				** P	UBL	IC DISCLOSURE CO)PY **			
	0	000	Re	turn of O	rga	nization Exempt I	From I	ncome ⁻	Гах	OMB No. 1545-0047
For	rm y	990 Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr								2020
				Do not enter s	e made publi	с.	Open to Public			
Inter	mal Rev	t of the Treasury venue Service				v/Form990 for instructions and				Inspection
<u>A</u>	For the	ne 2020 calend	ar year, or ta	ıx year beginnin	g i	JUL 1, 2020 and	ending J	<u>IUN 30,</u>	2021	
В	Check i applicat	f C Name of	organization	Ì				D Employe	r identifica	ation number
	Addr	ige MOUN	T MARTY	UNIVERS	ITY	•				
	Nam	ge Doing bu	isiness as					46-0	28333	6
	Initia	n Number				elivered to street address)	Room/suite	E Telephon	e number	
	Final	n/ 1105	WEST 8	STH STREE	Т			605-	668-1	
_	termin- ated City or town, state or province, country, and ZIP or foreign postal code								ts \$	29,917,154.
F	Applica-							H(a) Is this a	÷ .	
L	tion pend		AS C AE		PLAT	CO2 DONG		1	ordinates?	
1 1	Гах-ех	kempt status:		501(c) () (insert no.) 4947(a)(1)	or 527			st. See instructions
		ite: NWW . 1					0027	H(c) Group e		
		of organization:			A	ssociation Other ►	L Year	the second s		State of legal domicile: SD
	art I	Summary	NIRAS			homerood				
	1	Briefly describe	the organiz	ation's mission o	r mos	t significant activities: THE	INSTIT	UTION I	S A PH	RIVATE,
Governance		CATHOLIC	COLLE	GE OF HI	GHE	R LEARNING.				
rna	2	Check this box	: 🕨 🛄 if	the organization	disco	ntinued its operations or dispos	sed of more	than 25% of it	s net asset	
ove	3		•							23
വ ഷ	4					verning body (Part VI, line 1b)				22
es	5		tal number of individuals employed in calendar year 2020 (Part V, line 2a)							523
iviti	6									28
Activities &						olumn (C), line 12				0.
	b	Net unrelated b	ousiness taxa	ble income from	Form	990-T, Part I, line 11				0.
		O antilhations a						Prior Year 3,144,		Current Year 5,759,098.
e	89	Contributions a Program servic		. ,				17,897,		20,100,090.
Revenue						, and 7d)		263,		437,221.
Re						, 9c, 10c, and 11e)		1,568,		2,076,772.
						Part VIII, column (A), line 12)		22,874,		28,373,181.
				paid (Part IX, co				8,091,		9,445,710.
				pers (Part IX, colu					0.	0.
s	15	Salaries, other	compensatio	n, employee ben	efits (Part IX, column (A), lines 5-10)		9,683,	470.	10,343,474.
enses	16a	Professional fu	ndraising fee	s (Part IX, colum	n (A), I	ine 11e)			0.	77,730.
Expe	b	Total fundraisin	g expenses (Part IX, column	D), lin	e 25) 🕨 537,85	56.			
Û	17	Other expenses	s (Part IX, col	umn (A), lines 11	a-11d	, 11f-24e)		6,036,		7,708,960.
	18	Total expenses	Add lines 1	3-17 (must equal	Part I	X, column (A), line 25)		23,811,		27,575,874.
		Revenue less e	xpenses. Sul	otract line 18 from	n line	12		-936,		797,307.
Net Assets or Fund Balances								inning of Curre		End of Year
sset	20	Total assets (Pa						<u>69,294,</u>		76,628,235.
et A	21	Total liabilities (29,746,		29,154,217.
Pa	22 rt II	Signature		. Subtract line 21	from	line 20		39,547,	/04•	47,474,018.
000000000		<u> </u>		ave examined this	return	including accompanying schedules	and stateme	nts and to the b	est of my kr	nowledge and helief it is
						r) is based on all information of whi				iomouyo allu nellei, it is
	301100			Timess	- oniot	ny is busice on an information of will	on proparer i		-07-	2022
Sign		Signature				<u></u>		Date		
Here		TABIT	HA LIK	NESS, VP	OF	FINANCE/ADMINST	RATION			
			nt name and ti							
		Print/Type prepa	rer's name			Preparer's signature	1	ate	Check] PTIN
Paid		LAURIE H	ANSON,	CPA		LAURIE HANSON, C	PA 0	3/07/22	self-employed	P00851848

Firm's address 200 E. 10TH ST., STE. 500 SIOUX FALLS, SD 57104-6375 Phone no.605-339-1999 May the IRS discuss this return with the preparer shown above? See instructions

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name FIDE BAILLY LLP

Preparer

Use Only

Firm's EIN > 45-0250958

	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			
2	Did the organization undertake any significant program services during the year which were not listed on the			
-	prior Form 990 or 990-EZ?		Ves	XNo
	If "Yes," describe these new services on Schedule O.			
~			V va	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	••••••	res	
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as			
	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	penses, ar	nd
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 25,116,147. including grants of \$ 9,445,710.) (Rever	nue \$ <u>22</u>	,086,	<u>432.</u>)
	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,058 ST	UDENTS.		
		<u></u>		
		<u></u>		
4b	(Code:) (Expenses \$) (Rever	nue \$)
				<u>،</u>
4c	(Code:) (Expenses \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		`	
	(Expenses \$ including grants of \$) (Revenue \$			
<u>4e</u>	Total program service expenses 25,116,147.			90 (2020)
			Form S	IZ020)

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		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	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>
c	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		
13		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

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23 X

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X

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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 O the dade O and experimentations in Ochembric O for Dark M. Know 444 and 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 reportable gaming				
	(gambling) winnings to prize winners?		1c	X	

	m 990 (2020) MOUNT MARTY UNIVERSITY	<u>46-0283336</u>	P	Page 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Contraction of Contraction	Yes	No
23	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
4 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 (FBA	R).		
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	.			<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			
ĩ	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)

Ω)	MOINT	MADMV	UNIVERSITY

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 Form 990 (2020)
 MOUNT MARTY UNIVERSITY
 46-0283330
 Pag

 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	Did the organization delegate control over management duties customarily performed by or under the	e direc	t 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.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to 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	-2009-000 ⁻⁰ 00-000	<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						

Form 990 (46-0283336	Page 7
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)	(C)						(D)	(E)	(F)	
Name and title	(B) Average	(do	nata	Pos	itior	ן than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both pr/trus	han	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							CE 000		
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			.
DIRECTOR	the second se	x						0.	0.	0.
(17) FR. JAMES KEITER	1.30		\neg	1						
DIRECTOR		x						0.	0.	0.
		······							<u></u>	- 000 (100 - 10

032007 12-23-20

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	i lenoi		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								<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	.	ł			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
										5 70	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 line							ant reactived more than d	100 000 of compo	nacti	an from
 Complete this table for your five highest co the organization. Report compensation for the organization. 	•								•	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 990 (2020)
DEE FART VII, SECTION	A CONT	TTA	JA	. т . т.	014	10				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 Se	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) Related or exempt function revenue	(C) 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 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	>	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>	P				
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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	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			
					(A) 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	
	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 990 (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 990	(2020)

(For	SCHEDULE A (Form 990 or 990-EZ) 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. OMB No. 1545-C 2020 Department of the Treasury Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-C 2020									
Nam	e of t	he organizati	on							identification number
E-15			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)([.]	1)(A)(i).		
2	X	A school des	cribed in sect 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)(1)(A)(vi). (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.		٦ -		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
•		۰ [–]	••	t complete Part IV,		in connoct	lion with a	and functional	lu intograto	ما بدينام
C	L		•		g organization operated				ly integrate	a with,
d		1	•		 You must complete I orting organization oper 				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>		
	33 1/3% support test - 2020. 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	-					۲۱		
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	<u>B</u> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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	%
	33 1/3% support tests - 2020. 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

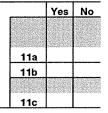
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons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

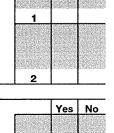
Yes No

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	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)				
i	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	the second second			
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	

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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)

<u> </u>	~	-			(
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 additional 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. 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)
Conversion of the second s							

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

MOUNT MAI

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	\$49,675.	_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 additiona	a) through (e) and the following charitable, etc., contributions of \$	na line entry. For a	rganizations	nat total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held		
		(e) Transf	er of gift				
-	Transferee's name, address, a	and ZIP + 4	R	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Re	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
F	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Re	elationship of trar	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, and ZIP + 4		Re	Relationship of transferor to transferee			

sc	HEDULE D	Supplement	al Financial	Statements	OMB No. 1545-0047
	m 990)	2020			
Dopo	rtment of the Treasury	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11c Attach to Form 990		Open to Public
	al Revenue Service	 and the latest information	n. Inspection		
Nan	ne of the organizati		Employer identification number 46-0283336		
Pa	rt I Organiza	MOUNT MARTY UNIVER ations Maintaining Donor Advise	d Funds or Othe	er Similar Funds or A	Accounts. Complete if the
Contrast		n answered "Yes" on Form 990, Part IV, lir			Complete in the
			T	lvised funds	(b) Funds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in		s held in donor advised fu	nds
	-	on's property, subject to the organization's	•		
6		on inform all grantees, donors, and donor a			
		oses and not for the benefit of the donor o	-	-	•
	impermissible priva				
Pa	rt II Conserva	ation Easements. Complete if the or			
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a his	torically important land area
	L	f natural habitat		Preservation of a cer	rtified 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 c	onservation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	nservation easements			2a
b		* * • • •			2b
с	Number of conserv	ation easements on a certified historic stru			
d		ation easements included in (c) acquired a			
	listed in the Nation	al Register			2d
3		vation easements modified, transferred, rel			nization during the tax
	year 🕨				-
4	Number of states w	where property subject to conservation eas	ement is located		
5	Does the organizati	ion have a written policy regarding the peri	iodic monitoring, ins	pection, handling of	
	violations, and enfo	prcement of the conservation easements it	holds?		YesNo
6	Staff and volunteer	hours devoted to monitoring, inspecting, l	handling of violations	s, and enforcing conservati	ion easements during the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conservation e	asements 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)(E	3)(i)
	and section 170(h)((4)(B)(ii)?			Yes No
9	In Part XIII, describe	e how the organization reports conservation	n easements in its re	evenue and expense stater	ment and
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization	on's financial statements th	nat describes the
		ounting for conservation easements.			
Par		tions Maintaining Collections of		reasures, or Other S	Similar Assets.
		the organization answered "Yes" on Form			
1a	-	elected, as permitted under FASB ASC 958	•		
		asures, or other similar assets held for pub			ince of public
	service, provide in F	Part XIII the text of the footnote to its finan	cial statements that	describes these items.	
b	•	elected, as permitted under FASB ASC 958	· ·		
	art, historical treasu	ires, or other similar assets held for public	exhibition, educatior	n, or research in furtheranc	e of public service,
	-	g amounts relating to these items:			
	(i) Revenue includ	ed on Form 990, Part VIII, line 1			▶ \$
2	If the organization re	eceived or held works of art, historical trea	sures, or other simila	ar assets for financial gain,	provide
	-	nts required to be reported under FASB AS	-		
		on Form 990, Part VIII, line 1			
		Form 990, Part X			
LUA	Far Dan and Da	dustion Ast Nation and the Instructions	6		Calcadeda D (Cause 000) 0000

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		1ge 2
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	Public exhibition d Loan or exchange 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		•				_	_		-
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
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part >	an]
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		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.
c	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.		725,	077.
	Other expenditures for facilities		· · · ·			'		1	·····	
-	and programs									
f	Administrative expenses	154,652,	134,876.	77,410	5.		85,987.	1	94	558.
		34,620,689.	28,072,359.	· · · · · · · · · · · · · · · · · · ·			08,805.	26	453,	
g 2	End of year balance Provide the estimated percentage of the curr		·····	· · · · · · · · · · · · · · · · · · ·		- , -		1,	,	
	Board designated or quasi-endowment	1.1200	%	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></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.	r			
	Description of property	(a) Cost or ot			•	mulate	d	(d) Bool	c value	÷
		basis (investm		(other)	depre	ciation				
1a	Land			0,717.				1,300		
	Buildings		42,72	4,889. 14	,78	2,98	30. 2	7,941	.,90)9.
	Leasehold improvements									
	Equipment					2,44		1,737	7,34	<u>17.</u>
	Other				,06	0,09	97.	876	5,63	34.
	. Add lines 1a through 1e. (Column (d) must e						▶ 3	1,856	5,60)7.
			<i>µ_µ_µ_v</i>	• • • • • • • • •				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	l-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.]		
Complete if the organization answered "Yes"	on Form 990 Part IV line	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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	75.)		
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Son Form 990 Bort V line 25	
(a) Departmention of lightlifty	on Form 990, Part IV, line	The of Th. See Point 990, Part A, line 25.	(b) Book value
(1) Federal income taxes			(1) 00011 10100
(2) CHARITABLE REMAINDER UNITE	UST		286,661.
(3) REFUNDABLE U.S. GOVERNMENT			
(4) ADVANCES	-		1,460,170.
(5) LONG-TERM RELATED NOTE PAY	ABLE,		_,,
(6) UNSECURED			4,350,000.
(7) OTHER LIABILITIES			1,504,532.
(8)			
(9)			······
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		7,601,363.

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	-1,273,420.			
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c	1,273			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)					28,373	<u>,181.</u>
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F					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				1,273,	420.
3	Subtract line 2e from line 1				17,975,	256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а						
b	Other (Describe in Part XIII.)	4b	9,600,618.			
с	c Add lines 4a and 4b					618.
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
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TOTAL TO SCHEDULE D, PART XI, LINE 2D -9,600,618. PART XI, LINE 4B - OTHER ADJUSTMENTS: -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. SPECIAL EVENT EXPENSES 18,361. BOARD IN-KIND EXPENSES 18,361. PART XII, LINE 2D - OTHER ADJUSTMENTS: 18,361. 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 PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS NETTED TO REVENUE FOR GAAP 9,445,710. ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP 154,908.	SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	-9,445,710.
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:	
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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.
COST OF GOODS SOLD NETTED TO REVENUE1,254,879.SPECIAL EVENT EXPENSES18,361.BOARD IN-KIND EXPENSES INCLUDED IN REVENUE180.TOTAL TO SCHEDULE D, PART XII, LINE 2D1,273,420.PART XII, LINE 4B - OTHER ADJUSTMENTS:1,273,420.SCHOLARSHIPS NETTED TO REVENUE FOR GAAP9,445,710.ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP154,908.	TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,273,420.
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.

SCH	EDULE E	Schools		OMB No.	1545-00	47	
(Form	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990,			2020			
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.				-		
			Open to Inspect		lic		
Name o	of the organization		Employer ide			mher	
		MOUNT MARTY UNIVERSITY		0283			
Part	1						
					YES	NO	
1 D	oes the organizat	on have a racially nondiscriminatory policy toward students by statement in its charter,					
		ming instrument, or in a resolution of its governing body?		1	X	_	
		on include a statement of its racially nondiscriminatory policy toward students in all its broc					
	-	her written communications with the public dealing with student admissions, programs, and	scholarships?	2	X		
	-	n publicized its racially nondiscriminatory policy on its primary publicly accessible Internet					
		tes during its taxable year in a manner reasonably expected to be noticed by visitors to the					
	. +	Igh newspaper or broadcast media during the period of solicitation for students, or during the first solicitation program, in a way that makes the policy known to all parts of the generation o					
	• ·	s? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	x		
		CATALOG, WEBSITE, AND BROADCAST MEDIA					
						and the second se	
4 D	oes the organizat	on maintain the following?					
a R	lecords 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?	<u>4b</u>	X	ļ	
		gues, brochures, announcements, and other written communications to the public dealing					
		sions, programs, and scholarships?		4c	X X		
		al used by the organization or on its behalf to solicit contributions?		4d	A		
11	you answered in	o" to any of the above, please explain. If you need more space, use Part II.					
5 D	oes the organizati	on discriminate by race in any way with respect to:					
a S	tudents' rights or	privileges?		5a		X	
	dmissions policies			5b		X	
сΕ	mployment of fac	Ity or administrative staff?		<u>5c</u>		X	
dS	cholarships or oth	er financial assistance?		5d	ļ	X	
		\$?		<u>5</u> e		X	
				5f		X	
				<u>5g</u>		X X	
		ar activities? es" to any of the above, please explain. If you need more space, use Part II.		<u>5h</u>			
	you answered in	es to any of the above, please explain. If you need more space, use Part II.					
6a D	oes the organizati	on receive any financial aid or assistance from a governmental agency?		6a	X		
	-	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 D	oes the organizati	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	Х		

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	ruction	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 [#] or	Form 990 Part IV			
	complete this par		ereu 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	ition of ition of I fundra (includ irofessi	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	(iiii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) indraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
EAB - PO BOX 603519	,		Yes	No				
CHARLOTTE, NC 2826	0-3519	MARKETING SERVICES		х	٥.		77,730.	0.
			 			ļ		
Total		I		•			77,730.	
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit o	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

		d gross income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	
		MMU GOLF	MMU GOLF	NONE	(d) Total events
		CLASSIC JULY		NOME	(add col. (a) throug
		(event type)	(event type)	(total number)	- col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts		38,563.		55,710
	2 Less: Contributions	3,696.	2,852.		6,548
3	3 Gross income (line 1 minus line 2)	13,451.	35,711.		49,162
	4 Cash prizes	400.	900.		1,300
					1,500
5	5 Noncash prizes				
6	5 Rent/facility costs	5,750.	6,665.		12,415
6	7 Food and beverages	1,385.	1,459.		2,844
8	B Entertainment				
9			896.		1,802
10				►	18,361
11	1 Net income summary. Subtract line 10 from				30,801
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	Gross revenue		1	(c) Other gaming	
1	Gross revenue		1	(c) Other gaming	
1 2 3	Cash prizes	···	1	(c) Other gaming	
	Cash prizes	···	1	(c) Other gaming	
3 4	Cash prizes Noncash prizes Rent/facility costs	···	1	(c) Other gaming	
3 4	Cash prizes	···	1	(c) Other gaming	
3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo	Yes%	
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu		bingo/progressive bingo	☐ Yes% No	
3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line		bingo/progressive bingo	□ Yes% □ No	(d) Total gaming (ad col. (a) through col. (
3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line		bingo/progressive bingo	% % No►	col. (a) through col. (
3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line		bingo/progressive bingo	% % No►	col. (a) through col. (
3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line the state(s) in which the organization con the organization licensed to conduct gaming		bingo/progressive bingo	% % No►	col. (a) through col. (
3 4 5 6 7 8 En Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line the state(s) in which the organization con the organization licensed to conduct gaming		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	<u>13a</u>	%
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?	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		
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 ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	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	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. r the latest inform	ation.		Open to Public Inspection	0
Name of the organization	zation MOUNT MARTY UNIVERSITY	Y UNIVER	ТТУ				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	FIC ABILITY	(, 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	L 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 or 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	CELONELIS VILLES	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		-		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 COLO
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.		1 065 -
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	 amounts for that individual 	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		. 00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		x						
8a 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							
		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 provider is a qualitied himse of provider. Image is a qualitied himse of provider. Image is a qualitied himse of provider is qu	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 A fonder Concernent X X X A fonder X X X X A fonder X X	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. Image: Section 1487 Image: Section 1487 Organization exatablishing durit procedures to monitor the monit t	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 PURPLICAN PURPLICAN									
organization established written procedures to ensure that violations and a corrective Action that may a provide additional that available under the regulations? De regulations? DE regulations? DE X. PEXT T, BONT ISSUES: DE REGULATION OF PURPOSE: CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE CCTION, FURNISHING, AND EQUIPPING OF FIELDHOUSE	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 ansaturent wrater hard ond state ruda volue and the material mean wrater hard and set of the and a set methy field and set of the and the material information is enfranced through the material program if self-mediation is not available under the proformation. Frontise additional information for responses to questions on Schedule K. See instructions. B K , PART I , BOND I I SSUES : B K , PART I , BOND I I SSUES : CCTION , FURNISHING , AND BOUTPPING OF FIELDHOUSE ICTION , FURNISHING , AND BOUTPPING OF FIELDHOUSE	Has the organization octabilished united and and the second and the second se						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: ULER NAME: CITY OF YANKTON, SOUTH DAKOTA CIRIPTION OF PURPOSE: CIRIPTION OF PURPOSE: CITION, 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	DITOT							
	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	ificati	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	c) D	escription of tran	sactio	n			'es	No
															
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	with organiz	zation	of loan	organi	zation?	1	cipal amount				ault?	comm			ement?
				To	From					Yes	No	Yes	No	Yes	No
															+
-				<u>†</u>								1			
				ļ	ļ			ļ							ļ
				<u> </u>							ļ				
. <u></u>															
															1
Total		<u></u>	<u> </u>				> \$								
	r Assistance		-												
(a) Name of interes	the organization						c) Amount of		(d) Type	of) Purp	050.0	
			 b) Relationship interested pers the organiza 	on an		, t	assistance		assistan				assist		1
		1													
		-													
				1			000 57		L						

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) Sha organiz rever	aring of zation's nues?
								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

MOLINT	MARTY	UNIVERSITY
TTOOLCT		

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contributior	
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					
12	trust interests Securities - Miscellaneous					
13	Qualified conservation contribution -					
10	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 (IN-KIND GIFTS)	X	12	3,677.	FMV	
26	Other ► ()					
27	Other ► ()					
28	Other ► (
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	ontributions		
	for which the organization completed Form 82					0
						Yes No
30a	During the year, did the organization receive b					
	must hold for at least three years from the dat	e of the initia	al contribution, and	l which isn't required to be u	sed for	
	exempt purposes for the entire holding period					0a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	81 X
32a	Does the organization hire or use third parties					
	contributions?				3	2a X
ь	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in a	column (c) fo	r a type of propert	y for which column (a) is che	cked,	
	describe in Part II.					
LHA		the Instruc	tions for Form 99	0.	Schedule M (F	orm 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
 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

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
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.	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) 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) end-of-year ownership convolued 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	
e organization answered	(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 REWAINDER TRUSTS (1)	

UNIVERSITY
MARTY
TNUOM
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.			5	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		ated organizations insted in		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
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				Х
 Dividends from related organization(s) 				X #
Sale of assets to related organization(s)				
Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				1 X
o related organization(s)				
3				*
Performance of services or membership or fundraising solicitations for relat	ed organization(e)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				ļ
č				
		6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7		
r Other transfer of cash or property to related organization(s)				1r X
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 wi	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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved
(1)				
(2)				
[3]				
(4)				
(5)				
(6)				
032163 10-28-20			Schedule	Schedule R (Form 990) 2020

	Schedule R (Form 990) 2020 MOUNT MARTY UNIVERSITY Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. 4.6 - 0.28333.6 Page 4.	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.	(e) (f) (g) (h) (i) partners sec. Share of Dispropor Code V-UBI regit(a) total end-of-year attount in box 20 regit(a) total end-of-year attount in box 20 regit(a) total end-of-year attount in box 20				
Schedule R (Form 990) 2020 Part V Unrelated Organiz Provide the following informat that was not a related organiz (a) Name, address, and of entity of entity) 2020 MOUNT MARTY UNI Organizations Taxable as a Partnershi	nformation for each entity taxed as a par organization. See instructions regarding	(a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				

032164 10-28-20

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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	·····				

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Mount Marty College 1105 West 8th Street Yankton, SD 57078

Prepared By:

Eide Bailly LLP 200 E. 10th St., Ste. 500 Sioux Falls, SD 57104-6375

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

			** PUBLIC DISCLOSURE COPY *		- -	OMB No. 1545-0047		
Forr	_ Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (0040		
		uary 2020)	Do not enter social security numbers on this form as it may					
Depa Interr	rtment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the lat 	-	-	Open to Public Inspection		
			ar year, or tax year beginning JUL 1, 2019 and ending					
Β	heck if	C Name of	f organization	-	oloyer identifica	ation number		
Address MOUNT MARTY COLLEGE								
	Name change Doing business as 46-0283336							
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s WEST 8TH STREET		phone number 05–668–1	514		
	⊥returi termi ated	n-	own, state or province, country, and ZIP or foreign postal code		s receipts \$	24,464,040.		
	Amer 	nded VANTE	TON, SD 57078		this a group ret			
			nd address of principal officer: MARCUS LONG		r subordinates?			
	pend		AS C ABOVE			luded? Yes No		
11	ax-e>	empt status:				st. (see instructions)		
			MOUNTMARTY.EDU		roup exemption			
		f organization:				State of legal domicile: SD		
	art I							
	1	Briefly describ	e the organization's mission or most significant activities: THE INST	ITUTIO	N IS A P	RIVATE,		
Governance			C COLLEGE OF HIGHER LEARNING.					
nai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25%	% of its net asse	ets.		
Nel	3	Number of vot	Number of voting members of the governing body (Part VI, line 1a)					
	4	Number of ind	umber of independent voting members of the governing body (Part VI, line 1b)					
00 00	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	521		
,iti	6	Total number	of volunteers (estimate if necessary)		6	28		
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.		
<u>م</u>	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.		
					r Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)		23,505.	3,144,268.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		43,055.	17,897,525.		
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		80,235.	263,941.		
ш.	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,115.	1,568,752.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,910.	22,874,486.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	7,0	73,319.	8,091,776.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	8,7	13,610.	9,683,470.		
sus	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b		ing expenses (Part IX, column (D), line 25) • 420,431.	<u> </u>		<u> </u>		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		34,710.	6,036,085.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,639.	23,811,331.		
	19	Revenue less	expenses. Subtract line 18 from line 12		01,271.	-936,845.		
Net Assets or					f Current Year	End of Year		
sset	20	Total assets (F			56,765.	69,294,079.		
et A nd F	21		(Part X, line 26)		63,544.	29,746,295.		
	art II		fund balances. Subtract line 21 from line 20	30,0	93,221.	39,547,784.		
		-			a tha hast of a l	manufacture and to the first state		
			I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and bellet, it is		
uue,	corre	ci, anu compiete.	Declaration of preparer (other than officer) is based on all information of which prep	arer nas any k	nowieuge.			

Sign	Signature of officer		Date					
Here	TABITHA LIKNESS, VP OF F	FINANCE/ADMINSTRATION						
	Type or print name and title							
	Print/Type preparer's name Pr	reparer's signature Date	Check PTIN					
Paid	LAURIE HANSON, CPA LA	AURIE HANSON, CPA 02/25						
Preparer	Firm's name 🕒 EIDE BAILLY LLP		Firm's EIN 🕨 45-0250958					
Use Only	Firm's address 🖕 200 E. 10TH ST., S	STE. 500						
	SIOUX FALLS, SD 57104-6375 Phone no.605-339-1999							
May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

Form	1 990 (2019) MOUNT MARTY COLLEGE	46-0283336	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		
1	Briefly describe the organization's mission:		
•	MOUNT MARTY COLLEGE, AN ACADEMIC COMMUNITY IN THE CATHOL	TC BENEDICTI	JE
	LIBERAL ARTS TRADITION, PREPARES STUDENTS FOR A CONTEMPO		
	WORK, SERVICE TO THE HUMAN COMMUNITY, AND PERSONAL GROWT		-
	INSTITUTION IS A PRIVATE, CATHOLIC COLLEGE OF HIGHER LEA	RNING.	
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?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		d
		is, the total expenses, an	iu ii
	revenue, if any, for each program service reported.	10 / / 0	115
4a	(Code:) (Expenses \$ 21,764,806. including grants of \$ 8,091,776.) (Rever		112.)
	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,051 ST	UDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
			,
_			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 21,764,806.	/	
10		0	

-	~~~	(
⊦orm	990	(2019)

Form 990 (2019) MOUNT MARTY COLLEGE
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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			77
_	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			v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III	8		
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 pageticitien services?			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
••	as applicable.			
я	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		х
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		Х
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		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
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		
17		17		х
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			
10	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? <i>If</i> "Yes."			<u> </u>
15		19		х
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	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 (2019)

Form 990 (2019)			COLLEG
Part IV	Checklist	of Required S	chedules	(continued)

MOUNT MARTY COLLEGE

		_		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	L	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	Γ			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Π Γ			
	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		24a	Х	
b			24b		х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	····· F			
	any tax-exempt bonds?		24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	····· F			
	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	····· F			
~	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	···· -	200		
20	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,	····· -	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ы			
	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 Schedule L, Part IV	····	21		
20	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>	- 1			
a			28a		x
h	"Yes," complete Schedule L, Part IV 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 lines 28a or 28b? If	····· -	200		
C			28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	···· ⊢	29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	····· -	29		
30			30		x
31	contributions? If "Yes," complete Schedule M		31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	···· -	31		- 23
32			20		x
~~	Schedule N, Part II	···· -	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	····· -	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		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	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		0.51		x
~~	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				v
~-	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		07		- v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	·····	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			v	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	38	Х	
ra					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
		<u>⊿</u> 1 □		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form Par	990 (2019) MOUNT MARTY COLLEGE 46-0283 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) (continued)	336	P	age 5
1 41			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO
20	filed for the calendar year ending with or within the year covered by this return 2a 521			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
5	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)	2.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	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		х
b	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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	Х	
b	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 year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
40-	amounts due or received from them.)	40		
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.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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			
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
с 14а				
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		X
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 instructions and file Form 4720, Schedule N.	15		
16	le the exemption on educational institution subject to the section 1000 subject to you not investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

MOUNT MARTY COLLEGE

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 24			
	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 23			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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 with a			
	taxable entity during the year?	16a		Х
b	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availal	ble
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records			
	TABITHA LIKNESS - 605-668-1603			
	1105 WEST 8TH STREET, YANKTON, SD 57078			

Form 990 (2019) MOUNT MARTY COLLEGE	46-0283336 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	st 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 e	ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizatio 	ns), 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				liecto	i/uus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) DR. MARCUS LONG	40.00									
PRESIDENT				Х				239,498.	0.	30,971.
(2) JENNIFER OAKES	40.00									
ASST. PROFNURSE ANEST		1				X		194,611.	Ο.	7,977.
(3) LARRY DAHLEN	40.00									
PROFNURSE ANEST		1				X		142,580.	Ο.	22,176.
(4) CHRISTIAN HUNHOFF	40.00									
CHIEF INFORMATION OFFICER		1				x		122,429.	Ο.	24,725.
(5) ANDREA ROBERTS	40.00									
ASST. PROFNURSE ANEST		1				x		143,420.	Ο.	49.
(6) TAYLOR REHFELDT	40.00									
ASST. PROFNURSE ANEST		1				x		141,400.	Ο.	49.
(7) TABITHA LIKNESS	40.00									
VP OF FINANCE/ADMINISTRATION		1		х				35,150.	Ο.	4,540.
(8) DCN. JOHN OSNES, PH.D.	2.50									
CHAIR		X		Х				0.	Ο.	0.
(9) MS. NANCY WERNER	2.50									
VICE CHAIR		X		Х				0.	Ο.	0.
(10) MR. DENIS FOKKEN	2.50									
TREASURER		Х		Х				0.	Ο.	0.
(11) JOYCE FETERL	2.50									
SECRETARY		Х		Х				0.	0.	0.
(12) S. MARIBETH WENTZLAFF	1.30									
PRIORESS		Х						0.	0.	0.
(13) S. MARY CAROLE CURRAN	1.30									
DIRECTOR		Х						0.	0.	0.
(14) S. BARBARA MCTAGUE	1.30									
DIRECTOR		X						0.	Ο.	0.
(15) S. CAROL JEAN VANDEN HEMEL	1.30									
DIRECTOR		X						0.	Ο.	0.
(16) S. MARY JO POLAK	1.30									
DIRECTOR - JOINED 10/2019		Х						0.	0.	0.
(17) FR. PAUL RUTTEN	1.30									
DIRECTOR		Х						0.	0.	0.
										Form 990 (0010)

Form	aan	(2019)	
FUIIII	990	(2013)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0))			(D)	(E)	(F)
Name and title	Average	(10		Posi				Reportable	Reportable	Estimated
	hours per	box	not cł , unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		9	suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		n ploye	st con yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) FR. JAMES KEITER	1.30		-	0	¥	<u> </u>				
DIRECTOR		x						0.	0	. 0.
(19) DR. JIM FITZGERALD	1.30									
DIRECTOR		х						0.	0	. 0.
(20) DR. AL KURTENBACH	1.30									
DIRECTOR		Х						0.	0	. 0.
(21) DR. ALLAN TRAMP	1.30									
DIRECTOR		Х						0.	0	. 0.
(22) DR. VICTORIA VLACH	1.30									
DIRECTOR		Х						0.	0	. 0.
(23) DR. J. LEE JOHNSON	1.30									
DIRECTOR		Х						0.	0	. 0.
(24) DR. LORI HANSEN	1.30								_	
DIRECTOR		Х						0.	0	. 0.
(25) DONALD ROBY	1.30									
DIRECTOR	1 2 2	Х						0.	0	. 0.
(26) DAVID JOHNSON	1.30									
DIRECTOR		Х						0.	0	
1b Subtotal								1,019,088.	0	
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c) ▶ 1,019,088. 0. 90,487. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 90,487.										
	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable	11
compensation from the organization										Yes No
2 Did the even institut list and former officer							la : a			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on										
	line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Image: Complete Schedule J for such individual								3 11	
and related organizations greater than \$150	•		•					•		4 X
										7
									5 X	
Section B. Independent Contractors		- 0 /	<u>or su</u>			011 .				
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	's th	at received more than \$	100.000 of compen	sation from
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A)	,			5				(B)		(C)
Name and business	address							Description of s	ervices	Compensation
FIEGEN CONSTRUCTION										
							CONSTRUCTION		6,125,655.	
A'VIANDS										
<u>NW 8704, MINNEAPOLIS, MN 55485-5704</u>						FOOD SERVICE		879,951.		
RDG PLANNING & DESIGN										
				CONSTRUCTION		806,188.				
WELFL CONSTRUCTION CORP										
800 WEST 23RD ST, YANKTON, SD 57078							CONSTRUCTION		502,248.	

 SEATING AND ATHLETIC FACILITY ENTERPRISES,
 ARENA RENOVATION

 79554
 325TH ST, ELLENDALE, MN 56026
 BLEACHER INSTALLATIO

 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
 7

322,018.

Form 990 MOUNT MAR	RTY COLL	۶EG	Έ						46-028	3336			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							est (Compensated Employees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average	Average Position				Reportable	Reportable	Estimated					
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	_				oyee		the	organizations	compensation			
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the			
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related			
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pensated em ployee				organizations			
	below	dual	ution	5	Key employee	est co	er						
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
(27) MS. KATHIE GERSTNER	1.30												
DIRECTOR		Х						0.	0.	0.			
(28) MS. DEB FISCHER-CLEMENS	1.30												
DIRECTOR		Х						0.	0.	0.			
(29) MR. JEFF MAY	1.30								•				
DIRECTOR	1 20	Х						0.	0.	0.			
(30) DARYL THURINGER	1.30							0	0	0			
DIRECTOR (31) ROB STEPHENSON	1.30	Х						0.	0.	0.			
DIRECTOR	1.30	x						0.	0.	0.			
DIRECTOR								0.	0.	0.			
	1	1	1	1	1	1							
Total to Part VII, Section A, line 1c										<u> </u>			

		Check if Schedule O					(A)	(B)		(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
ş	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Am	С	Fundraising events		1c		14,379.				
and Other Similar Amounts		Related organizations								
<u>Simi</u>		Government grants (contr				857,635.				
er S	f	All other contributions, gifts,								
Ę		similar amounts not included				2,272,254.				
pc	g					167,676.	2 144 260			
a	h	Total. Add lines 1a-1f					3,144,268.			
	-	MITMION C REEC				Business Code 611710	17 602 470	17 602 470		
	2 a					011/10	17,603,470.	17,603,470.		
an	b									
ven	c d									
Re										
Řevenue	e f	All other program service	rever			611710	294,055.	294,055.		
		Total. Add lines 2a-2f				L	17,897,525.			
	3	Investment income (includ								
	•	other similar amounts)	-				218,223.			218,
	4	Income from investment of								,
	5	Royalties		-		. Г				
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	16,	421.					
	b	Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	16,	421.					
	d	Net rental income or (loss))			►	16,421.			16,4
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	438,	541.					
	b	Less: cost or other basis								
anı		and sales expenses	7b	392,						
Revenue		Gain or (loss)			718.					
_		Net gain or (loss)			···	🕨	45,718.			45,
	8 a	Gross income from fundraisi	-	-						
5		including \$								
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b	· · · · · ·	1 7/1			1
		Net income or (loss) from		-		▶	1,741.			1,
	9 а	Gross income from gamin								
	h	Part IV, line 19			9a 9b					
		Net income or (loss) from				► ►				
		Gross sales of inventory, I	-	-	<u> </u>					
	a	and allowances			10=	2,746,321.				
	h	Less: cost of goods sold				1,195,731.				
		Net income or (loss) from					1,550,590.	1,550,590.		
					,	Business Code	. ,			
	11 a									
Revenue	b									
eve	c									
ñ		All other revenue								
	-	Total. Add lines 11a-11d				▶			İ	

MOUNT MARTY COLLEGE

Form 990 (2019)

46-0283336

Page **9**

•					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0 001 776	0 001 776		
	individuals. See Part IV, line 22	8,091,776.	8,091,776.		
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,	225 002		225 002	
	trustees, and key employees	325,803.		325,803.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		TO 1CO		
	persons described in section 4958(c)(3)(B)	72,163. 7,816,985.	72,163. 7,045,084.	F20 C00	020 001
7	Other salaries and wages	7,816,985.	7,045,084.	539,620.	232,281.
8	Pension plan accruals and contributions (include		000 000	00 470	
	section 401(k) and 403(b) employer contributions)	278,672.	239,089.	28,472. 72,948.	<u> 11,111.</u> 23,945.
9	Other employee benefits	665,161.	568,268.	72,948.	23,945.
10	Payroll taxes	524,686.	456,072.	53,730.	14,884.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	116,736.	116,736.		
С	Accounting	64,194.	45,851.	18,343.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	178,106.	167,081.	2,247.	<u> </u>
12	Advertising and promotion	110,876.	110,246.		
13	Office expenses	396,660.	150,386.	179,359.	66,915.
14	Information technology	167,653.	473.	167,180.	
15	Royalties				
16	Occupancy	417,803.	416,243.	1,560.	
17	Travel	139,522.	120,890.	11,029.	7,603.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest	58,861.	50,176.	5,790.	2,895.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,299,116.	1,278,457.	15,494.	5,165.
23	Insurance	153,060.	153,060.		
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	INSTITUTIONAL SUPPORT	904,724.	834,918.	60,037.	9,769.
b	REPAIRS AND MAINTENANCE	695,009.	573,839.	121,170.	·
c	STUDENT LIFE	579,705.	549,926.	14,273.	15,506.
d	SUPPLIES	522,144.	493,884.	8,039.	20,221.
	All other expenses	231,916.	230,188.	1,000.	728.
25	Total functional expenses. Add lines 1 through 24e	23,811,331.	21,764,806.	1,626,094.	420,431.
26	Joint costs. Complete this line only if the organization	, ,	, , , , , , , , , , , , , , , , , , , ,	,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
932010			I]		Form 990 (2019)

Form 990 (2019)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

MOUNT MARTY COLLEGE Part IX Statement of Functional Expenses

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

(A) Total expenses

(B) Program service expenses

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

(D) Fundraising expenses

(C) Management and general expenses

Form 990 (2019)

MOUNT	MARTY	COLLEGE
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.061.611	1	
	2	Savings and temporary cash investments	2,961,611.	2	4,085,801
	3	Pledges and grants receivable, net	3,493,299.	3	3,096,768
	4	Accounts receivable, net	615,395.	4	988,807
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1 005 510	6	
ts	7	Notes and loans receivable, net	1,295,719.	7	1,074,144
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	2,064,762.	9	1,729,002
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 50, 404, 870.			
	b	Less: accumulated depreciation 10b 20,101,665.	13,669,851.	10c	30,303,205
	11	Investments - publicly traded securities	27,397,493.	11	27,907,834
	12	Investments - other securities. See Part IV, line 11	77,317.	12	25,486
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	81,318.	15	83,032
	16	Total assets. Add lines 1 through 15 (must equal line 33)	51,656,765.	16	69,294,079
	17	Accounts payable and accrued expenses	2,274,618.	17	2,338,709
	18	Grants payable	1 606 500	18	0.00 1.20
	19	Deferred revenue	1,626,598.	19	960,132
	20	Tax-exempt bond liabilities	800,613.	20	13,065,686
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons	75,000.	22	2 462 900
	23	Secured mortgages and notes payable to unrelated third parties	15,000.	23	3,462,800 346,788
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	540,700
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	8,186,715.	05	9,572,180
	26	of Schedule D	12,963,544.	25	29,746,295
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	12,303,344.	26	49,140,295
ŝ					
Net Assets or Fund Balances	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	7,816,265.	27	6,197,228
sala	27 28		30,876,956.	27 28	33,350,556
	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	30,010,330.	20	33,330,330
Lun		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		<u>29</u> 30	
ISS	31	Detained and include a decimate a second data discovery and the other data		31	
et /	32	Total net assets or fund balances	38,693,221.	31	39,547,784
Ż	33	Total liabilities and net assets/fund balances	51,656,765.	32 33	69,294,079
	00	ו טומו וומטווונוטא מווע דוכר מספרטי זעווע שממולכם	51,000,100.	00	Form 990 (201

Form 990 (2019)
Part X Balance Sheet

Form	1 990 (2019) MOUNT MARTY COLLEGE	46-	0283336	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,87	4,4	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,81	1,3	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	-93	6,8	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,69	3,2	21.
5	Net unrealized gains (losses) on investments	5	45	6,8	71.
6	Donated services and use of facilities	6	49	1,9	88.
7	Investment expenses	7			
8	Prior period adjustments	8	84	2,5	49.
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	39,54	7,7	84.
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	0.			
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	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a	Х	└──
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u>X</u>	

Form **990** (2019)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

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

	Employer identification number
	46-0283336
ructions	s.

		MOUN	T MARTY CO	LLEGE				46-0283336
Pa	rt I	Reason for Public (mplete thi	is part.) Se		10 0100000
The	organ	ization is not a private found						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).	
2	X	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Ent	er the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental unit descri	bed 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 a	section 17	′0(b)(1)(A)	(v).	
7		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the genera	I 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 Parl	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a land-grai	nt college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the colle	ge or
		university:						
10		An organization that norma						•
		activities related to its exem						
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the organizatior	after June 30, 1975.
		See section 509(a)(2). (Con	• • • • •	and the track for a shift of the			20(-)(4)	
11		An organization organized a		•	-			
12		An organization organized a						
		more publicly supported on lines 12a through 12d that	-					
а		Type I. A supporting orga	• •					v aivina
a		the supported organization	-	-	•	-		
		organization. You must c			inajointy o			supporting
b		Type II. A supporting org			ion with its	s supporte	ed organization(s), by h	aving
		control or management o	-					-
		organization(s). You mus						
с		Type III functionally inte	•		in connect	ion with, a	and functionally integra	ted with,
		its supported organization		•••				,
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported orga	nization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and an atten	tiveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .	
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 II	I
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		<u> </u>	(iv) is the orac	nization listed		
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions	
		organization		above (see instructions))	Yes	No	support (see instructions) support (see instructions
							1	

Schedule A (Form 990 or 990 EZ) 2019 MOUNT MARTY COLLEGE

Part II

46-0283336 Page 2

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(,	(-)	(-/	(.,		(,, , , , , , , , , , , , , , , , , , ,
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
3	activities, whether or not the						
	,						
10	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						
	Gross receipts from related activities,	-					
13	First five years. If the Form 990 is for	•			2		
Se	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		14	%
	Public support percentage from 2018		•	())		15	%
	33 1/3% support test - 2019. If the c						
108	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c		•		d line 15 is 22 1/20/		
L.							
47-	and stop here. The organization quali		•••		0 12 162 or 16b		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	. —
	meets the "facts-and-circumstances"	-	-		-		
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						ie
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	IS ►

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MOUNT MARTY COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
	Amounts from line 6	(=) =0.0		(0) _0			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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.) First five years. If the Form 990 is for	the organization?	first second their	d fourth or fifth t		L 501(a)(2) arr	
14	-	•					
Sec	check this box and stop here						
	Public support percentage for 2019 (li					15	0/
						16	<u> </u>
	Public support percentage from 2018 ction D. Computation of Inves					10	%
	•					47	0/
	Investment income percentage for 20					17	<u> </u>
	1 5					18	%
19a	33 1/3% support tests - 2019. If the						ine 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶∟_ 3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

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

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	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 in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 MOUNT MARTY COLLEGE 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. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		

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) 2019

Part V

1

Schedule A (Form 990 or 990 EZ) 2019 MOUNT MARTY COLLEGE

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· /	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;			
i art tr	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,			
	Part IV, Section A, lines 1, 2, 30, 30, 40, 40, 33, 9, 93, 90, 90, 114, 110, and 110, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section B, lines 1, and 2: Part IV, Section B, line 1, and 1, Part IV, Section B, line 1, and 1, Part IV, Section B, line 1, and 1, Part IV, Section B, line 1, and 1, Part IV, Section B, line 1, and 1,			
	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

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

46-0283336

1	MOUNT	MARTY	COLLEGE

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not 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, 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 is charitable, etc., burpose. 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 is the set of the parts unless to the set of the year for an *exclusively* 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 year for an *exclusively* set 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 the **form any form any**

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.

Name of organization

Page **2** Employer identification number

46-0283336

MOUNT MARTY COLLEGE

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
<u> 1</u>		\$ <u>12,300.</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
2		\$40,000.	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
3		\$8,561.	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
4		\$ <u>10,790.</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
5		\$5,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$465,175.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

MOUNT MARTY COLLEGE

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
7		\$6,390.	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
8		\$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
9		\$ <u>18,573.</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> </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>126,740.</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		\$13,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MOUNT MARTY COLLEGE

Name of organization

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 13 Person Payroll 34,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 Person Payroll 9,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 Person Payroll 337,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person Payroll 8,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 Person Payroll 5,110. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

923452 11-06-19

Page 2

X

X

X

X

X

X

Name of organization

46-0283336

MOUNT MARTY COLLEGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$6,940.	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		\$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
21		\$250,194.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$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
24		\$ <u>106,581.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

46-0283336

MOUNT MARTY COLLEGE

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
25_		\$ <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
26		\$5,250.	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
27		\$5,850.	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		\$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
29		\$11,129.	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		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY COLLEGE

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	
		\$ <u>15,180.</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	
32		\$45,834.	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>10,810.</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		\$78,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 20,000.	Type of contribution Person X Payroll	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll	

Name of organization

46-0283336

MOUNT MARTY COLLEGE

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	
37		\$26,000.	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>38</u>		\$9,000.	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>39</u>		\$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	
40		\$53,000.	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	
41_		\$30,569.	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	
42		\$11,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

46-0283336

MOUNT MARTY COLLEGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$10,050.	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>44</u>		\$ <u>50,000.</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
<u>45</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 6,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</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
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

46-0283336

MOUNT MARTY COLLEGE

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	
<u>49</u>		\$ <u>53,000.</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	
50		\$10,722.	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	
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$10,015.	Type of contribution Person X Payroll	
(a)	(b)	(c) Tatal santiikutions	(d)	
<u>No.</u>	Name, address, and ZIP + 4	\$5,875.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>54</u>		\$50,000.	Person X Payroll	

MOUNT MARTY COLLEGE

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) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 56 X Person Payroll 8,800. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll 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) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

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MOUNT MARTY COLLEGE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa	it if it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
~ 4	STOCK GIFT		
24		—	
		\$ 103,531.	12/19/19
(a)		(c)	
No. rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
36	STOCK GIFT		
		\$9,962.	06/30/20
(a)		(c)	<i></i>
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
41	STOCK GIFT	—	
		<u> </u>	07/05/19
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bute received
		\$	
(a)		(2)	
	(b)	(c) FMV (or estimate)	(d) Data reasiwad
No. from		(See instructions.)	Date received
No. from Part I	Description of noncash property given		
from	Description of noncash property given		
rom	Description of noncash property given		

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Name of o	rganization		Employer identification number
MOUNT	MARTY COLLEGE		46-0283336
Part III	from any one contributor. Complete columns (a)) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd 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 gift	ft
·	Transferee's name, address, ar	nd 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 gift	l ft
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	Supplementa	I Financial Statements		OMB No. 1545-0047
(Form 990) ► 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.				2010
· · · ·		Open to Public		
Department of the Treasury nternal Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	tion.	Inspection
Name of the organizati	on MOUNT MARTY COLLEGE	3	E	mployer identification number 46-0283336
Part I Organiza	ations Maintaining Donor Advised		r Acco	unts. Complete if the
organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) F	Funds and other accounts
1 Total number at er	nd of year			
	f contributions to (during year)			
3 Aggregate value o	f grants from (during year)			
	t end of year			
	on inform all donors and donor advisors in v		d funds	
are the organizatio	on's property, subject to the organization's e	exclusive legal control?		Yes No
	on inform all grantees, donors, and donor a			
for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring	
impermissible priv	ate benefit?			Yes No
Part II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line	97.
1 Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
Preservation	o of land for public use (for example, recreat	tion or education) Preservation of a	a historica	ally important land area
Protection of	f natural habitat	Preservation of a	a certified	historic structure
Preservation	of open space			
	through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conse	rvation easement on the last
day of the tax yea				Held at the End of the Tax Year
a Total number of co			2	a
	onservation easements			
b Total acreage rest	onservation easements		2	b
b Total acreage restc Number of conser	onservation easements	icture included in (a)	<u>2</u>	b
b Total acreage restc Number of conserd Number of conser	onservation easements ricted by conservation easements vation easements on a certified historic stru vation easements included in (c) acquired a	icture included in (a) fter 7/25/06, and not on a historic structure	2 2	b C
 b Total acreage rest c Number of conser d Number of conser listed in the Nation 	onservation easements ricted by conservation easements vation easements on a certified historic stru	icture included in (a) fter 7/25/06, and not on a historic structure	2 2 2 2	b c d

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 conservation easements during the year
	▶
_	a second s

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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
۵	In Part XIII, describe how the organization reports conservation essements in its revenue and expense statement and	

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not 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 public
	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 s	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public 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 🕨 \$	6					
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	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 \$	§					
b	Assets included in Form 990, Part X	6					

b	Assets	included	in	Form	990	Parl
	/ 000010	molaca		1 01111	000	, , , , , , ,

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

Schedule D (Form 990) 2019

No No

Sche		ARTY COLLEG						<u>283336</u>		_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or	^r Other	Similar	⁻ Asset	s _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the f	ollowing that	make sig	nificant u	use of its	·	,	
	collection items (check all that apply):			U						
а	Public exhibition	d		hange progra	m					
b	Scholarly research	e		nange progre						
		e								
c	Preservation for future generations	llesticks and surlain	ار					• \//!!		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or						_	_		٦
De	to be sold to raise funds rather than to be ma						L	Yes		No
Par	TIV Escrow and Custodial Arrang		e if the organizatio	n answered "	Yes" on I	Form 990	, Part IV	, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other ass	ets not in	ncluded				_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:							
								Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					,				Ī
Par						0.				2
		(a) Current year	(b) Prior year	(c) Two year			ears hack	(e) Four	vears	hack
19	Beginning of year balance	28,252,427.	26,608,805.	26,453			66,019		127,	
		403,455.	416,980.		3,946.		54,786	-		320.
	Contributions	682,444.	2,141,861.		7,991.		52,601			223.
	Net investment earnings, gains, and losses	1,131,091.	837,803.		5,916.		25,077		,	206.
	Grants or scholarships	1,131,091.	037,003.	2,255	, 910.	1	23,011	•	045,	200.
е	Other expenditures for facilities									
	and programs	404.076						-		
f	Administrative expenses	134,876.	77,416.		5,987.		94,558	_		593.
g	End of year balance	28,072,359.	28,252,427.	26,608	8,805.	26,4	53,771	. 20,	366,	019.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	.96	%							
b	Permanent endowment ► 75.25	%								
с	Term endowment ►23.79	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administer	ed for the	e organiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the								1	
	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X li	ine 10				
	Description of property	(a) Cost or oth		or other		cumulate	d	(d) Book	(volu	
	Description of property	basis (investme	. ,	(other)		reciation	u	(u) BOOR	value	5
4.	Land		,	6,259.	dep	·······································		1,326	5 21	50
	Land				12 0	84,7	77			
	Buildings		44,35	2,364.	13,9	04,/	//•	8,567	, 50	D/.
	Leasehold improvements			2 0 2 2		00 47		017		
	Equipment			3,033.		82,4),5	
	Other			3,214.		34,40		19,498		
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i> a	gual Form 990, Part X	. column (B), line 1	0c.)				30,303		
							Schedul	e D (Form	990)	2019

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

<u>(8)</u> (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 15.)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	. (b) Book value
(1) Federal income taxes (2) CHARITABLE REMAINDER UNITRUST	293,209.
	295,209.
(3) REFUNDABLE U.S. GOVERNMENT (4) ADVANCES	3,055,595.
(5) LONG-TERM RELATED NOTE PAYABLE,	5,055,555.
(6) UNSECURED	4,350,000.
(7) OTHER LIABILITIES	1,873,376.
(8)	
(9)	+
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,572,180.

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) 2019 MOUNT MARTY COLLEGE	46-	0283336 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements	1	16,793,521.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	456,871.		
b	Donated services and use of facilities	. 2b	491,988.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-8,226,883.		
е	Add lines 2a through 2d			2e	-7,278,024.
3	Subtract line 2e from line 1			3	24,071,545.
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	-1,197,059.		
с	Add lines 4a and 4b			4c	<u>-1,197,059.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,874,486.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ients Wi	th Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	16,781,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			4
b	Drier voor adjustmente			-	
-	Prior year adjustments	. 2b		1	
С	Other losses				
c d		. 2 c	1,197,059.		
c d e	Other losses	2c 		2e	1,197,059.
	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2c 2d			<u>1,197,059.</u> 15,584,448.
e	Other losses Other (Describe in Part XIII.)	2c 2d		2e	1,197,059. 15,584,448.
е 3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2c 2d		2e 3	1,197,059. 15,584,448.
е 3	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:	2c 2d		2e 3	15,584,448.
e 3 4 a b	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	2c 2d 4a 4b	8,226,883.	2e 3	15,584,448.
e 3 4 a b c 5	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.)	2c 2d 4a 4b	8,226,883.	2e 3	15,584,448.

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 COLLEGE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

 TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

 932054 10-02-19
 Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MOUNT MARTY COLLEGE Part XIII Supplemental Information (continued)	46-0283336 Page 5
ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCI	AL STATEMENTS.
THE COLLEGE WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENA	ALTIES RELATED
TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX E	XPENSE IF SUCH
INTEREST AND PENALTIES ARE INCURRED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	-8,091,776.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	-135,107.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-8,226,883.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	-1,195,731.
SPECIAL EVENT EXPENSES	-1,000.
BOARD IN-KIND EXPENSES INCLUDED IN REVENUE	-328.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,197,059.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED TO REVENUE	1,195,731.
SPECIAL EVENT EXPENSES	1,000.
BOARD IN-KIND EXPENSES INCLUDED IN REVENUE	328.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,197,059.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	8,091,776.
ADMINISTRATIVE EXPENSES NETTED TO REVENUE FOR GAAP	135,107.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	8,226,883.

S	Cł	ΗE	D	UI	LE	Е	

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number 46-0283336

Part I	

40-0203	220	
	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	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures.			
-	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy 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 general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	COLLEGE 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	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	41	Х	
	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:			
а	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
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	in you anonorou in collecter any of the above, please explaint in you need more space, as in art in.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6b		x
D D	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	00		
7				
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	7	Х	
1 1 1 4	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7) 0010
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990.01,8	390-EZ	12019

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE 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 COLLEGE, SUCH AS SUPPLEMENTAL

EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTRATION OF SUCH

PROGRAMS.

Part II

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2019			
Department of the Treasury Internal Revenue Service								Open to Public Inspection	
								ntification number	
Name of the organization		ARTY COLLEGE					46-0283		
Part I Fundrais		Complete if the organization answ	vered "Y	es" or	n Form 990. Part IV. I				
	complete this part								
1 Indicate whether the	e organization rais	ed funds through any of the followi	ng activ	vities. (Check all that apply.				
a Mail solicitat					overnment grants				
	email solicitations				nment grants				
c Phone solicit d In-person so		g [] Specia	al fundra	aising e	events				
· ·		r oral agreement with any individua	al (includ	ling of	ficers, directors, trus	stees, o	or		
key employees list	ed in Form 990, Pa	art VII) or entity in connection with I	professi	onal fu	undraising services?		Yes	s No	
,	0	viduals or entities (fundraisers) purs	uant to	agreer	ments under which th	he fun	draiser is to be	9	
compensated at le	ast \$5,000 by the	organization.							
	a of individual		(iii)	Did			Amount paid	(vi) Amount paid	
(i) Name and address or entity (fund		(ii) Activity	have c or cor	aiser ustody itrol of	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by) organization	
			contrib	utions?	, i i i i i i i i i i i i i i i i i i i	list	ed in col. (i)	organization	
			Yes	No					
Total	oh the organizatio	n is registered or licensed to solicit	contrib		or has been notified	Litio o	vomnt from to		
or licensing.	on the organizatio		CONTRID		or has been noulled	11150	vembr nom te	yistiation	
-									

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Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990 EZ) 2019 MOUNT MARTY COLLEGE

46-0283336 Page 2

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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events MTMC GOLF NONE (add col. (a) through CLASSIC col. (c)) (event type) (event type) (total number) enue . . -100 . _

Reve	1	Gross receipts	17,120.		17,120.
	2	Less: Contributions	14,379.		14,379.
	3	Gross income (line 1 minus line 2)	2,741.		2,741.
	4	Cash prizes			
	5	Noncash prizes			
Direct Expenses	6	Rent/facility costs	1,000.		1,000.
ect Ex _l	7	Food and beverages			
Di	8	Entertainment			
	9	Other direct expenses			
	10			1,000. 1,741.	
		Net income summary. Subtract line 10 from lin		1,741.	
Da	rt I	III Gaming of the state of the second state of		and the state of t	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ss	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
		Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	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	En	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		• •	/ear?	Yes No
-						

Sch	edule G (Form 990 or 990-EZ) 2019 MOUNT MARTY COLLEGE 46	-0283	336	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		162	
		13a	1	%
	a The organization's facility o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
.4	Name			
15:	Address a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
154			100	
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ 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:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		Yes	🗌 No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III. lir	nes 9. 9	9b. 10b.
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, ,

Supplementa	(continued)		

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service				Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization	on MOUNT MAR	TY COLLEG	E					Employer identification number $46-0283336$
Part I General In	formation on Grants a	nd Assistance						
criteria used to a	ation maintain records t ward the grants or assis	stance?				Ū.		ion 🔀 Yes 🗌 No
	V the organization's pro							
	d Other Assistance to	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
	at received more than §					(f) Method of		() 5
.,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number	er of section 501(c)(3) a	nd government orc	anizations listed in the	e line 1 table	1	I	I	▶ 0.
	er of other organizations		•					0.
LHA For Paperwork								Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

MOUNT MARTY COLLEGE

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	Casil assistance		
SCHOLARSHIPS	805	8,091,776.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE COLLEGE HAS A NUMBER OF FEDERAL	L AND STA	TE GRANTS.	WITH THE	ISSUANCE OF	
EACH AWARD A TEMPORARILY RESTRICTED	D ACCOUNT	IS CREATE	D IN THE D	ATABASE.	
AWARD LETTERS ARE KEPT IN A SEPARA		иттн тне ра	TMARY CONT	аст Аст	

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	Compensation Information	OMB N	o. 1545-00	47				
Form 990)								
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		J 19					
epartment of the Treasury	Attach to Form 990.		to Publ					
Iternal Revenue Service Jame of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	mployer identifica						
ame of the organization		46-02833		mber				
Part I Question	MOUNT MARTY COLLEGE s Regarding Compensation	40-02033	30					
			Vee	Na				
10 Chook the energy	ate hav (as) if the arganization provided any of the following to at far a nargan listed on Form 00	0	Yes	No				
	ate box(es) if the organization provided any of the following to or for a person listed on Form 990	J,						
	line 1a. Complete Part III to provide any relevant information regarding these items.							
First-class or c	i i i i i i i i i i i i i i i i i i i							
Travel for com	panions Payments for business use of personal reside eation and gross-up payments P	ence						
		ahafi						
Discretionary s	spending account Personal services (such as maid, chauffeur, o	chet)						
b If any of the bayes	on line to are checked, did the exception follow a written policy recording powerst as							
•	on line 1a are checked, did the organization follow a written policy regarding payment or	41	x					
	provision of all of the expenses described above? If "No," complete Part III to explain	<u>1k</u>						
0			x					
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
) ladiaata waiala ifa								
,	ny, of the following the organization used to establish the compensation of the organization's							
	ector. Check all that apply. Do not check any boxes for methods used by a related organization t	10						
	ation of the CEO/Executive Director, but explain in Part III.							
Compensatior								
	compensation consultant							
X Form 990 of o	ther organizations	mittee						
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organization or a re	.			v				
	e payment or change-of-control payment?			X X				
	ceive payment from, a supplemental nonqualified retirement plan?			X				
	ceive payment from, an equity-based compensation arrangement?	<u>4</u> c	;					
If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Only costion 504(
•	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
contingent on the r				v				
				X X				
b Any related organiz		<u>5</u> t)					
	or 5b, describe in Part III.							
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
contingent on the r				v				
				X X				
b Any related organiz		6k						
	or 6b, describe in Part III.							
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v				
	nes 5 and 6? If "Yes," describe in Part III	7		X				
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v				
				X				
9 If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in							
	1 53.4958-6(c)?	9	1	1				

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) Breakdown of W-2 and/or 1099-MISC compense			SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. MARCUS LONG	(i)	215,018.	0.	24,480.	10,983.	20,036.	270,517.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER OAKES	(i)	159,531.	0.	35,080.	7,977.	49.	202,637.	0.
ASST. PROFNURSE ANEST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARRY DAHLEN	(i)	142,580.	0.	0.	7,600.	14,624.	164,804.	0.
PROFNURSE ANEST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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 COLLEGE, MARC LONG, RECEIVES \$2,000 PER MONTH

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

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. Department of the Treasury Internal Revenue Service Attach to Form 990.									c	OMB No. 1545-0047 2019 Open to Public Inspection				
Name of the	organization MOUNT MARTY	COLLEGE									identif 283	ication 336	n num	ber
Part I B	Bond Issues SE	E PART VI	FOR COLUMN	I (F) CONT	INUATI	ONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) De	efeased	(h) On	behalf	(i) Po	oled
												of issuer		cing
									Yes	No	Yes	No	Yes	No
CITY	OF YANKTON, SOUTH						CONSTRUC							
A DAKO	ТА	46-6000567	NONE	06/28/19	1384	1310.	FURNISHI	NG, AND H	2	X		Х		Х
В														
С														
D														
Part II P	Proceeds													
				Α			В	С				D		
1 Amou	nt of bonds retired													
2 Amou	nt of bonds legally defeased													
3 Total p	proceeds of issue			. 13,841	L,310.									
	proceeds in reserve funds													
	alized interest from proceeds				3,496.									
6 Proce	eds in refunding escrows													
7 Issuan	nce costs from proceeds			41	41,800.									
8 Credit	enhancement from proceeds													
9 Workir	ng capital expenditures from proceeds													
10 Capita	al expenditures from proceeds			12,905	5,037.									
11 Other	spent proceeds													
12 Other	unspent proceeds			710),977.									
13 Year o	of substantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were t	the bonds issued as part of a refunding is	ssue of tax-exempt b	onds (or,											
if issue	ed prior to 2018, a current refunding issu	ıe)?			Х									
15 Were t	Were the bonds issued as part of a refunding issue of taxable bonds (or, if													
issued	issued prior to 2018, an advance refunding issue)?				Х									
	ne final allocation of proceeds been made			X										
17 Does t	the organization maintain adequate book	s and records to sup	port the											
final al	final allocation of proceeds?			X										

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Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 MOUNT MARTY COLLEGE

46-0283336

Page **2**

Part	III Private Business Use								
			Α		3	(С		D
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	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside						1		
	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						1		
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside						1		
	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 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 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 %		%		%		%
6	Total of lines 4 and 5		.00 %		%		%		<u>%</u>
7	Does the bond issue meet the private security or payment test?		X		<u>,,,</u>		<u>,,,</u>		<u></u>
	Has there been a sale or disposition of any of the bond-financed property to a non-						1 1		
ou	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		1		1		-		
, D	of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		/0		/0		70		/0
U	1.141-12 and 1.145-2?								
	Has the organization established written procedures to ensure that all nonqualified						łł		
5	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	х							
Par	IV Arbitrage	23					<u> </u>		
1 01			A		3		с		 D
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?	163	X	163		163		103	
2	If "No" to line 1, did the following apply?						4		
			X				1		1
	Rebate not due yet?		X						
	Exception to rebate?		X				┨────┤		
<u> </u>	No rebate due?		- 43		I		<u> </u>		
	performed	X					1		
3	Is the bond issue a variable rate issue?	Λ							

Schedule K (Form 990) 2019 MOUNT MARTY COLLEGE

46-	0283336	
T O	0203330	

Page 3

Part IV Arbitrage (continued)								
	ŀ	Ą	E	3	(Ç	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)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		<u> </u>	E	3		ç	C)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA								
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION, FURNISHING, AND EQUIPPING OF FIELDH	OUSE							

Department of the Treasury Internal Revenue Service		f the o	rganization and 28b, or 28c, o ▶ Atta	swere or For ich to	d "Yes m 990 Form ^g	Interested " on Form 990, Par EZ, Part V, line 383 990 or Form 990-E Instructions and the	rt IV, a or Z.	line 25a, 25b, 2 40b.			O In	Den To spect	1C o Pub ion	lic
Name of the organization		יס גא		<u>~</u> ₽						-	ident 833		on nu	mber
Part I Excess B			TY COLLE		B), secti	ion 501(c)(4), and se	ectior	n 501(c)(29) orgai				30		
						art IV, line 25a or 25l								
1 (a) Name of disqualif	fied person	(b) F	Relationship bety person and o		•	ified ((c) D	escription of tran	sactio	n	(d) Co			
				guinz								Y (es	No
												+	_	
												-		
2 Enter the amount of	,		0	U			Ŭ	,		•				
3 Enter the amount of						anization				► \$ ► \$				
			erested Pers											
•	•		vered "Yes" on I , Part X, line 5, 6			, Part V, line 38a or I	Form	990, Part IV, line	e 26; d	or if th	e orga	nizatic	n	
(a) Name of	(b) Relation		(c) Purpose	(d) La	oan to or	(e) Original	(1) Balance due	(g)	In	(h) Ap	proved	(i) W	/ritten
interested person	with organ		of loan		m the ization?	principal amount	`		defa		by board or committee?			
				То	From				Yes	No	Yes	No	Yes	No
							-							
				-										
							_							
							-							
				1										
Total						> \$;							
Part III Grants or	r Assistance	e Ben	efiting Inter	este	d Per	sons.								
			vered "Yes" on I											
(a) Name of interes	sted person		(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan			•) Purp assista		f
		_								-+				
		_												
		_												
		+								+				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990 EZ) 2019 MOUNT MARTY COLLEGE Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

		111 990, Fait IV	, 1110 2	20a, 2	00, 01 200.					
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's iues?		
							Yes	No		
TABITHA LIKNESS	FAMILY	MEMBER	OF	GE	52,549.	EMPLOYEE CO		X		
JOE RUTTEN	FAMILY	MEMBER	OF	BO	72,163.	EMPLOYEE CO		X		
								<u> </u>		
								<u> </u>		

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: TABITHA LIKNESS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF GERRY LIKNESS, FORMER BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(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

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.

2019
Open to Public

Employer identification number 46 - 0283336

Name of the organization			
	MOUNT	MARTY	COLLEGE

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contribution	•	ts
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	157,214.	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	13	10,462.	FMV		
26	Other ► ()						
27	Other ► ()						
28	Other ()						
29	Number of Forms 8283 received by the organization completed Form 828					0	1
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			
	exempt purposes for the entire holding period?	?				a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	-	-	•	tions? <u>3</u>	1 X	
32a	Does the organization hire or use third parties		-				
	contributions?					:a	X
	If "Yes," describe in Part II.	- h					
33	If the organization didn't report an amount in c	oiumn (c) foi	a type of property	r tor which column (a) is chei	жеа,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 46-0283336

MOUNT MARTY COLLEGE

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 COLLEGE 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 COLLEGE'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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) MOUNT MARTY COLLEGE

46-0283336

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 COLLEGE AS

FOLLOWS:

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

(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 COLLEGE 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 COLLEGE;

(E) TO AMEND THE BYLAWS OF THE COLLEGE;

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

GOVERNING THE COLLEGE'S FINANCIAL POSITION;

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

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

GUIDANCE FROM THE BOARD OF TRUSTEES;

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

THE COLLEGE; 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

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

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

MOUNT MARTY COLLEGE

46-0283336

GRANDCHILD.

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

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

GUIDESTAR.ORG TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION. A WRITTEN

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)

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

MOUNT MARTY COLLEGE

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 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) 2019

932161 09-10-19 LHA

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

46-0283336

Schedule R (Form 990) 2019 MOUNT MARTY COLLEGE

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.

		-	(N		(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	
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	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io

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.

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

Schedule R (Form 990) 2019 MOUNT MARTY COLLEGE

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		Х
	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	
	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.			

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

Schedule R (Form 990) 2019 MOUNT MARTY COLLEGE

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:		(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC	

Schedule R (Form 990) 2019

MOUNT MARTY COLLEGE

Schedule R (Form 990) 2019 MOUN Part VII Supplemental Information

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

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for 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	uctions.		Taxpaye	ridentificatio	on number (TIN)	
print	MOUNT MARTY COLLEGE				46-0283336		
File by the due date fo filing your return. See	ue date for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. YANKTON, SD 57078							
Enter the	e Return Code for the return that this application is for (fil	le a separat	te application for each return)			01	
Applicat	tion	Return	Application			Return	
Is For Code Is For			Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	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 990-T (trust other than above) 06 Form 8870 TABITHA LIKNESS				12			
Telephone No. ▶ 605-668-1603 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . • If this is for part of the group, check this box ▶ • If request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: • adlendar year or > and ending JUN 30, 2020 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				-			
es	timated tax payments made. Include any prior year overp	payment all	owed as a credit.	3b	\$	0.	
	llance due. Subtract line 3b from line 3a. Include your pa	•				•	
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
Caution instruction	If you are going to make an electronic funds withdrawa	l (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	9-EO for payment	

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

Form 8868 (Rev. 1-2020)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

Prepared For:

Mount Marty College 1105 West 8th Street Yankton, SD 57078

Prepared By:

Eide Bailly LLP 200 E. 10th St., Ste. 500 Sioux Falls, SD 57104-6375

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

			** PUBLIC DISCLOSURE COPY **		-	OMB No. 1545-0047		
For	Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)			0040		
FOII	Do not enter social security numbers on this form as it may l							
		of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the lates 	-		Open to Public Inspection		
A F	or th	e 2018 calend			, 2019			
	heck if	ole: C Name or	f organization		-	ation number		
	Addr		T MARTY COLLEGE					
	Name	9	usiness as		46-02	83336		
	Initia		and street (or P.O. box if mail is not delivered to street address) Room/suit	te E Telep	hone number			
	Final retur		WEST 8TH STREET		605-6	68-1514		
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross r	eceipts \$	26,344,509.		
	Amer returr Appli	IANK	TON, SD 57078	H(a) Is the	his a group ret			
	tion _pend		nd address of principal officer: MARCUS LONG		subordinates?	····· = =		
<u> </u>						luded? Yes No		
			X 501(c)(3) $_$ 501(c) () ◀ (insert no.) $_$ 4947(a)(1) or $_$ 52 MOUNTMARTY.EDU	_	-	ist. (see instructions)		
					oup exemption	State of legal domicile: SD		
	irt I			al of tormation	<u>n. 1930 m</u>	State of legal dofinitie. DD		
	1		e the organization's mission or most significant activities: THE INSTI	TUTION	ISAP	RIVATE.		
e	•		C COLLEGE OF HIGHER LEARNING.			,		
Governance	2	Check this bo	x x if the organization discontinued its operations or disposed of mo	re than 25%	of its net asse	 ets.		
ver	3		Number of voting members of the governing body (Part VI, line 1a)					
	4		lependent voting members of the governing body (Part VI, line 1b)			22		
s S	5		of individuals employed in calendar year 2018 (Part V, line 2a)			496		
/itie	6		of volunteers (estimate if necessary)			26		
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated	business taxable income from Form 990-T, line 38		7b	0.		
				Prior		Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		3,595.	4,823,505.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		8,098.	16,343,055.		
leve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,852.	780,235.		
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,640.	1,476,115.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,185.	23,422,910.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	5,9/	8,937.	7,073,319.		
	14		to or for members (Part IX, column (A), line 4)	0 1 0	0.	0.		
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	9,19	<u>9,157.</u> 0.	<u>8,713,610.</u> 0.		
ens			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶405,959.			0.		
Expenses			ing expenses (Part IX, column (D), line 25) <u>405,959.</u>	5 26	9,017.	6,134,710.		
	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,111.	21,921,639.		
	19		expenses. Subtract line 18 from line 12		4,926.	1,501,271.		
es				Beginning of (-	End of Year		
ets (lanc	20	Total assets (F			0,898.	51,656,765.		
Net Assets or -und Balances	21	•	(Part X, line 26)		8,171.	12,963,544.		
Net -unc	22		fund balances. Subtract line 21 from line 20		2,727.	38,693,221.		
	rt II			· ·				
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stater	ments, and to	the best of my l	knowledge and belief, it is		
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	er has any kno	owledge.			

Sign	Signature of officer		Date					
Here	► TABITHA LIKNESS, VP OF	FINANCE/ADMINSTRATIC	DN					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	LAURIE HANSON		02/20/20 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 II	May the IRS discuss this return with the preparer shown above? (see instructions)							

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	1990 (2018) MOUNT MARTY COLLEGE	46-0283336	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		
1	Briefly describe the organization's mission:		
•	MOUNT MARTY COLLEGE, AN ACADEMIC COMMUNITY IN THE CATHOL	TC BENEDICTI	JE
	LIBERAL ARTS TRADITION, PREPARES STUDENTS FOR A CONTEMPO		
	WORK, SERVICE TO THE HUMAN COMMUNITY, AND PERSONAL GROWT		-
	INSTITUTION IS A PRIVATE, CATHOLIC COLLEGE OF HIGHER LEA	KINTING •	
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	X 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 services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		hd
	revenue, if any, for each program service reported.		iu ii
4.		17 705	377 \
4a			<u>)</u>
	PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,044 ST	UDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		· · · · · ·	
		- 0	

Form	990	(2018)
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Form 990 (2018) MOUNT MARTY COLLEGE
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<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		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		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 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 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 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 temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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,		v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
A	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c		
u		11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		21	
	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			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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," complete Schedule I, Parts I and II	21		X

Form 990 (2018)

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 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules
 (continued)

			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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 62			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

_	990 (2018) MOUNT MARTY COLLEGE 46-0283 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	336	P	_{age} 5
Par	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 496			
Ь	, , , , ,	Oh	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		Х
b	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h				
8				
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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 13b			
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
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	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		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?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form	990	(2018)

MOUNT MARTY COLLEGE

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 in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Vee	Nia
4.0	Enter the number of vetting members of the governing body at the and of the tay year	4.	22		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h		16	22			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2		х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			_		
3			·	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		a filod?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's ass			4 5		X
6				6	x	
0 7a						
74				7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			10		
0	persons other than the acyonning body?			7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			- 15		
a				8a	x	
b	The governing body? 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 rea			- 55		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			L V		
		venue	00000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, , 	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe in 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	e to conf	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in Schedule O how this was done			12c	Х	
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 approva	al by inc	dependent			
	$\ensuremath{persons}$, 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 arranger	nent w	ith a			37
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
S oc	exempt status with respect to such arrangements?			16b		<u> </u>
17 10	List the states with which a copy of this Form 990 is required to be filed MN	4 000	T (Caption 501/-)/0)-	a m l - 3		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	10 990-	1 (Section 501(c)(3)s	oniy) a	avallab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	finer		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ITTICT O	interest policy, and	inanc	al	
20	statements available to the public during the tax year.		t rocordo			
20	State the name, address, and telephone number of the person who possesses the organization's boot TABITHA LIKNESS $-605-668-1603$	JKS and				
	1105 WEST 8TH STREET, YANKTON, SD 57078					

Form 990) (2018)
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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 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one			1		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DCN. JOHN OSNES, PH.D.	2.50		_		-	<u>+ 0</u>	Ľ			
CHAIR		Х		Х				0.	0.	0.
(2) MS. NANCY WERNER	2.50									
VICE CHAIR		Х		Х				0.	0.	0.
(3) MR. DENIS FOKKEN	2.50									
TREASURER		Х		Х				0.	0.	0.
(4) JOYCE FETERL	2.50									
SECRETARY		Х		Х				0.	0.	0.
(5) S. MARIBETH WENTZLAFF	1.30									
PRIORESS		Х						0.	0.	0.
(6) FR. JAMES BREAM	1.30									
DIRECTOR		Х						0.	0.	0.
(7) DR. JIM FITZGERALD	1.30									
DIRECTOR		Х						0.	0.	0.
(8) S. MARY CAROLE CURRAN	1.30									
DIRECTOR		Х						0.	0.	0.
(9) DAVID JOHNSON	1.30									
DIRECTOR		Х						0.	0.	0.
(10) MS. DEB FISCHER-CLEMENS	1.30									
DIRECTOR		Х						0.	0.	0.
(11) DR. RICHARD FOSTER	1.30									
DIRECTOR		Х						0.	0.	0.
(12) S. LOUISE MARIE GOETTHERTZ	1.30									
DIRECTOR (UNTIL 2/19)		Х						0.	0.	0.
(13) DR. AL KURTENBACH	1.30									
DIRECTOR		Х						0.	0.	0.
(14) FR. JAMES KEITER	1.30									
DIRECTOR		Х						0.	0.	0.
(15) MR. DAN SPECHT	1.30									•
DIRECTOR	1 2 2	Х						0.	0.	0.
(16) DR. ALLAN TRAMP	1.30								•	^
DIRECTOR	1 20	X						0.	0.	0.
(17) S. MILDRED BUSCH	1.30								<u>^</u>	•
DIRECTOR		Х						0.	0.	0.

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FUIIII	990	(2010)	

Part VII Section & Officers Directors Trus	tees Kev Emr			and	Hic	nhes	t C	ompensated Employee	S (continued)				<u></u>
(A)	ection A. Officers, Directors, Trustees, Key Employees, and Highest C (A) (B) (C)					(D)	(E)			(F)			
Name and title	Average Position							Reportable	Reportable		Fe	timate	ed
Name and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation	n l		ount	
	week					r/trust		from	from related			other	
	(list any	ctor						the	organizations	3	com	pensa	ation
	hours for	or dire				ted		organization	(W-2/1099-MIS	,C)	fro	om th	ıe
	related	stee c	ruste			Densa		(W-2/1099-MISC)			•	anizat	
	organizations below	al tru	o nal t		loyee	lm og						d relat	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ions
(18) MR. JEFF MAY	1.30	<u> </u>	u I	10	Ke	E E	Ĕ			\rightarrow			
DIRECTOR		x						0.		0.			Ο.
(19) DR. VICTORIA VLACH	1.30												
DIRECTOR		x						0.		0.			0.
(20) MS. KATHIE GERSTNER	1.30												
DIRECTOR		x						0.		0.			0.
(21) DONALD ROBY	1.30												
DIRECTOR		x						0.		0.			0.
(22) DARYL THURINGER	1.30												
DIRECTOR		Х						0.		0.			0.
(23) S. CAROL JEAN VANDEN HEMEL	1.30												
DIRECTOR		Х						0.		0.			0.
(24) DR. MARCUS LONG	40.00												
PRESIDENT		1		Х				237,323.		0.	35	5,1	13.
(25) TABITHA LIKNESS	40.00												
VP OF FINANCE/ADMINISTRATI		1		Х				33,451.		0.	4	1,4	56.
(26) MENG SETH	40.00												
ASST. PROFNURSE ANEST		1				х		129,847.		0.	10),3	20.
1b Sub-total								400,621.		0.	49	9,8	89.
c Total from continuation sheets to Part VI								573,494.		0.	72	2,0	84.
d Total (add lines 1b and 1c)								974,115.		0.	121	L,9	73.
2 Total number of individuals (including but n							o re	eceived more than \$100,0	000 of reportable				
compensation from the organization						-							6
												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," corr	plete Schedule	e J fo	or su	ich r	berse	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax ye	ear.				
(A)								(B)		_	(C		
Name and business	address						_	Description of s	ervices	C	omper	Isatio	n
WELFL CONSTRUCTION CORP									~ ~				
800 WEST 23RD ST, YANKTON, SD 57078 CONSTRUCTION								983	3,0	29.			
A'VIANDS												~ -	6 F
NW 8704, MINNEAPOLIS, MN 55485-5704 FOOD SERVICE									833	3,5	67.		
CAMPUS MANAGEMENT		_	~ ~		_			IT ~~					
5201 CONGRESS AVE, BOCA R	ATON, F	L	33	48'	7			SOFTWARE/MAIN	N'TENANCE		181	L,3	14.

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 (a) (b) (c)	Form 990 MOUNT MA								• · · - ·	46-028	3336
Name and title Average hours for related organizations below Postion (Mexical latt apply) by any application below Reportable compensation for related organizations (W-2/109-MISC) Earnated compensation (W-2/109-MISC) 27) LARKY DALLEN 40.00 X 140,910. 0. 24,291 28) MARY DALLEN 40.00 X 152,840. 0. 26,160 39) JENERT AGES 40.00 X 149,795. 0. 21,574 30) TAYLOR REST 40.00 X 129,949. 0. 41 30) TAYLOR REST 10 10 10 10 10 10			nplo	yee			lighe	est (, ,	
Hours (black all that apply) week (all that apply) (black of apply) black of apply) black of apply (black of apply) (black of apply) (bl											
per (Ist any) hours for related organizations below bel	Name and title	U U	(-					L .)	· ·		
week meleted organizations progenizations meleted organizations meleted			(C	necr T	(all 1 T	that	app T	iy)			
(ist arry related organization below							e				
27) LARRY DAHLEN 40.00 x 140,910. 0. 24,293 A07. NURSE AREST 40.00 x 152,840. 0. 26,164 29) JENNIFER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REHFELDT 40.00 x 129,949. 0. 43 SST. PROFNURSE AREST x 129,949. 0. 44 SST. PROFNURSE AREST x 129,949. 120 120 SST. PROFNURSE AREST x x 129,949. 120 SST. ST. ST. ST. ST. ST. ST. ST. ST. S			tor				ploye				
27) LARRY DAHLEN 40.00 x 140,910. 0. 24,293 A07. NURSE AREST 40.00 x 152,840. 0. 26,164 29) JENNIFER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REHFELDT 40.00 x 129,949. 0. 43 SST. PROFNURSE AREST x 129,949. 0. 44 SST. PROFNURSE AREST x 129,949. 120 120 SST. PROFNURSE AREST x x 129,949. 120 SST. ST. ST. ST. ST. ST. ST. ST. ST. S			direc				ed em			(organization
27) LARRY DAHLEN 40.00 x 140,910. 0. 24,293 A07. NURSE AREST 40.00 x 152,840. 0. 26,164 29) JENNIFER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REHFELDT 40.00 x 129,949. 0. 43 SST. PROFNURSE AREST x 129,949. 0. 44 SST. PROFNURSE AREST x 129,949. 120 120 SST. PROFNURSE AREST x x 129,949. 120 SST. ST. ST. ST. ST. ST. ST. ST. ST. S			tee or	istee			ensate				and related
27) LARRY DAHLEN 40.00 x 140,910. 0. 24,293 A07. NURSE AREST 40.00 x 152,840. 0. 26,164 29) JENNIFER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REHFELDT 40.00 x 129,949. 0. 43 SST. PROFNURSE AREST x 129,949. 0. 44 SST. PROFNURSE AREST x 129,949. 120 120 SST. PROFNURSE AREST x x 129,949. 120 SST. ST. ST. ST. ST. ST. ST. ST. ST. S		organizations	trust	nal tru		oyee	dmo				organizations
27) LARRY DAHLEN 40.00 x 140,910. 0. 24,293 A07. NURSE AREST 40.00 x 152,840. 0. 26,164 29) JENNIFER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REHFELDT 40.00 x 129,949. 0. 43 SST. PROFNURSE AREST x 129,949. 0. 44 SST. PROFNURSE AREST x 129,949. 120 120 SST. PROFNURSE AREST x x 129,949. 120 SST. ST. ST. ST. ST. ST. ST. ST. ST. S		below	vidua	itutio	Cer	em pl	nest c	ner			
NOP NURSE ANEST 140.00 0. 24,293 28) MARY ANNE KROGH 40.00 x 152,840. 0. 26,164 29) JENTIFER CARES 40.00 x 149,795. 0. 21,574 300 TAYLOR REFELDT 40.00 x 129,949. 0. 41 SFT. PROF. NURSE ANEST 129,949. 0. 41 ST. PROF. NURSE ANEST 129,949. 129,949. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.		,	Indi	Inst	Offlic	Key	High	Forr			
28) MARY ANNE KROCH 40.00 x 152,840. 0. 26,164 SST. PROFNURSE ANEST 40.00 x 149,795. 0. 21,574 SST. PROFNURSE ANEST 40.00 x 129,949. 0. 41 SST. PROFNURSE ANEST 129,949. 0. 129,949. SST. PROFNURSE ANEST 129,949. 129,949. 129,949. SST. PROFNURSE ANEST 129,949. 129,949. 129,949. SS	27) LARRY DAHLEN	40.00									
SST. PROFNURSE ANEST 40.00 x 152,840. 0. 26,164 29) JUNITER OAKES 40.00 x 149,795. 0. 21,574 30) TAVLOR REMEPLIDT 40.00 x 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 41 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 41 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 41 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 0. 129,949. 0. 41 SST. PROF. NURSE ANEST 129,949. 129,949. 129,949. 0. 129,949. 0. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. 129,949. </td <td>PROFNURSE ANEST</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>140,910.</td> <td>0.</td> <td>24,295</td>	PROFNURSE ANEST						X		140,910.	0.	24,295
29) JUNITER CARES 40.00 x 149,795. 0. 21,574 SST. PROFNURSE ANEST 40.00 x 129,949. 0. 41 SST. PROFNURSE ANEST 129,949. 0. 41		40.00					37		150.040	0	
SST. PROFNURSE AMEST 40.00 X 149,795. 0. 21,574 SST. PROFNURSE AMEST X 129,949. 0. 43		10 00					A A		152,840.	0.	20,100
30) TAYLOR REHFELDT 40.00 X 129,949. 0. 41 SST. PROFNURSE ANEST		40.00					x		149 795	٥	21 578
SST. PROFNURSE ANEST X 129,949. 0. 41 Image: Street of the street of th	(30) TAYLOR REHFELDT	40.00			-	-			<u> </u>	•	<u>2</u> 1,370
	ASST. PROFNURSE ANEST		1				x		129,949.	0.	45
							-				
		_									
			<u> </u>			-					
			\vdash	-							
									573,494.		72,084

<u>m 990 (</u> art VII		MARTY C	OLLEGE			46-0283	336 Pag
	Check if Schedule O cont		or noto to any ling	in this Part VIII			Г
		ans a response of		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue exclud from tax unde sections 512 - 514
1.					revenue	revenue	512 - 514
	Federated campaigns						
	Membership dues		22,340.				
A C	Fundraising events		22,540.				
	Government grants (contribut		539,291.				
o f	All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·	,				
·	similar amounts not included abo		4,261,874.				
5 g	Noncash contributions included in lines						
bue h	Total. Add lines 1a-1f			4,823,505.			
			Business Code				
2 a	TUITION & FEES		611710	16,061,658.	16,061,658.		
b b							
2 a b c d e f							
d d							
e							
	All other program service reve		611710	281,397.	281,397.		-
	Total. Add lines 2a-2f			16,343,055.			
3	Investment income (including			589,655.			589,6
4	other similar amounts)			569,655.			509,0
5	Royalties						
5	noyanies	(i) Real	(ii) Personal				
6 a	Gross rents	22,668.					
	Less: rental expenses	0.					
	Rental income or (loss)	22,668.					
	Net rental income or (loss)		▶	22,668.			22,6
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	1,776,005.					
b	Less: cost or other basis						
	and sales expenses	1,585,425.					
	Gain or (loss)			100 500			100 5
	Net gain or (loss)		····· •	190,580.			190,5
8 a	Gross income from fundraisin including \$22						
	contributions reported on line						
	Part IV, line 18	•	8,594.				
b	Less: direct expenses		· · · · · ·				
	Net income or (loss) from fund		►	1,125.			1,1
	Gross income from gaming ac						
	Part IV, line 19						
b	Less: direct expenses	b					
С	Net income or (loss) from gam	ing activities	►				
10 a	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold			1 450 300	1 450 200		
c	Net income or (loss) from sale			1,452,322.	1,452,322.		
14 ~	Miscellaneous Revenu		Business Code				
			├				
b			├				
	All other revenue		+				
	Total. Add lines 11a-11d						
			🔽 🗸				

70,	60, 90, and 100 of Fait VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	7 072 210	7 072 210		
•	individuals. See Part IV, line 22	7,073,319.	7,073,319.		
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 Compensation of current officers, directors,				
5		339,209.		339,209.	
6	trustees, and key employees Compensation not included above, to disqualified	555,205.		555,205.	
0	persons (as defined under section $4958(f)(1)$) and				
	(0,0)				
7	Other salaries and wages	7,219,147.	6,460,036.	519,806.	239,305.
8	Pension plan accruals and contributions (include	,,219,111,0	0,100,000	51570000	20070001
0	section 401(k) and 403(b) employer contributions)	233,415.	200,878.	19,738.	12,799.
9	Other employee benefits	416,239.	322,400.	74,394.	<u>12,799.</u> 19,445.
10	Payroll taxes	505,600.	433,829.	55,700.	16,071.
11	Fees for services (non-employees):				_ , , , _ ,
a	Management				
b	Legal	47,387.	46,183.	1,204.	
	Accounting	61,074.	48,430.	12,644.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	169,771.	140,258.	29,513.	
12	Advertising and promotion	169,771. 107,701.	107,637.		64.
13	Office expenses	781,397.	675,998.	73,490.	64. 31,909.
14	Information technology	450,544.	59.	450,485.	
15	Royalties				
16	Occupancy	421,760.	421,760.		
17	Travel	193,261.	172,130.	9,664.	11,467.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest	61,596.	61,596.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,336,413.	1,262,922.	50,676.	22,815.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	916,623.	896,047.	6,279.	14,297.
b	STUDENT LIFE	489,743.	436,198.	36,205.	17,340.
С	INSTITUTIONAL SUPPORT	473,687.	437,793.	15,447.	20,447.
d	EQUIPMENT RENTAL & MAIN	345,644.	248,429.	97,215.	
е	All other expenses	278,109.	275,471.	2,638.	405 050
25	Total functional expenses. Add lines 1 through 24e	21,921,639.	19,721,373.	1,794,307.	405,959.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				000

Form 990 (2018) MOUNT MARTY COLLEGE Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

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

(A) Total expenses

(B) Program service expenses

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

(D) Fundraising expenses

(C) Management and general expenses

Iu					
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,424,032.	2	2,961,611.
	3	Pledges and grants receivable, net	3,161,665.	3	3,493,299.
	4	Accounts receivable, net		4	615,395.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,451,845.	7	1,295,719.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	016 212	9	2,064,762.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 33,085,016			
	b	Less: accumulated depreciation 10b 19,415,165	. 11,096,433.	10c	13,669,851.
	11	Investments - publicly traded securities	27,377,709.	11	27,397,493.
	12	Investments - other securities. See Part IV, line 11		12	77,317.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	81,318.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,950,898.	16	51,656,765.
	17	Accounts payable and accrued expenses	1,513,365.	17	4,126,624.
	18	Grants payable		18	
	19	Deferred revenue	1,487,668.	19	1,626,598.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	75,000.
	24	Unsecured notes and loans payable to unrelated third parties	800,813.	24	800,613.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	6,286,325.	25	6,334,709.
	26	Total liabilities. Add lines 17 through 25	10,088,171.	26	12,963,544.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Ŭ	27	Unrestricted net assets	6,377,825.	27	7,816,265.
3ala	28	Temporarily restricted net assets		28	10,240,105.
μ	29	Permanently restricted net assets	20,254,212.	29	20,636,851.
Τū		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŗ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	20.000.000
z	33	Total net assets or fund balances	35,862,727.	33	38,693,221.
	34	Total liabilities and net assets/fund balances	45,950,898.	34	51,656,765.

Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

990	(2018)	
	Del		0

Form	1 990 (2018) MOUNT MARTY COLLEGE	46-02	283336	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	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	23,422	2,9	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,921	L,6	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,501	L,2'	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,862	2,7	27.
5	Net unrealized gains (losses) on investments	5	1,329	9,2	23.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	38,693	3,2	21.
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	0.			
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?		2 b	Х	<u> </u>
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	┝───
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 in Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2018)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

1

(Form 990 or 990-EZ)

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
2018
Open to Public Inspection

Employer identification number

46-0283336

Name of t	the organization	Ī
	MOUNT MARTY COLLEGE	
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions	5.
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5	An organization	n operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)	(1)(A)(iv), (Complete Part II.)

- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 [An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
	university:

o [An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)

- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	163			
Total						

Schedule A (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE

Part II

46-0283336 Page 2

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				_	<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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		•	•	L	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First five years. If the Form 990 is for			rd fourth or fifth t			
	organization, check this box and stop	•					
Se	ction C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		14	%
	Public support percentage from 2017		•			15	%
	33 1/3% support test - 2018. If the c					nore, check this be	ox and
	stop here. The organization qualifies						
k	33 1/3% support test - 2017. If the c		÷				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	. —
ŀ	10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
			~	,,,	2, 011001 0110 007 8		🚩 📖

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

46-0283336 Page 3

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	I.					
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		I
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) org	anization,
_	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2017. If the						3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

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

ı a	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 in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion D. Type Toupporting Organizations		Vac	Na
4	Did the directory tructory or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in (2), 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			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second s	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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	0 h		
S	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		- 10		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE Part V Type III Non-Functionally Integrated 509(a)(3) Sup

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must 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):			
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 1-1/2% 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 .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 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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

 1
 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 19

Schedule A (Form 990 or 990 EZ) 2018 MOUNT MARTY COLLEGE

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

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

2018

Employer identification number

46-0283336

MOU	JNT M	ARTY	COLL	EGE

Granzation type (check one).			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not 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 religious, charitable, etc., exclusively religious, charitable, etc., exclusively religious, charitable, etc., exclusively religious, charitable, etc., exclusively religious, charitable, etc., exclusively religious, charitable, etc., exclusively religious,
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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

46-0283336

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,148.	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
2		\$ <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
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$7,822.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <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
6		\$ <u>1,026,740.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Part I

(a)

No.

Employer identification number

MOUNT MARTY COLLEGE

46-0283336 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

7		\$ <u>73,582.</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
8		\$5,682.	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>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
10		\$ <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
		\$ <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
12		\$7,338.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

46-0283336

MOUNT MARTY COLLEGE

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
13		\$6,550.	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>6,165.</u> 	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$275,750.	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> 16</u>		\$7,500.	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
17		\$15,150.	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		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

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
<u> 19 </u>		\$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
		\$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>50,000.</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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Type of contribution Person X Payroll
(a) No	(b)	(c)	(d) Turpo of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$15,025.	Type of contribution Person X Payroll

Name of organization

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
25		\$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
26_		\$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
27		\$5,020.	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		\$5,100.	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
29_		\$5,790.	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		\$5,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

46-0283336

MOUNT MARTY COLLEGE

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
31_		\$6,031.	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		\$11,740.	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		\$6,121.	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		\$5,186.	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>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
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

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	
37		\$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	
38		\$6,822.	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		\$7,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u> </u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41		\$11,740.	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>42</u>		\$15,000.	Person X Payroll (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

46-0283336

MOUNT MARTY COLLEGE

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>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
44		\$ <u>15,953.</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
45		\$ <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
46		\$ <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
47		\$30,000.	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
48		\$50,464.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

46-0283336

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$81,271.	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
50		\$100,000.	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
51		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	S 150,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$150,000.	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
54		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY COLLEGE

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
55		\$ <u>150,000.</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
56		\$ <u>250,000.</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
<u> </u>		\$ <u>600,000.</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
		\$	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.)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY COLLEGE

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
23 STOCK			
		\$ <u>99,279.</u>	08/20/18
(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

Page 3

Page **4**

Name of or	rganization			Employer identification number
	MARTY COLLEGE			46-0283336
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry. For organizations	3
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I				
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p 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 g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p 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 g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee

SCHEDULE D	Su
(Form 990)	▶ 0

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.



Department of the Treasury Internal Revenue Service

Name	of the	organization
Hume	01 010	organization

Employer identification number 46-0283336

	MOUNT MARTY COLLEG	Ε				46-02833	336
Pa	t I Organizations Maintaining Donor Advise	d Funds or	Othe	er Similar Funds	s or Ac	counts. Complete if t	he
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Do	onor ad	dvised funds	(b) Funds and other acco	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the	e asse	ts held in donor advi	sed func	ls	
	are the organization's property, subject to the organization's	exclusive legal	l contr	ol?		Yes	No No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writi	ing tha	at grant funds can be	e used o	nly	
	for charitable purposes and not for the benefit of the donor o	r donor adviso	or, or fo	or any other purpose	conferri	ing	
_	impermissible private benefit?						No
Pa	t II Conservation Easements. Complete if the org	ganization ans	wered	"Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all th	nat ap	ply).			
	Preservation of land for public use (e.g., recreation or e	ducation)		Preservation of a his	storically	important land area	
	Protection of natural habitat			Preservation of a ce	rtified hi	storic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservati	on co	ntribution in the form	of a co		
	day of the tax year.					Held at the End of t	he Tax Year
а	Total number of conservation easements					2a	
b	o y					2b	
C.	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rel	eased, extingu	lisned	, or terminated by th	e organi	zation during the tax	
4	year	amont is loost	had 🕨				
4	Number of states where property subject to conservation eas				-		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,			s and enforcing cor			
0		nandling of vic	Jation	s, and entorcing cor	isei valio	ri easements during the y	cai
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violatio	ns an	d enforcing conserv	ation eas	sements during the year	
•	structure of expenses meaned in monitoring, inspecting, name	ining of violatio	110, un			Semente during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the re	eauire	ments of section 170)(h)(4)(B)	(i)	
-	and section 170(h)(4)(B)(ii)?						No
9	In Part XIII, describe how the organization reports conservation						nd
	include, if applicable, the text of the footnote to the organizat						
	conservation easements.						
Pa	t III Organizations Maintaining Collections of	[•] Art, Histor	rical	Treasures, or O	ther S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, I	ine 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to	repor	t in its revenue state	ment an	d balance sheet works of	art,
	historical treasures, or other similar assets held for public ext	nibition, educa	tion, o	r research in further	ance of p	oublic service, provide, in	Part XIII,
	the text of the footnote to its financial statements that describ	bes these item	IS.				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to rep	ort in i	ts revenue statemer	t and ba	lance sheet works of art,	historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or re	search	n in furtherance of pu	ublic serv	vice, provide the following	g amounts
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
2	If the organization received or held works of art, historical trea				al gain, p	provide	
	the following amounts required to be reported under SFAS 1					N .	
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990. Part X					► \$	

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Schedule D (Form 990) 2018

		ARTY COLLEG					0283330		age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other \$	Similar As	sets _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that a	are a sign	ificant use of	its collection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange prograr	ns				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organizatior	n's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								<u></u>
	reported an amount on Form 990, Par		g				,,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other asse	ets not ind	cluded			
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII							L] 110
b			owing table.				Amoun	+	
-	Designing belongs					10	Amoun		
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
T	Ending balance					1f			1
	Did the organization include an amount on Fo		•				Yes		J No ∃
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i	Check here if the exp	Dianation has been	provided on P	art XIII				<u> </u>
T ai	Lindowinent Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years			back (e) Four		
1a	Beginning of year balance	26,608,805.	26,453,771.	20,366		20,127,7		,689,3	
b	Contributions	416,980.	448,946.	,		1,061,3		589,	
	Net investment earnings, gains, and losses	2,141,861.	2,087,991.			-74,2		500,2	
	Grants or scholarships	837,803.	2,295,916.	725	,077.	645,2	206.	563,8	891.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	77,416.	85,987.		,558.	103,5			176.
g	End of year balance	28,252,427.	26,608,805.		,771.	20,366,0	20, 20	,127,	721.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	1.01	_%						
	Permanent endowment ►73.04	%							
с	Temporarily restricted endowment 2	5 .9 5 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administere	d for the	organization	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the						······		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990.	Part IV. line 11a. S	ee Form 990.	Part X. lir	ne 10.			
	Description of property	(a) Cost or ot		or other		cumulated	(d) Boo	k value	 -
	Description of property	basis (investm	• • •	(other)	• •	reciation	(4) 200	(value	
19	Land	· · · · ·	,	6,259.			1,32	5 21	59.
					13 4	30,147.	8,27	7 6	<u>,,,,</u>
	Buildings Leasehold improvements		21,70	• • • • •				.,	
			5 0 0	6,274.	4 6	92,475.	1,29	3 70	20
	Equipment			4,704.		92,473. 92,543.	2,77		
	Other						13,66		
Iota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990. Part ></u>	(<u>, column (B), line 1</u> (<u> (JC.)</u>	<u></u>				
						Sche	edule D (Forn	1 990)	2018

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book 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 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 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 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes CHARITABLE REMAINDER UNITRUST 247,431. (2) **REFUNDABLE U.S. GOVERNMENT** (3) 1,487,278. ADVANCES (4) LONG-TERM RELATED NOTE PAYABLE (5) UNSECURED 4,600,000. (6) (7) (8) (9) 6,334,709. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 MOUNT MARTY COLLEGE			46-	0283336 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re	turn.		
	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	18,899,405	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,329,223.			
b	Donated services and use of facilities	2b	1,589.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-7,190,492.			
е	Add lines 2a through 2d			2e	-5,859,680	
3	Subtract line 2e from line 1			3	24,759,085	•
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	-1,336,175.			
С	Add lines 4a and 4b			4c	-1,336,175	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,422,910	•
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	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	16 060 011	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				16,068,911	•
а					10,000,911	•
	Donated services and use of facilities	2a			10,008,911	•
b		2a 2b		-	10,008,911	•
	Donated services and use of facilities	2b 2c		-	10,008,911	•
	Donated services and use of facilities	2b	1,336,175.	-		
b c	Donated services and use of facilities Prior year adjustments Other losses	2b 2c 2d		2e	1,336,175	•
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d				•
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e	1,336,175	•
b c d e 3	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	2b 2c 2d 4a		2e	1,336,175	•
b c d e 3 4	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:	2b 2c 2d 4a		2e	1,336,175 14,732,736	• •
b c d 3 4 a b	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	2b 2c 2d 4a 4b	7,188,903.	2e	<u>1,336,175</u> 14,732,736 7,188,903	• •
b c e 3 4 b c 5	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.)	2b 2c 2d 4a 4b	7,188,903.	2e 3	1,336,175 14,732,736	•

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:

MOUNT MARTY COLLEGE IS ORGANIZED AS A SOUTH DAKOTA NONPROFIT CORPORATION

AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT

FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3). THE COLLEGE IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE COLLEGE IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE COLLEGE HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE COLLEGE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE COLLEGE 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:	
ADMINISTRATIVE EXPENSES NETTED TO REVENUE	-117,173.
SCHOLARSHIPS NETTED TO REVENUE FOR GAAP	-7,073,319.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,190,492.

PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED TO REVENUE -1,328,705. SPECIAL EVENT EXPENSES -7,470. TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,336,175.

PART XII, LINE 2D - OTHER ADJUSTMENTS: 1,328,705. COST OF GOODS SOLD NETTED TO REVENUE Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 MOUNT MARTY COLLEGE Part XIII Supplemental Information (continued)	46-0283336 Page 5
SPECIAL EVENT EXPENSES	7,470.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,336,175.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	117,173.
	7,073,319.
	-1,589.
	7,188,903.
	Schedule D (Form 990) 2018

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(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

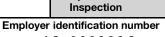
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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



picyci	
4	6-0283336

1			YES	NO
•	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 brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy 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 general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	X	
	COLLEGE 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 nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
d				
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d	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:			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
5 a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b		X
5 a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?			X X
5 a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		X X X
5 a b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c		X X X X
5 a b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X X X X
5 a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X
5 a b c d e f g h 6a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g		X X X X X X X
5 a b c d e f g h 6a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		X X X X X X
5 a b c d e f g h 6a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "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
5 a b c d e f g h 6a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h 6a	x	X X X X X X X

	(Form 990 or 990-EZ) 2018				46-028
Part II	Supplemental Inform	nation. P	rovide the e>	planations required by	y 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 COLLEGE 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 COLLEGE, SUCH AS SUPPLEMENTAL

EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTRATION OF SUCH

PROGRAMS.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2018
Department of the Treasury		Attach to Form 990					Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati		r identification number
Name of the organization		ARTY COLLEGE					83336
Part I Fundrais		Complete if the organization answ	ered "Y	es" or	Form 990, Part IV, I		
	complete this part						
1 Indicate whether the	e organization rais	ed funds through any of the followin	ng activ	vities. (Check all that apply.		
a 🔄 Mail solicitati				0	overnment grants		
—	email solicitations				nment grants		
c Phone solicit d In-person sol		g 🛄 Specia	Tundra	aising e	events		
•		r oral agreement with any individua	l (incluc	ling of	ficers, directors, trus	tees, or	
key employees liste	ed in Form 990, Pa	art VII) or entity in connection with p	orofessi	onal fu	undraising services?		Yes No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is t	to be
compensated at lea	ast \$5,000 by the	organization.					
			(iii)	Did		(v) Amount pa	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c	aiser ustody itrol of	(iv) Gross receipts from activity	to (or retained fundraiser	by to (or retained by)
			contrib	utions?		listed in col.	(i) organization
			Yes	No			
Total	oh tha araanizatia	n in registered or licensed to collect	000trik			it is everythere	
or licensing.	un the organizatio	n is registered or licensed to solicit	CONTRID	นแบทร	or has been notified	it is exempt fro	nregistration
ŭ							

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Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 MTMC GOLF CLASSIC	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts				30,934
2	2 Less: Contributions	22,340.			22,340
3	3 Gross income (line 1 minus line 2)	8,594.			8,594
4	4 Cash prizes				
	5 Noncash prizes				972
e 7	6 Rent/facility costs	3,880.			3,880
7	7 Food and beverages	2,026.			2,026
	8 Entertainment				
1 -					
9	9 Other direct expenses				
9 1	10 Direct expense summary. Add lines 4 thro	bugh 9 in column (d)			7,469
9 10 1	10 Direct expense summary. Add lines 4 thro11 Net income summary. Subtract line 10 fro	bugh 9 in column (d) om line 3, column (d)			591 7,469 1,125
9 10 1	10 Direct expense summary. Add lines 4 thro11 Net income summary. Subtract line 10 fro	bugh 9 in column (d) om line 3, column (d)			7,469
9 1 1 art	10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat	bugh 9 in column (d) om line 3, column (d)			7,469
9 1 1 1 1 2	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 	ion answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	7,469 1,125
9 1 1 1 1 2	10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat	ion answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	7,469 1,125
art	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 	(a) Bingo	990, Part IV, line 19, or r	eported more than	7,469 1,125
9 10 10 10 10 10 10 10 10	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 	(a) Bingo	990, Part IV, line 19, or r	eported more than	7,469 1,125
9 10 10 10 10 10 10 10 10	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	990, Part IV, line 19, or r	eported more than	7,469 1,125
9 1 1 1 2 3 4	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 1 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	990, Part IV, line 19, or r	eported more than	7,469 1,125
9 10 1 art 2 3 4 5	 10 Direct expense summary. Add lines 4 throat income summary. Subtract line 10 froat income summary. Subtract line 10 froat income summary. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	(a) Bingo	990, Part IV, line 19, or r	eported more than	7,469 1,125 (d) Total gaming (ad col. (a) through col. (
9 11 1 2 3 3 4 5 6	 10 Direct expense summary. Add lines 4 thro 11 Net income summary. Subtract line 10 fro 11 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Dugh 9 in column (d) Iine 3, column (d) ion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	7,469 1,125 (d) Total gaming (ad col. (a) through col. (

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? L Yes b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

832082 10-03-18

No

Scł	nedule G (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE 46	5-0283	3336	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	L	165	
	a The organization's facility	13a	1	%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
	Name			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	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			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
i	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		Yes	No No
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. li	nes 9. 9	9b. 10b.
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Supplementa	(continued)		

SCHEDULE I (Form 990)									OMB No. 1545-0047			
			ete if the organization					2018	l.			
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization Employer MOUNT MARTY COLLEGE												
Part I General In	formation on Grants a	nd 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												
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any												
recipient th	nat received more than §	5,000. Part II can	be duplicated if addition	onal space is need	ed.		-					
	dress of organization renment	(b) 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				
3 Enter total numb	er of section 501(c)(3) a er of other organizations	s listed in the line 1	table	e line 1 table			•	· · · · · · · · · · · · · · · · · · ·				
LHA For Paperwork	Reduction Act Notice ,	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2	2018)			

Schedule I (Form 990) (2018)

MOUNT MARTY COLLEGE

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
SCHOLARSHIPS	872	7,073,319.	0.							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.										
PART I, LINE 2:										
THE COLLEGE HAS A NUMBER OF FEDERAL AND STATE GRANTS. 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.

SCHEDULE J	CHEDULE J Compensation Information				OMB No. 1545-0047					
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. epartment of the Treasury			20	10						
			20	10)					
			Open to Inspe		ic					
ternal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization		Employer ide			nber					
Part I Question	MOUNT MARTY COLLEGE s Regarding Compensation	46-02	83330	5						
				Vee	Na					
12 Chock the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form 9	000		Yes	No					
	line 1a. Complete Part III to provide any relevant information regarding these items.	<i>1</i> 90,								
First-class or										
Travel for con										
	cation and gross-up payments									
	spending account									
		, enery								
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or									
•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	x						
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	x						
			_							
Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organizati	ion's								
	ector. Check all that apply. Do not check any boxes for methods used by a related organization									
	ation of the CEO/Executive Director, but explain in Part III.									
	compensation consultant Compensation survey or study									
	ther organizations X Approval by the board or compensation co	mmittee								
		, minitee								
4 During the year, di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
	lated organization:									
•	e payment or change-of-control payment?		4a		Х					
	ceive payment from, a supplemental nonqualified retirement plan?				X					
	ceive payment from, an equity-based compensation arrangement?		4c		X					
	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		10							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı								
contingent on the										
•			5a		х					
b Any related organiz	ation?		5b		X					
	or 5b, describe in Part III.									
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı								
contingent on the										
•	······································		6a		Х					
	ation?		6b		Х					
	pr 6b, describe in Part III.									
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
	nes 5 and 6? If "Yes," describe in Part III		7		х					
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the									
			8		х					
•										
initial contract exc	lid the organization also follow the rebuttable presumption procedure described in									

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) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. MARCUS LONG	(i)	212,843.	0.	24,480.	10,874.	24,284.	272,481.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LARRY DAHLEN	(i)	140,910.	0.	0.	7,525.	16,815.	165,250.	0.
PROFNURSE ANEST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY ANNE KROGH	(i)	152,840.	0.	0.	8,169.	18,041.	179,050.	0.
ASST. PROFNURSE ANEST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER OAKES	(i)	149,795.	0.	0.	7,835.	13,788.	171,418.	0.
ASST. PROFNURSE ANEST	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 I, LINE 1A:

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

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

SCHEDULE L	Tra	insactior	ıs V	Vith	Interested	Persons			ON	/IB No. ⁻	1545-00	47
(Form 990 or 990-EZ) Comple	te if the o				" on Form 990, Part -EZ, Part V, line 38a		6, 27,	28a,		20	18	8
Department of the Treasury Internal Revenue Service	Go to	Atta	ch to	Form	990 or Form 990-EZ	2.				pen To spect		lic
Name of the organization							-	-	ident		on nu	mber
MOUN Part I Excess Benefit Tr		TY COLLE		2) ooot	ion 501(a)(4) and 50	1(a)(20) arganizations			833	36		
Complete if the organiz									b			
1		Relationship bet			ified					(d)	Corre	cted?
(a) Name of disqualified person		person and o	ganiza	ation	(0	c) Description of trans	sactio	n	Yes N			No
										_	_	
2 Enter the amount of tax incurred	l by the o	ragnization man	agore	or disc	ualified persons duri	ing the year under						
	-	-	-					▶ \$				
3 Enter the amount of tax, if any,								▶ \$				
Part II Loans to and/or F	om Int	aractad Dar	sone									
Complete if the organiz					Part V line 38a or F	orm 990 Part IV line	م 26 [.] د	or if th	e orda	nizatio	'n	
reported an amount on							, 20, 0	// // (//	e orga	nzatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	lationship	(c) Purpose		oan to or m the		(f) Balance due	(g)		(h) Approved by board or committee? (i) Written			
interested person with 0	ganization	of loan	organi	ization?	principal amount	-		iuit? com		mmittee? agree		<u> </u>
			To	From			Yes	No	Yes	No	Yes	No
 Total					▶ \$							
Part III Grants or Assista	nce Ben	efiting Inter	este	d Per	sons.	1						
Complete if the organiz												
(a) Name of interested person				(d) Type assistanc					f			
								-+				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 MOUNT MARTY COLLEGE Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven			
							Yes	No
TABITHA LIKNESS	FAMILY	MEMBER	OF	GE	71,024.	COMPENSATIO		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: TABITHA LIKNESS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF GERRY LIKNESS, FORMER BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AS AN EMPLOYEE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2018
Open to Public

Name of the organization	

Employer identification number	er
46-0283336	

	MOUNT MARTY	COLLEG	E		46-0283336
Pa	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				

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		2	104	,222.	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 (IN-KIND GIFTS)	X	37	8	,386.	FMV			
26	Other ► ()								
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organ	nization during	g the tax year for co	ontributions					
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive b	by contributio	on any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the dat	te of the initia	al contribution, and	which isn't require	ed to be us	sed for			
	exempt purposes for the entire holding period	d?							X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard	d contribut	tions?	31	Х	
32a	Does the organization hire or use third parties	s or related or	ganizations to solic	it, process, or sell	noncash				
	contributions?								X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column	(a) is che	cked,			
	describe in Part II.								

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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 46-0283336

MOUNT MARTY COLLEGE

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 COLLEGE 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 COLLEGE'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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) MOUNT MARTY COLLEGE

Employer identification number 46-0283336

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 COLLEGE AS

FOLLOWS:

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

(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 COLLEGE 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 COLLEGE;

(E) TO AMEND THE BYLAWS OF THE COLLEGE;

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

GOVERNING THE COLLEGE'S FINANCIAL POSITION;

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

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

GUIDANCE FROM THE BOARD OF TRUSTEES;

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

THE COLLEGE; 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 ACCOUNTANT 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

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.

0 - k - d - k - Q - (5	D
Schedule O (Form 990 or 990-EZ) (2018) Name of the organization MOUNT MARTY COLLEGE	Page 2 Employer identification number 46-0283336
PRESIDENT: A SURVEY PROCESS IS UNDERTAKEN BY THE BOARD OF	TRUSTEES, USING
GUIDESTAR.ORG TO DETERMINE APPROPRIATE LEVELS OF COMPENSAT	ION. A WRITTEN
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.	

ivar	ne

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.

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

Department of the Treasury Internal Revenue Service No of the organization

SCHEDULE R

(Form 990)

MOUNT MARTY COLLEGE

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

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 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
	-						
	_						
	-						
	4						
	4						

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

OMB No. 1545-0047

2018

Employer identification number

46-0283336

Open to Public Inspection

Schedule R (Form 990) 2018 MOUNT MARTY COLLEGE

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.

		,		1					1		
(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		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	ю
											+
	-										
	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.

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

Schedule R (Form 990) 2018 MOUNT MARTY COLLEGE

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

Schedule R (Form 990) 2018 MOUNT MARTY COLLEGE

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.

(2)				(2)	(4)	(c)	(h)	<u>, </u>	(i)	(3)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f) ec. Share of	(g) Share of	(h)	l nor-	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	(related, unrelated,	partners s 501(c)(3) total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managin		
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?		partner'		
		country	sections 512-514)	Yes N	o "Neonic	233013	Yes	No	(FUTIT 1065)	Yes No		
											+	
					_						+	
											+	
												
											+	

Schedule R (Form 990) 2018

MOUNT MARTY COLLEGE

Schedule R (Form 990) 2018 MOUN' Part VII Supplemental Information.

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

(Rev. January 2019)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for 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.

					a sidentinyii	ig number	
Type or print	or Name of exempt organization or other filer, see instructions.					n number (EIN) or	
	MOUNT MARTY COLLEGE					83336	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, 1105 WEST 8TH STREET	see instruct	tions.	Social se	curity numbe	er (SSN)	
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. YANKTON, SD 57078							
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above)	06	Form 8870			12	
 If this box 1 I re the 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit 	t Group Exe	mption Number (GEN) I uch a list with the names and EINs of <u>X 15, 2020</u> , to file return for: Id ending <u>JUN 30, 2019</u>	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this	
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a						
b lft	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						
	lance due. Subtract line 3b from line 3a. Include your p	-	· · · ·			0	
	ng EFTPS (Electronic Federal Tax Payment System). Se			30	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawa	al (direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment	
					F O		

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

Form 8868 (Rev. 1-2019)

Public Disclosure Copy

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2018

Prepared for	
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