, but explain in Part III.		1000		
	Compensation					
	X Form 990 of o	ompensation consultant Compensation survey or study	ommittaa			
		ther organizations	Jimmittee			
4	During the year dig	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
		e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?		4b		Х
	-	eive payment from an equity-based compensation arrangement?		4c		X
	-	es 4a c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re	evenues of:				
а	The organization?			<u>5a</u>		<u> </u>
b	Any related organiz	ation?		5b		<u> </u>
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	•				77
				<u>6a</u>		X
	Any related organiz			<u>6b</u>		<u> </u>
		r 6b, describe in Part III. n Form 999. Bort VII. Section A, line 1a, did the exceptization provide any penfixed payments.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
		es 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		7	L	<u></u>
	•		e	8		X
		d the organization also follow the rebuttable presumption procedure described in				
-		53.4958-6(c)?		9		and and a second state of the
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2020

Schedule J (Form 990) 2020 MOUNT	2		RSITY		46-0283336	336		C
Part II Officers, Directors, Trustees, Key Employees, and Highest		yees, and Highest C	compensated Empl	oyees. Use duplicat	Compensated Employees. Use duplicate copies if additional space is needed	pace is needed.		<b>1</b> 065 -
For each individual whose compensation must be reported on Schedule Do not list any individuals that aren't listed on Form 990, Part VII.	orm (	ported on Schedule J 990, Part VII.	, report compensati	on from the organiza	ttion on row (i) and fron	ı related organization	J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii),	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ed in	dividual must equal th	ie total amount of Fo	srm 990, Part VII, Se	ction A, line 1a, applica	tble column (D) and (E	<ul> <li>amounts for that individual</li> </ul>	vidual.
		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. MARCUS LONG	Ξ	217,093.	0	24,480.	11,092.	21,043.	273,708.	0.
	≡		0	0.	- 1	.0	.0	0.
(2) LAKRY DAHLEN PROFNURSE ANEST	88	<u>166,039.</u>			8,301.	15,486.	189,82	.0
(3) ANDREA ROBERTS		173.22	.0	.0	3 874	1 103	170 407	
ASST. PROFNURSE ANEST			.0	.0		-	70/7	
(4) TAYLOR REHFELDT	Ξ	165,300.	.0	.0	6,575.	49.	171.924.	.0
	Ξ		.0	• 0	0.	0.		
(5) LUKEYTHIA BASTARDI	Ξ	151,800.	.0	3,500.	.0	49.	155,34	, 0
ASST. PROFNURSE ANEST	Ξ	.0	.0	.0	.0	0.	-	0.0
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Schedule J (Form 990) 2020

032112 12-07-20

Schedule J (Form 990) 2020 MOUNT MARTY UNIVERSITY Part III Supplemental Information	46-0283336 F	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information.	
PART I, LINE 1A:		
THE PRESIDENT OF MOUNT MARTY UNIVERSITY, MARC LONG, RECEIVES \$2,000 PER		
MONTH FOR A HOUSING STIPEND. THIS AMOUNT IS TAXABLE ON HIS W-2.		
	Schedule J (Form 990) 2020	90) 2020

032121 12-01-20

		A		8		0		0
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	ŶX	Yes	٥N	Yes	Ŷ	Yes	٩
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a Are there any management or service contracts that may result in private business use of bond-financed propertv?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of		~						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other		4						
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
				%		%		%
6 Total of lines 4 and 5		<b>.</b> 00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		x						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
9 Has the organization established written procedures to ensure that all								
nonqualitied bonds of the issue are remediated in accordance with the	¢							
redurements under regulations sections 1.141-12 and 1.145-27	4							
	<b>`</b>	A		8		0		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	٥N	Yes	٩
Penalty in Lieu of Arbitrage Rebate?		x						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		x						
b Exception to rebate?		×						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
	Å							

4 The the organization or the governmental itature retend in the a qualitied himse of provider.     Image is a provider in the image is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a provider is a qualitied himse of provider.     Image is a qualitied himse of provider is a qualitied himse of provider is a qualitied himse of the transformation of the provider is a qualitied himse of the transformation of the provider is a qualitied himse of the transformation of the transfor	Part IV Arbitrage (continued)			40-	40-0203330				Page 3
Net       Yes       No       Yes       No       Yes       No       Yes       No         findingencies       f		4			B		0		
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Has the organization or the governmental issuer entered into a q hedge with respect to the bond issue?	Yes	۶×	Yes	N	Yes	No		
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	b Name of provider								
The subdemandand for the submandand for the submandan	c Term of hedge						1		
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	d Was the hedge superintegrated?								
An interferent contract (GIC)     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X     X       A fondiar     Interferent contract (GIC)     X     X     X     X     X       A fondiaria     Interferent contract (GIC)     X     X     X     X     X       A fondiaria     Interferent contract (GIC)     X     X     X     X     X       A fondiaria     Interferent contract (GIC)     X     X     X     X     X       A fondiaria     Interferent fondiaria     X     X     X     X     X       A fondiaria     Interferent fondiaria     X     X     X     X     X       A fondiaria     Interferent fondiaria     X     X     X     X     X       A fondiaria     Interretine contract (A rought hone     X     X <td>e Was the hedge terminated?</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	e Was the hedge terminated?								
Througher     Image: Section 1487     Image: Section 1487     Image: Section 1487       GIO     organization exatablishing the fair market value of the GIO satisfied of manufactor for establishing the fair market value of the GIO satisfied of manufactor section in the procedures to monitor the monetanes in the procedures to monitor the market of the GIO satisfied of market of section 1487       Description careaction and market of section 1487     Image: GIO market of the GIO satisfied of market of the GIO satisfied of market of section 1487       Description careaction and market of section 1487     Image: GIO market of the GIO satisfied of market of the GIO satisfied of the	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
Current of the first market value of the GLC satisfied?     X     X     X     X       Conservation of the first market value of the GLC satisfied?     X     X     X     X       Conservation of statistication of the GLC satisfied?     X     X     X     X       Conservation of statistication statisticatistication statistication statisticatin stravelation	b Name of provider								
Be considered intervention of the fair market value of the G(D satisfied?)     X     Y     Y     Y       Correlation restabilished written procedures to montor the mon	c Term of GIC								
N gross froceeds invested beyond an available temporary period? In the second of a solidable temporary period? In the second of a solidable temporary period? In the second of the secon	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
organization established withen procedures to monitor the marks of section 1446. Corrective Action coedures To Underfate Corrective Action at tax requirements are timely identified and corrected through the to domination. Provide additional linitomation for responses to questions on Schedule K. See instructions. <i>E. K. PART I. J. BOND ISSUES</i> . <i>CUER NAME</i> : CUTION, FURNISHING, AND EQUITP FING OF FIELDHOUSE CUTION, FURNISHING, AND EQUITP FING OF FIELDHOUSE			Х						
The metric of electron right.     X     N     N       reading a electron right.     reading a electron right.     reading a electron right.     reading a electron right.       reading agreement program if self-remediation sixt available under y dosing agreement. Provide additional information for responses to questions on Schedule K. See instructions.     No     Yes     No       B. K. PART T, DOND ISSUES:     Distribution of PURPOSES:     Distribution     No     Yes     No       CTON, FURNISHING, AND EQUIPPING OF FIELDHOUGS     COTION, FURNISHING, AND EQUIPPING OF FIELDHOUGSE     PURPLICHICLE     PURPLICE									
organization established written procedures to ensure that violations and a corrective Action to draming agreements are timely distributed and corrected through the are through distributed and corrected through the are a corrective additional if self-remediation is in available under the regulations? The regula	requirements of section 148?	X							
organization established witten procedures to ensure that volations al tax requirements are timely identified and corrected through the program of self-termediation inst available under program and the self-termediation inst available under program and the self-termediation into an and the self-terme into an and the self-termediation into and the self-termediation into an and the self-termediation intermediation into an an an and the self-terme	Fart V Procedures To Undertake Corrective Action								
A transment ansature transment and a metation and the first requirements and a metation and the and th	Has the organization octabilished united and and the second and the second s						0	-	
ry closing agreement program if self-remediation isn't available under X is equations?   B. K. Parker Down if self-remediation isn't available under  B. K. Parker D. POWIE SIGES:  CERTERIAME: CITY OF YANKTON, SOUTH DAKOTA  CERTERIAME CONTRACTION OF PURPOSE:  CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE  CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	of forderal textures and the second side with the procedures to elisate triat. Violations	Yes	No	Yes	No	Yes	٩	Yes	No
be regulations?  By Example and manuation for reasoneses to questions on Schedule K. See instructions.  E. K., PART I., BOND ISSUES:  E. K., PART I., BOND ISSUES:  E. K., PART I., BOND ISSUES:  CUERN NAME: CITY OF YANKTON, SOUTH DAKOTA  CORTEPTION OF PURPOSE:  CORTEPTION OF PURPOSE:  CORTEPTION OF PURNISHING, AND EQUIPPING OF FIELDHOUSE  COTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	or reaction reaction are unitely treatmined and confected unfough the								
Permetandini information. Provide additional information for responses to questions on Schedule K. See instructions. B. K., PART I, BOND ISSUES: UER NAME: CITY OF YANKTON, SOUTH DAKOTA UER NAME: CITY OF PURPOSE: CCRIPTION OF PURPOSE: CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	voluinary closing agreement program it senfremediation ISDT available under applicable root intributo?								
E K. PART T. BIND TSUBLANT IN REPORTS DI QUESTIONE.	applicable regulations?	X							
UER NAME: CITY OF YANKTON, SOUTH DAKOTA CRIPTION OF PURPOSE: CTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE		on schedule	K. See Instru	uctions.					
CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	NAME: CTTV OF VANKTON								
ICTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	DESCRIPTION OF DIRDORF.								
	AND FOITDDING OF	DTT CT						þ	
	AND BULFFING OF	TOUSE							
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	032123 12-01-20						Sch	edule K (For	m 990) 2020

SCHEDULE L		Tra	insactior	ns V	Vith	Int	erested	Ρ	ersons			0	MB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	the o	-						line 25a, 25b, 2	6, 27,	28a,		2	02	)
						-	Part V, line 38a r Form 990-E		40b.				<u> </u>	UZ	.U
Department of the Treasury Internal Revenue Service	► G	o to v							est information.			10.2628.26426	pen T Ispec		DIIC
Name of the organization	n									Em	ploye	r ident	ificat	ion nu	umber
			TY UNIVE									833	36		
	Benefit Trans														
Complete it	f the organization						line 25a or 25b I	), or	Form 990-EZ, Pa	art V, I	ine 40	lb			
(a) Name of disquali	ified person	(0) 🖻	elationship betv person and or		•	iniea	(4	<b>c)</b> D	escription of tran	sactio	n			'es	No
<b></b>															
2 Enter the amount o	f tax incurred by	the or	ganization man	agers	or disc	qualifie	d persons dur	ing	the year under					I	
											▶ \$				
3 Enter the amount o	f tax, if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganiza	tion				▶ \$				
Part II Loans to	and/or From	Inte	erested Pers	ions											
	the organization					Part	V. line 38a or F	Form	990. Part IV. lin	e 26: (	or if th	e orda	nizatio	on	
	amount on Forn					,	-,	•							
(a) Name of	(b) Relation		(c) Purpose		an to or n the		e) Original	(1	i) Balance due		) In	(h) Ap	provec ard or	1 10 1	Vritten
interested person	or with organization of loan organization? principal amount default?						comm			ement?					
				To	From					Yes	No	Yes	No	Yes	No
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Total		<u></u>	<u> </u>				> \$								
	r Assistance		-												
(a) Name of interes	the organization						c) Amount of		(d) Type	of			) Purp	050.0	
			<ul> <li>b) Relationship interested pers the organiza</li> </ul>	on an		, t	assistance		assistan				assist		1
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

### Schedule L (Form 990 or 990 EZ) 2020 MOUNT MARTY UNIVERSITY

Part IV Business Transactions Involving Interested Persons.

46-0283336 Page 2

Complete if the org	panization a	nswered "Ye	s" on F	Form 990	Part IV	line 28a	28h	or 28c
	guinculoriu		3 0111	0000.	I CALLIN,	1110 2.00.	£	

(a) Name of interested person (		(b) Relation	and the organ	interes	sted	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
								Yes	No
JOE	RUTTEN	FAMILY	MEMBER	OF	BO	72,877.	EMPLOYEE CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOE RUTTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

### SCHEDULE M (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-0283336

Department of the Treasury Internal Revenue Service Name of the organization

MOUNT	MARTY	UNIVERSITY	

Par	t I Types of Property					
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c) Method of c noncash contril	letermining
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	7	126,267.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other $\blacktriangleright$ ( <u>IN-KIND GIFTS</u> )	X	12	3,677.	FMV	
26	Other ► ()					
27	Other ► ()					
28	Other 🕨 ( )					
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions		•
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement 29		0
						Yes No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throug	gh 28, that it	
	must hold for at least three years from the dat					
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance					31 X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell noncash		
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule	M (Form 990) 2020

# Schedule M (Form 990) 2020 MOUNT MARTY UNIVERSITY Part II Supplemental Information. Provide the information reg

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

#### AMOUNTS ARE THE NUMBER OF CONTRIBUTORS

46-0283336 Page 2

SCHEDULE O

(Form 990 or 990-EZ) 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 990-EZ.

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



Name of the organization

MOUNT MARTY UNIVERSITY

Employer identification number 46-0283336

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGHER LEARNING.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL INCLUDE THE BOARD CHAIR, VICE CHAIR,

SECRETARY, TREASURER, THE PRIORESS OR HER DESIGNEE, AND ADDITIONAL TRUSTEES SELECTED BY THE CHAIR. THE PRESIDENT SHALL BE AN EX-OFFICIO MEMBER WITHOUT VOTE, AND SHALL NOT BE COUNTED AS PART OF A QUORUM FOR THE PURPOSE OF TRANSACTING BUSINESS.

THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON ALL MATTERS, EXCEPT FOR THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD AND/OR THE MEMBERS: PRESIDENTIAL SELECTION AND TERMINATION; TRUSTEE AND BOARD-OFFICER ELECTION; CHANGES IN INSTITUTIONAL MISSION AND PURPOSE; CHANGES TO THE ARTICLES OF INCORPORATION; INCURRING OF CORPORATE INDEBTEDNESS; SALE OF UNIVERSITY ASSETS OR TANGIBLE PROPERTY; ADOPTION OF THE ANNUAL BUDGET; DETERMINING TENURE AWARDS; AND CONFERRAL OF DEGREES. THESE BYLAWS OR OTHER BOARD POLICIES MAY RESERVE OTHER POWERS FOR THE BOARD OF TRUSTEES AND/OR MEMBERS.

IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON EMERGENCY MATTERS THAT

 CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, THE

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
MOUNT MARTY UNIVERSITY	46-0283336
UNIVERSITY'S PLANNING PROCESS AND PROGRESS ON PLANNING GOA	LS, THE BOARD'S

RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE,

AND REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND TERMS OF EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2:

DENIS FOKKEN AND ROB STEPHENSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION INCLUDE THE MONASTERY PRIORESS AND THOSE

PERSONS SERVING AS MEMBERS OF THE MONASTERY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRIORESS OF THE SPONSORING MONASTERY IS ALLOWED TO APPOINT A MINIMUM OF

5 MEMBERS TO THE BOARD AND ALL MEMBERS HAVE FINAL APPROVAL OF ALL TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS HAVE AUTHORITY OVER ACTIONS TO BE TAKEN BY THE UNIVERSITY AS FOLLOWS:

(A) TO APPROVE THE STATEMENTS OF PHILOSOPHY, MISSION AND OBJECTIVES OF THE UNIVERSITY;

(B) TO APPROVE AND ACT UPON THE SALE, LEASE, TRANSFER, EXCHANGE,

DISPOSITION, PLEDGE OR ALIENATION OF REAL PROPERTY OR BUILDINGS AND/OR THE

ACQUISITION OF DEBT, PURSUANT TO POLICIES ESTABLISHED BY THE MEMBERS;

(C) TO APPOINT THE BOARD OF TRUSTEES OF THE UNIVERSITY AND TO REMOVE A

TRUSTEE AT ANY TIME WITH OR WITHOUT CAUSE, AFTER SEEKING GUIDANCE FROM THE

BOARD. PENDING A FINAL DECISION OF THE MEMBERS, THE BOARD OF TRUSTEES MAY

SUSPEND A TRUSTEE BY A VOTE OF TWO-THIRDS OF THE REMAINING TRUSTEES;

 (D)
 TO
 APPROVE
 AMENDMENTS
 TO
 THE
 ARTICLES
 OF
 INCORPORATION
 OF
 THE

 032212
 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020
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Name of the organization	Employer identification number

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

(F) TO OVERSEE THE UNIVERSITY'S FISCAL POLICIES AND TO ESTABLISH POLICIES

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

(G) TO RECEIVE THE UNIVERSITY'S ANNUAL REPORT;

(H) TO APPOINT AND REMOVE THE PRESIDENT OF THE UNIVERSITY, AFTER SEEKING

GUIDANCE FROM THE BOARD OF TRUSTEES;

(I) TO APPROVE AND/OR ACT UPON THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE UNIVERSITY; AND

(J) TO ADOPT POLICIES TO EFFECTUATE THE AUTHORITIES RESERVED TO THE

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE & AUDIT COMMITTEE REVIEWS THE 990 AND A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD ALONG WITH A RECOMMENDATION FROM THE FINANCE & AUDIT COMMITTEE. THE FULL BOARD THEN REVIEWS AND APPROVES THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

RESTRICTIONS ON TRUSTEES WHEN VOTING ON ISSUES THAT GIVE RISE TO CONFLICT.

ALL TRUSTEES COMPLETE A DISCLOSURE ANNUALLY. DISCLOSURES ARE GIVEN TO ALL

TRUSTEES IN THE FORM OF A REPORT.

A TRUSTEE SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF THE TRUSTEE

(1) HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST THAT IMPAIR OR

APPEAR TO IMPAIR THE TRUSTEE'S INDEPENDENT, UNBIASED JUDGMENT IN THE

DISCHARGE OF THE TRUSTEE'S RESPONSIBILITIES TO THE COLLEGE; OR

(2) IS AWARE THAT A MEMBER OF THE TRUSTEE'S IMMEDIATE FAMILY HAS FINANCIAL 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
MOUNT MARTY UNIVERSITY	46-0283336
	9999

OR OTHER INTEREST THAT WOULD IMPAIR OR APPEAR TO IMPAIR THE TRUSTEE'S

INDEPENDENT JUDGMENT IN THE DISCHARGE OF THE TRUSTEE'S RESPONSIBILITIES TO

THE COLLEGE. IMMEDIATE FAMILY GENERALLY INCLUDES SPOUSE, PARENT OR

STEP-PARENT, CHILD OR STEP-CHILD, SIBLING OR STEP-SIBLING, GRANDPARENT, AND GRANDCHILD.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT: A SURVEY PROCESS WAS UNDERTAKEN BY THE BOARD OF TRUSTEES, USING

GUIDESTAR.ORG TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION. A MULTI-YEAR

EMPLOYMENT CONTRACT IS PUT INTO PLACE.

CFO: AN ANNUAL PERFORMANCE APPRAISAL IS DONE FOR THE CFO, AND A STANDARD

PERCENTAGE INCREASE IS GIVEN BASED ON THE DECISION OF THE BOARD OF

TRUSTEES. THE PERCENTAGE INCREASE IS THE SAME FOR THE CFO AS IT IS FOR ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990) P Com Department of the Treasury	■ Complete if the organization and Unrelated Partnerships ■ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ■ Attach to Form 990.	Organizations and Unrelated Partnerships Janization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, Attach to Form 990.	rtnerships ine 33, 34, 35b, 3	6, or 37.		OMB No. 1545-0047 2020 Open to Public
ation MOUNT MARTY	UNIVERSITY	M IIISUUCIONS ANU UNE IALE	st information.		Employer identification number 46-0283336	inspection ication number 3.3.6
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	lete if the organization answered "Yes"	on Form 990, Part IV, line 30				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	zations. Complete if the organization a	inswered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
BENEDICTINE CONVENT OF SACRED HEART DBA SACRED HEART MONASTARY - 46-0224541, 1005 W 8TH STREET, YANKTON, SD 57078-3389	RELIGIOUS ORDER	SOUTH DAKOTA	501(C)(3)	LINE 1	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

46-028336 Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	of Disproportionate Code V-UBI General or Percentage allocations? 20 of Schedule Percentage 20 of Schedule Percentage Percentage Percentage Percentage Pres No K-1 (Form 1065) Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(1) (9) (9) (h) (1) (1) (1) Section Share of total Share of Percentage 512b)(3) income assets ownership controlled entity?		
"Yes" on Form 990, Par	(f) (g) Share of total Share of income assets assets	nswered "Yes" on Form	ng Type of entity (C corp, S corp, or trust)	TRUST	
organization answered "Ye	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	plete if the organization a	(c) (d) Legal domicile (state or foreign country)	SD N/A	
ΓY srship.	(d) Direct controlling entity		Primary activity		
LVERS as a Part tax year.	(C) Legal domicile (state or foreign country)	as a Corring the tax	- E	СКТ	
MOUNT MARTY UNIVERSI ated Organizations Taxable as a Partn as a partnership during the tax year.	(b) Primary activity	ganizations Taxable	Zc		
Schedule R (Form 990) 2020 MOUNT MARTY UNIVERSI Part II Identification of Related Organizations Taxable as a Partne organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization	Part IV     Identification of Related Organizations Taxable as a Corporation or Trust.	(a) Name, address, and EIN of related organization	CHARITABLE REMAINDER TRUSTS (1)	

UNIVERSITY
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Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II-IV?	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	······ /			1a X
b Gift, grant, or capital contribution to related organization(s)			·	1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				te X
f Dividends from related orcenization(s)				*
Sale of assets to related organization(s)				
Purchase of assets from related organization(s)				
				I I
o related organization(s)				
3				>
Derformance of sominos or mombarchin or fundraining solicitations for volat	od ordonisation(s)			+
Performance of services of membership of fundraising solicitations by related organization(s)				4 X
				_
p Reimbursement paid to related organization(s) for expenses				1p X
q Reimbursement paid by related organization(s) for expenses				1q X
Other transfer of cash or property to related organization(s)				
Uner transfer of cash or property from related organization(s)				15 A
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete this	s line, including covered re	information on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved
(1)				
ß				
(3)				
(4)				
(5)				
(6)				
032163 10-28-20			Schedule	Schedule R (Form 990) 2020

Page 4	E.	(en	(j) (k) General or Percentage managing ownership					90) 2020
336		ss reven	(j) neral or Pe maging o	Kes No			-	(Form 9
46-0283336		tal assets or gro	(h) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i					Schedule R (Form 990) 2020
		sured by to	(h) Dispropor- tionate allocations? 0	Kes No				
	37.	of its activities (mea	(g) Share of end-of-year assets					
	990, Part IV, line (	than five percent	(f) Share of total income					
	" on Form	icted more	Are all Are all 501(c)(3) orgs.?	2 2 2				
	zation answered "Yes	le organization condu stment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 517-514)					
SITY	mplete if the organi	ip through which th sion for certain inve	(c) Legal domicile (state or foreign country)					
MOUNT MARTY UNIVERS	ile as a Partnership. Co	ntity taxed as a partnersh ructions regarding exclu	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2020 MOUNT	Part.WI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

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Schedule R	(Form 990) 2020 MOUN Supplemental Information	T MARTY	UNIVERSITY	46-0283336 F	Page 5
<u>i art tir</u>	,	eponeee to a	uestions on Schedule R. See instructions.		
	rionae additional information for the	esponses to qu			
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