Public Disclosure Copy

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| must use | Form 7004 to request an extension of time to file incom- | o tux rotun | 13. | | | | |
|---|---|---|--|--|---|--|--|
| Part I - Id | lentification | | | | | | |
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. | | | Taxpayer identification number | | | |
| | MOUNT MARTY UNIVERSITY | | | | 46-0283336 | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so 1105 WEST 8TH STREET | ee instruct | ions. | | | | |
| instructions. | City, town or post office, state, and ZIP code. For a for YANKTON , SD 57078 | oreign addr | ress, see instructions. | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | e application for each return) | | | | |
| Applicatio | on Is For | Return Code | Application Is For | | | Return Code | |
| Form 990 | or Form 990-EZ | 01 | Form 4720 (other than individual) | | | 09 | |
| Form 472 | 0 (individual) | 03 | Form 5227 | | | 10 | |
| Form 990 | -PF | 04 | Form 6069 | | | 11 | |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | | | 12 | |
| Form 990 | -T (trust other than above) | 06 | Form 5330 (individual) | | | 13 | |
| Form 990 | -T (corporation) | 07 | Form 5330 (other than individual) | | | 14 | |
| Form 104 | 1-A | 08 | | | | | |
| ● If this aj Plai Plai Plai | e Form 5330. pplication is for an extension of time to file Form 5330, y n Name | | | | | | |
| If this applies Play Play Play Play Play Play Play Play Play The box Teleph If the cost | pplication is for an extension of time to file Form 5330, y n Name | izations (s REET | ee instructions) YANKTON , SD 57078 Fax No ted States, check this box | | | | |
| If this applies Play Play Play Play Play Play Play Play Play The box Teleph If the cost | pplication is for an extension of time to file Form 5330, y n Name | izations (s REET – i in the Uni Group Exer | See instructions) YANKTON , SD 57078 Fax No. Ited States, check this box mption Number (GEN) | f this is fo | r the whole g | roup, check this | |
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| | | | ** PUBLIC DISCLOSURE COPY ** | | OMB No. 1545-0047 | |
|--------------|---------------------------|---|---|---|------------------------------|--|
| г. | | 90 | Return of Organization Exempt From | | 0000 | |
| For | m J | 30 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e | | <u> </u> | |
| Dep | artment | of the Treasury enue Service | Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates | • | Open to Public Inspection | |
| | | | ar year, or tax year beginning JUL 1, 2023 and ending | JUN 30, 2024 | mepeeden | |
| | Check if applicab | C Name o | rorganization | D Employer identificat | ion number | |
| _ | Addre | | | | | |
| | chang | | T MARTY UNIVERSITY | 46-0283336 | | |
| | _]chang Initial | · J | usiness as and street (or P.O. box if mail is not delivered to street address) Room/su | |) | |
| | returr Final returr | 1105 | WEST 8TH STREET | 605-668-15 | 514 | |
| | termi | n_ | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 39,681,431. | |
| | Amer | 1 IANA | TON, SD 57078 | H(a) Is this a group return | | |
| | Appli tion pend | | nd address of principal officer: DR . MARCUS LONG | for subordinates? | | |
| | | SAME | AS C ABOVE | H(b) Are all subordinates includ | | |
| | | empt status: | ∑ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 5 MOUNTMARTY • EDU | 27 If "No," attach a list | | |
| | Websi | f organization: | | H(c) Group exemption n ar of formation: 1936 M S | | |
| | art I | | | | | |
| | 1 | - | e the organization's mission or most significant activities: THE INSTI | TUTION IS A PR | IVATE, | |
| nce | | | C UNIVERSITY OF HIGHER LEARNING. | | - | |
| rnal | 2 | Check this bo | x if the organization discontinued its operations or disposed of mo | ore than 25% of its net assets | s. 17 | |
| Governance | 3 | 3 Number of voting members of the governing body (Part VI, line 1a) | | | | |
| | | | ependent voting members of the governing body (Part VI, line 1b) | | 17 | |
| Activities & | 5 | | of individuals employed in calendar year 2023 (Part V, line 2a) | | <u>554</u> 33 | |
| tivit | 6 | | of volunteers (estimate if necessary) | | -9,640. | |
| Ac | h h | | d business revenue from Part VIII, column (C), line 12 | | 2,187. | |
| | | | | Prior Year | Current Year | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | 4,054,156. | 3,174,707. | |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | 27,364,878. | 29,842,963. | |
| leve | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | 8,986,763. | 1,552,342. | |
| ш | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 195,799. | 123,070. | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 40,601,596. | 34,693,082. 11,883,784. | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | <u>11,029,344.</u> 0. | <u>11,883,784</u> . 0. | |
| | 14 | | to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,550,750. | 12,510,063. | |
| ses | 16a | | undraising fees (Part IX, column (A), line 11e) | 80,089. | 79,999. | |
| Expenses | . b | | ng expenses (Part IX, column (D), line 25)699,772. | | | |
| Ě | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 9,848,632. | 9,844,171. | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 32,508,815. | 34,318,017. | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 8,092,781. | 375,065. | |
| t Assets or | | | Ļ | Beginning of Current Year | End of Year | |
| sset | 20 | Total assets (F | | 71,794,505. | 76,449,297. | |
| Net A | - | | (Part X, line 26) | <u>26,657,155.</u> 45,137,350. | 26,704,186. | |
| | <u>22</u> art II | | fund balances. Subtract line 21 from line 20 | 40,10/,000. | 49,745,111. | |
| | | - | I declare that I have examined this return, including accompanying schedules and state | ments and to the hest of my kn | owledge and helief it is | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date | | | | |
|------------|--|----------------------|----------|-------------------|-----------|--|--|--|
| - | LORI READ, CFO, VP-FINANC | E/ADMINSTRATION | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN | | | |
| Paid | LAURIE HANSON, CPA | LAURIE HANSON, CE | PA 02/27 | /25 self-employed | P00851848 | | | |
| Preparer | Firm's name EIDE BAILLY LLP | | | Firm's EIN 45- | 0250958 | | | |
| Use Only | Firm's address 345 N. REID PL., | STE. 400 | | | | | | |
| | SIOUX FALLS, SD 5 | 57103-7034 | | Phone no. 605 – | 339-1999 | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| LHA For | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | |

| | 990 (2023) MOUNT MARTY UNIVERSITY | 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 | | X |
| 1 | Briefly describe the organization's mission: | | |
| | MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE C | | |
| | BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS | | |
| | CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMUN | - | |
| | PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLI | COLLEGE OF | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | S 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 service | s? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, | as measured by expenses | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o | | |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$31,151,067. including grants of \$11,883,784.) (F | evenue \$ 29,876, | 292.) |
| Ha | PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,314 | |) [2] [2] [2] [2] [2] [2] [2] [2] [2] [2] |
| | INOVIDING EDUCATIONAL DERVICED TO ATTROXIMATEDT 1,514 | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (F | evenue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (F | evenue \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 31,151,067. | | |
| | | E | |

 Form 990 (2023)
 MOUNT
 MARTY
 UNIVERSITY

 Part IV
 Checklist of Required Schedules
 Image: Checklist of Required Schedules
 Image: Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <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 | | | 37 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 77 | |
| _ | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | v | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | v |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| Ø | 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 | 4.4% | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| 15 | | 45 | | x |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 16 | | x |
| 47 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | х | |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | Λ | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 17 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 10 | | x |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| 20а ь | | 20a 20b | | |
| р 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 | | |
| ~ 1 | 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 (2023)

| | | | Yes | No |
|------|---|------------|------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 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 | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I | 31 | | x |
| 32 | Did the organization required, terminate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part I</i> | | | |
| 02 | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 52 | | <u> </u> |
| 33 | | 33 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | | 34 | х | |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | <u> </u> |
| | | <u>55a</u> | - 25 | <u> </u> |
| a | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 05h | | x |
| 26 | 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? | 0 | | x |
| 07 | 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 | 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 X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | 1 |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | L |
| 1 al | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37 | | | |
| b | Enter the number of Forms W-2G included on 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 | | 37 | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| Form | <u>990 (2023)</u> MOUNT MARTY UNIVERSITY 46-0283 | 336 | Р | age 5 |
|--------|--|-----------|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 554 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | 77 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0 | | x |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Gh | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| | 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 | |
| a b | | 7a 7b | X | <u> </u> |
| | It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| U | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | 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 cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 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 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: | | | |
| | 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 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | - | | |
| | Enter the amount of reserves on hand | 4. | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on 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 | 45 | | x |
| | excess parachute payment(s) during the year? | 15 | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes." complete Form 6069. | <u> </u> | | |

MOUNT MARTY UNIVERSITY

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

| <i>c</i> | heck if Schedule O contai | ne a rochanca ar nata ta | any line in this Part VI | |
|----------|---------------------------|---------------------------|--------------------------|--|
| C C | neuk il Scheuule O contai | ווש מופשטטושב טו ווטנב נט | any me munis rail vi | |

| Г | v | ٦ |
|---|---|---|
| | | |

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|-----|--|----------------------|-----------------|---------|---------|---------|-----|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | . – 0 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 17 | | | |
| | 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 0. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | 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 | e direc [.] | t supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | L | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | [| 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | | | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | ···· [| | | |
| | persons other than the governing body? | | | | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | ···· | - | | |
| a | The governing body? | | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | ····· | | | |
| - | organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | | | | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | vonuo | Code) | | Ţ. | | |
| | | Venue | 0000./ | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | ſ | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | ····· | | | |
| | | • | ,, | | 10b | | |
| 11a | 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 on Schedule O the process, if any, used by the organization to review this Form 990. | • | U | | | | |
| 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 | | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "y | | | ····· | | | |
| | on Schedule O how this was done | , | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | ···· Г | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | Г | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | ····· | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| | Other officers or key employees of the organization | | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | ith a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | ı'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 | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990 | -T (section 501 | (c)(3)s | only) a | availat | 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 | n on Sc | chedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | 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 | oks and | d records | | | | |
| | LORI READ - 605-668-1603 | | | | | | |
| | 1105 WEST 8TH STREET, YANKTON, SD 57078 | | | | | | |

| | Compensation of Officers, Directors, Trustees, Key Emplo | yees, Highest Compensated | |
|------------|--|---------------------------|---|
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | X |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensate | d Employees | |
| 4- 0 | | | |

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

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

MOUNT MARTY UNIVERSITY

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Form 990 (2023)

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

| (A) Name and title | (B) Average | (do | (C) Position (do not check more than one | | | | one | (D) Reportable | (E) Reportable | (F) Estimated |
|--------------------------------------|--|--------------------------------|---|---------|---|---------------------------------|------|---|---|---|
| | hours per | box | box, unless person is both an officer and a director/trustee) | | | s both | ı an | compensation | compensation | amount of |
| | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | , | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) DR. MARCUS LONG | 40.00 | | | | | | | | | |
| PRESIDENT | | | | Х | | | | 279,185. | 0. | 35,687. |
| (2) ANDREA ROBERTS | 40.00 | | | | | | | | | |
| DIR. AND ASST. PROFANESTHESIA | | | | | | X | | 219,340. | 0. | 41,260. |
| (3) LARRY DAHLEN | 40.00 | | | | | | | | | |
| PROFNURSE ANESTHESIA | | | | | | X | | 181,999. | 0. | 27,932. |
| (4) TAYLOR REHFELDT | 40.00 | | | | | | | | | |
| ASST. PROFNURSE ANESTHESIA | | | | | | X | | 195,412. | 0. | 10,681. |
| (5) WILLIAM MILLER | 40.00 | | | | | | | | | |
| EXECUTIVE VICE PRESIDENT A | | | | | Х | | | 158,808. | 0. | 31,836. |
| (6) BROCK SMITH | 40.00 | | | | | | | | | |
| ASST. PROFNURSE ANESTHESIA | | | | | | X | | 178,710. | 0. | |
| (7) JAMES BARNETT | 40.00 | | | | | | | | | |
| ASST. PROFNURSE ANESTHESIA | | | | | | X | | 172,122. | 0. | 9,971. |
| (8) LORI READ | 40.00 | | | | | | | | | |
| CFO/VP OF FINANCE AND ADMINISTRATION | | | | Х | | | | 88,820. | 0. | 9,608. |
| (9) DR. JIM FITZGERALD | 2.50 | | | | | | | | | |
| CHAIR | | х | | Х | | | | 0. | 0. | 0. |
| (10) MR. ROB STEPHENSON | 2.50 | | | | | | | | | |
| VICE CHAIR | | х | | Х | | | | 0. | 0. | 0. |
| (11) MR. DENIS FOKKEN | 2.50 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (12) S. MARY JO POLAK | 2.50 | | | | | | | | • | • |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (13) DR. J. LEE JOHNSON | 5.00 | | | | | | | | • | • |
| DIRECTOR | 1 2 2 | Х | | | | | | 0. | 0. | 0. |
| (14) DR. RACHEL VANNATTA | 1.30 | | | | | | | | 0 | 0 |
| DIRECTOR | 1 20 | X | | | | | | 0. | 0. | 0. |
| (15) FR. JAMES KEITER | 1.30 | | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1 20 | Х | | | | | | 0. | 0. | 0. |
| (16) S. PENNY BINGHAM | 1.30 | | | | | | | | • | ^ |
| DIRECTOR | 1 20 | Х | | | | | | 0. | 0. | 0. |
| (17) MR. DARYL THURINGER | 1.30 | | | | | | | | • | 0 |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |

46-0283336

Page 7

| Form 990 (2023) MOUNT MAR | RTY UNIV | /ER | SI | ΤY | | | | | 46-028 | 3336 | P | age 8 |
|---|------------------------|---------------------------------|-----------------------|----------------|--------------|---------------------------------|--------|---------------------------------|------------------------------|----------|------------------|--------------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloy | ees, | and | Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | _ (C | | | | (D) | (E) | | (F) | |
| Name and title | Average | (do | | Posi heck r | |) than o | ne | Reportable | Reportable | E | stimat | ed |
| | hours per | box | , unle | ss per | son i | s both r/trust | an | compensation | compensation | a | nount | |
| | week | | | | recio | i/irusi | ee) | - from | from related | | other | |
| | (list any hours for | irecto | | | | | | the | organizations | | ipensa | |
| | related | e or di | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | | rom th | |
| | organizations | rustee | trus | | 66 | npen | | 1099-NEC) | 1099-INEC) | · · | ganiza d rela | |
| | below | dual ti | itiona | | nploy | st cor yee | - | 1000 NEO) | | | anizat | |
| | line) | In dividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | |
| (18) MR. DONALD ROBY | 1.30 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (19) MR. JOHN PORTER | 1.30 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | Ο. |
| (20) MR. SHAWN GALLAGHER | 1.30 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | Ο. |
| (21) MR. MICHAEL DONOHOE | 1.30 | | | | | | | | | | | - |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (22) S. BARBARA MCTAGUE | 1.30 | | | | | | | | | | | - |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (23) S. CAROL JEAN VANDENHEMEL | 1.30 | | | | | | | | | | | - |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (24) S. MILDRED BUSCH | 1.30 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (25) S. PATRICIA ANN TOSCANO | 1.30 | | | | | | | • • | | - | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| | | | | | | | | | | - | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 1,474,396. | 0 | . 17 | 8,1 | 16. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0 | • | | 0. |
| _d Total (add lines 1b and 1c) | | | | | | | - | 1,474,396. | 0 | . 17 | 8,1 | 16. |
| 2 Total number of individuals (including but no | ot limited to th | ose | liste | d ab | ove |) who | o re | eceived more than \$100,0 | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 12 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, k | key e | emplo | oyee | e, or | hig | hest compensated empl | oyee on | | | |
| line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | ,000? If "Yes, | " со | mple | ete S | Sche | dule | J f | or such individual | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | ccrue comper | nsati | , on fr | rom a | any | unre | late | ed organization or individ | ual for services | | | |
| rendered to the organization? If "Yes." com | plete Schedule | e J fo | or sı | ich c | bers | on . | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest cor | npensated inc | lepe | ndei | nt co | ontra | actor | s th | nat received more than \$ | 100,000 of compens | ation fr | om | |
| the organization. Report compensation for t | he calendar ye | ear e | endir | ng wi | ith c | or wit | hin | the organization's tax ye | ear. | | | |
| (A) | | | | | | | | (B) | | | C) | |
| Name and business | | | | | | | | Description of s | ervices | Compe | ensatic | n |
| BORTON CONSTRUCTION, INC. | | EL | AN | DZ | AV | Е. | | | | | | |
| SUITE 201, LA CROSSE, WI | 54603 | | | | | | | CONSTRUCTION | | 87 | 2,2 | 87. |
| FRESH IDEAS | | | | | | | | | | | | |
| 3220 VANDIVER DRIVE, COLU | MBIA, M | 0 | 65 | 202 | 2 | | | FOOD SERVICE | | 70 | 0,5 | 28. |
| ANTHOLOGY | | | | | | | | | | | | |
| PO BOX 850001, ORLANDO, F | | | | | | | 1 | SOFTWARE | | 50 | 4,4 | 95. |
| ALADDIN FOOD MANAGEMENT S | | - | | С | | | | | | | | |
| NW 8704, MINNEAPOLIS, MN | | | | | | | | FOOD SERVICE | | 47 | 3,4 | 23. |
| FRESH PRODUCE, 400 N MAIN | AVE, S | UI | ΤE | 1(| 00 | , | | | | | | |

SIOUX FALLS, SD 57104 Total number of independent contractors (including but not limited to those listed above) who received more than 2 7 \$100,000 of compensation from the organization

MARKETING

294,482.

| | 990 t VI | (2023) II Staten | MOU nent of Re | | | YU | NIVERSITY | | | 46-0283 | 336 Paq |
|---------------------------|---|---|--------------------------|------------|----------------|--------|---------------------|---|---|---|--|
| | _ | | | | | onse | or note to any line | e in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax und |
| | | | | | | | | | | | sections 512 - |
| ţ | 1 a | Federated ca | ampaigns | | <u>1a</u> | | | | | | |
| and Other Similar Amounts | k | Membership | dues | | 1b | | | | | | |
| Am | | Fundraising | | | | | 8,875. | | | | |
| ar | c | Related orga | nizations | | 1d | | 7,125. | | | | |
| E | e | e Government | grants (contr | ributi | ons) 1e | | 563,669. | | | | |
| š | f | All other contr | ibutions, gifts, | grant | s, and | | | | | | |
| Ę | | similar amoun | ts not included | l abov | | | 2,595,038. | | | | |
| p | ç | Noncash contribu | | | | | 304,590. | | | | |
| a | ł | Total. Add li | nes 1a-1f | | | | | 3,174,707. | | | |
| | | | | | | | Business Code | 05 000 50 | | | |
| | 2 a | | | | | | 611710 | 25,283,587. | | | |
| e | k | | | | | | 611710 | 3,812,368. | 3,812,368. | | |
| Revenue | c | | SPORTING EVENT ADMISSION | | Ń | | 611710 | 54,201. | 54,201. | | |
| Sev | c | l | | | | | ├ | | | | |
| | e | | | | | | 614540 | | | 0.640 | |
| | f | All other pro | | | | | 611710 | 692,807. | 702,447. | -9,640. | |
| _ | | Total. Add li | | | | | | 29,842,963. | | | |
| | 3 | Investment i | | Ũ | | | | 1 010 246 | | | 10103 |
| | other similar amounts) 4 Income from investment of tax-exempt bond proceeds | | | | | | 1,018,346. | | | 10183 | |
| | 4 | | | | • | | F | 1 002 | | | 1.0 |
| | 5 | Royalties | | | | | | 1,093. | | | 1,0 |
| | | | | - | (i) Re | | (ii) Personal | | | | |
| | | Gross rents | | 6a | 68 | ,544. | | | | | |
| | | Less: rental | | 6b | 69 | 0. | | | | | |
| | | Rental incom | | 6 C | 68 | ,544. | | 69 E44 | | | <u> </u> |
| | | Net rental in | · · | s) <u></u> | (i) Coor | | | 68,544. | | | 68,5 |
| | 7 a | Gross amount | | _ | (i) Secu | | (ii) Other | | | | |
| | | assets other th | - | 7a | 5,410 | , 304. | | | | | |
| | C | Less: cost or | | | 1 976 | 308 | | | | | |
| | | and sales expe | | 7b | | | | | | | |
| | | Gain or (loss | | /C | 555 | ,996. | | 533,996. | | | 533,9 |
| | | Net gain or (| | | | ···· | ····· | 555,550. | | | 555,5 |
| | 8 8 | Gross income | | | | | | | | | |
| 1 | | including \$ contributions | | | | | | | | | |
| | | | • | | , | 8a | 40,996. | | | | |
| | L | Part IV, line ⁻ Less: direct | | | | | 11,252. | | | | |
| | | | | | | · – | | 29,744. | | | 29,7 |
| | | Net income of Gross incom | | | | | | ,, | | | ,, |
| | 50 | Part IV, line | | | | | | | | | |
| | F | Less: direct | | | | | | | | | |
| | | Net income | | | | | | | | | |
| | | Gross sales | | | | | | | | | |
| | | and allowand | | | | 10a | 124,478. | | | | |
| | ٢ | Less: cost of | | | | | | | | | |
| | | Net income | | | | | | 23,689. | 23,689. | | |
| ╈ | | | | 24100 | | | Business Code | , . | , . | | |
| | 11 a | 1 | | | | | | | | | |
| evenue | ti t | | | | | | | | | | |
| ver | | · | | | | | | | | | |
| Be | | All other reve | enue | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | 34,693,082. | 29876292. | -9,640. | 16517 |

а

b

С

25

26

amount, list line 24e expenses on Schedule 0.)

REPAIRS AND MAINTENANCE

Total functional expenses. Add lines 1 through 24e

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

Joint costs. Complete this line only if the organization

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

FOOD SERVICES

SUPPLIES

d ACTIVITIES

e All other expenses

| | 990 (2023) MOUNT MARTY t IX Statement of Functional Expense | | | 46-0 |
|------|--|------------------------|-------------------------------|---|
| | on 501(c)(3) and 501(c)(4) organizations must comp | | r organizations must cor | moloto column (A) |
| 3601 | Check if Schedule O contains a respor | | | |
| | not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and general expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses |
| • | and domestic governments. See Part IV, line 21 | 6,000. | 6,000. | |
| 2 | Grants and other assistance to domestic | ., | ., | |
| - | individuals. See Part IV, line 22 | 11,877,784. | 11,877,784. | |
| 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 | 669,410. | | 669,410. |
| 6 | Compensation not included above to disgualified | | | |
| | persons (as defined under section 4958(f)(1)) and | | | |
| | persons described in section 4958(c)(3)(B) | | | |
| 7 | Other salaries and wages | 9,797,105. | 8,966,958. | 486,746. |
| 8 | Pension plan accruals and contributions (include | | | |
| | section 401(k) and 403(b) employer contributions) | 293,418. | 275,888. | 4,984. |
| 9 | Other employee benefits | 1,062,139. | 941,748. | 4,984. 77,563. |
| 10 | Payroll taxes | 687,991. | 592,675. | 72,795. |
| 11 | Fees for services (nonemployees): | | | |
| а | Management | | | |
| b | Legal | | | |
| с | Accounting | 11,725. | | 11,725. |
| d | Lobbying | 224. | 224. | |
| е | Professional fundraising services. See Part IV, line 17 | 79,999. | | |
| f | Investment management fees | 133,764. | | 133,764. |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 818,603. | 702,957. | 89,927. |
| 12 | Advertising and promotion | 306,236. | 294,188. | 11,470. |
| 13 | Office expenses | 469,788. | 303,536. | 134,760. |
| 14 | Information technology | 546,399. | 53,465. | 492,934. |
| 15 | Royalties | | ==0.400 | |
| 16 | Occupancy | 767,952. | 752,490. | 11,545. |
| 17 | Travel | 699,693. | 680,021. | 8,969. |
| 18 | Payments of travel or entertainment expenses | | | |
| | for any federal, state, or local public officials \dots | | | |
| 19 | Conferences, conventions, and meetings | | | |
| 20 | Interest | 941,706. | 805,682. | 97,658. |
| 21 | Payments to affiliates | 1 540 610 | | 10 000 |
| 22 | Depreciation, depletion, and amortization | 1,549,619. 256,554. | 1,525,344. | 18,206. |
| 23 | | 430,354. | 253,277. | 2,458. |
| 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 (). | | | |

1,035,576.

750,886.

382,963. 242,280.

930,203.

34,318,017.

1,008,391.

725,014.

289,965. 242,280.

853,180.

31,151,067.

(D) Fundraising expenses

343,401.

12,546.

42,828.

22,521.

79,999.

25,719. 578.

31,492.

3,917.

10,703.

38,366.

6,069.

22,611.

17,771.

1,181.

39,251.

699,772.

4,574.

8,101.

91,817.

37,772.

2,467,178.

819.

| MOUNT MARTY | UNIVERSITY |
|-------------|------------|
|-------------|------------|

46-0283336 Page 11

| | | Check if Schedule O contains a response or note to | o any | line in this Part X | | | |
|-----------------------------|-----|---|--|----------------------------|-------------------|---------------------------|-------------|
| | | • | , | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 1,637,497. | 2 | 2,193,558. |
| | 3 | Pledges and grants receivable, net | | 1,723,157. | 3 | 1,186,367. | |
| | 4 | Accounts receivable, net | | | 1,166,679. | 4 | 1,389,099. |
| | 5 | Loans and other receivables from any current or fo | | | | | |
| | | trustee, key employee, creator or founder, substan | tial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these p | oerso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualified | l pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | sect | ion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 852,846. | 7 | 776,872. |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ąŝ | 9 | | | | 780,056. | 9 | 466,000. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | l0a | 57,182,116. 26,543,629. | | | |
| | b | Less: accumulated depreciation | 0b | 26,543,629. | 31,137,897. | | 30,638,487. |
| | 11 | Investments - publicly traded securities | | | 33,701,817. | 11 | 38,169,180. |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 696,381. | 12 | 874,107. |
| | 13 | Investments - program-related. See Part IV, line 11 | estments - program-related. See Part IV, line 11 | | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 98,175. | 15 | 755,627. |
| | 16 | Total assets. Add lines 1 through 15 (must equal li | | | 71,794,505. | 16 | 76,449,297. |
| | 17 | Accounts payable and accrued expenses | | | 941,937. | 17 | 1,135,231. |
| | 18 | Grants payable | 1 0 0 0 0 1 | 18 | 1 420 621 | | |
| | 19 | Deferred revenue | ••••• | | 1,262,761. | 19 | 1,439,631. |
| | 20 | | | | 12,952,857. | 20 | 12,482,068. |
| | 21 | Escrow or custodial account liability. Complete Par | | | | 21 | |
| es | 22 | Loans and other payables to any current or former | | | | | |
| oilit | | trustee, key employee, creator or founder, substan | | | | | |
| Liabilities | 00 | controlled entity or family member of any of these p | | | 5,229,607. | 22 | 5,046,103. |
| _ | 23 | Secured mortgages and notes payable to unrelated | | | 5,229,007. | 23 | 5,040,105. |
| | 24 | Unsecured notes and loans payable to unrelated th | - | F | | 24 | |
| | 25 | Other liabilities (including federal income tax, payat parties, and other liabilities not included on lines 17 | | | | | |
| | | - f O - h h - h - D | | | 6,269,993. | 25 | 6,601,153. |
| | 26 | | | | 26,657,155. | 25 26 | 26,704,186. |
| | 20 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check | | | 20,007,100 | 20 | 20,704,100. |
| es | | and complete lines 27, 28, 32, and 33. | nere | | | | |
| anc. | 27 | | | 9,549,040. | 27 | 9,027,133. | |
| Balá | 28 | Net assets with donor restrictions | Г | 35,588,310. | 28 | 9,027,133. 40,717,978. | |
| Ipu | | Organizations that do not follow FASB ASC 958, | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | |
| , C | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equip | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated incor | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 45,137,350. | 32 | 49,745,111. |
| | 33 | Total liabilities and net assets/fund balances | | | 71,794,505. | 33 | 76,449,297. |

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

| Form | 1990 (2023) MOUNT MARTY UNIVERSITY | 46- | -0283336 | Pag | _{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 | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 34,693 | 3,0 | 82. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 34,31 | 3,0 | 17. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 37 | 5,0 | 65. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 45,13 | 7,3 | 50. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,60 | 3,4 | 63. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | 578 | 3,9 | 08. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 4 | 5,3 | 25. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 49,74 | 5 , 1 | 11. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | x |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | 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 | | | | |
| | 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 on Sch | edule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | X | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | Х | L |

Form 990 (2023)

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047 |
|-------------------|
| 2023 |
| Open to Public |

| | | | | | ttach to Form 990 or For Form990 for instruction | | | ormation. | | Open to Public Inspection |
|--------------|---|------------------|-----------------|------------------------|---|-----------------|-------------------------|-----------------|----------------|------------------------------|
| Name | e of t | the organizati | | | | | | | | identification number |
| Dev | MOUNT MARTY UNIVERSITY 46-0283336 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. | | | | | | | | 6-0283336 | |
| | | | | | | | | ee instructior | IS. | |
| Г | rgan | | | | For lines 1 through 12, c | | | | | |
| 1 | | | | | on of churches described | | on 170(b)(⁻ | 1)(A)(i). | | |
| 2 | X | | | | Attach Schedule E (Forn | | | | | |
| 3 [| | | | | anization described in se | | | | | |
| 4 [| | | - | ation operated in co | njunction with a hospital | described | l in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| - | _ | city, and stat | | | | | | | | |
| 5 [| | - | - | | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in |
| | | | | Complete Part II.) | | | | | | |
| 6 L | | | · - | - | nental unit described in | | | | | |
| 7 [| | | | | ntial part of its support fr | rom a gove | ernmental | unit or from tl | ne general p | oublic described in |
| - F | | | | Complete Part II.) | | | | | | |
| 8 [| | | | | (1)(A)(vi). (Complete Par | | | | | |
| 9 [| | | | | in section 170(b)(1)(A)(| | | | | |
| | | - | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | e or |
| . . [| _ | university: | | | | | | | | |
| 10 | | - | | • | than 33 1/3% of its supp | | | | - | • |
| | | | | | t to certain exceptions; a | | | | | |
| | | | | | (less section 511 tax) fro | om busines | sses acqui | red by the org | janization a | after June 30, 1975. |
| 4 4 | | | | mplete Part III.) | and the stand for a shift of a | | | 00(-)(4) | | |
| 11 | | - | - | - | vely to test for public sa | • | | | | |
| 12 | | - | - | - | vely for the benefit of, to | | | | - | |
| | | | | | d in section 509(a)(1) o | | | | | Sneck the box on |
| - | | 7 | | | f supporting organization | | | | | |
| а | | | | - | upervised, or controlled | • | - | | ••••• | |
| | | | - | | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting |
| L | | - | | complete Part IV, Se | | | | | va (a) huu hau | iin n |
| b | | | | - | l or controlled in connect | | | • | | - |
| | | | • | | anization vested in the sa | ame perso | ns that co | ntroi or mana | ge the supp | Joned |
| - | | ¬ - | | st complete Part IV, | | in connoc | tion with a | and functions | lly into grate | |
| С | | | - | | g organization operated | | | | ly integrate | a with, |
| d | | | - | | You must complete I porting organization oper | | | | rtad argani: | ration(a) |
| d | | | - | | | | | | Ŭ, | |
| | | | - | | ation generally must sat nplete Part IV, Sections | - | | - | anallenin | /eness |
| • | | - | | | written determination fro | | | | | |
| е | | | • | | nally integrated supporti | | | турет, туре | п, туре п | |
| f | Ente | er the number | | · | | | | | | |
| | | | • • | n about the supporte | d organization(s) | | | | | |
| | | (i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the org | anization listed | (v) Amount o | f monetary | (vi) Amount of other |
| | | organizatior | ı | | (described on lines 1-10 above (see instructions)) | Yes | ing document? | support (see i | nstructions) | support (see instruction |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

| Schedule | A (Form 990) 2023 |
|----------|-------------------|
| Part II | Support Sc |

MOUNT MARTY UNIVERSITY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|----------------------|----------------------|-----------------------|-----------------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | (0) 2010 | (6) 2020 | (0) 2021 | (0) 2022 | (0) 2020 | |
| 8 | Gross income from interest, | | | | | | |
| 0 | 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 | | | | | | |
| | Gross receipts from related activities, | | , | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | 0 | | | 5 | ()() | |
| <u> </u> | organization, check this box and sto | | | | | | |
| | ction C. Computation of Public | | | | | | |
| | Public support percentage for 2023 (I | | • | | | 14 | % |
| | Public support percentage from 2022 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the | | | | 14 is 33 1/3% or m | nore, check this bo | x and |
| | stop here. The organization qualifies | | • | | | | |
| b | 33 1/3% support test - 2022. If the | - | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | - | - | VI how the organi | zation |
| | meets the facts-and-circumstances te | st. The organizatio | on qualifies as a pu | ublicly supported of | organization | | |
| b | 10% -facts-and-circumstances test | : - 2022. If the org | anization did not | check a box on lin | ie 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | eck this box and s | stop here. Explain i | in Part VI how the | |
| | organization meets the facts-and-circ | umstances test. Th | ne organization qu | alifies as a publicly | y supported organi | zation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instruction | s |
| | | | | | | | |

Schedule A (Form 990) 2023

| Schedule A | Form 990 |)) 2023 |
|------------|----------|---------|
| | | |

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.)
Section A. Public Support

| Section A. Fublic Support | | | | | | | |
|--|----------------------------|---------------------------|----------------------|----------------------|------------|-------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2 | 2023 | (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 business under section 513 | | | | | | | |
| 4 Tax revenues levied for the organization'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 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 | | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | | |
| Section B. Total Support | | 1 | 1 | 1 | | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2 | 2023 | (f) Total |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 First 5 years. If the Form 990 is for t | he organization's fi | rst second third | fourth, or fifth tax | vear as a section F | - | rganizatio | n. |
| check this box and stop here | | | | | | • | |
| Section C. Computation of Publ | ic Support Per | | | | | | |
| 15 Public support percentage for 2023 (| | | column (f)) | | 15 | | % |
| 16 Public support percentage from 2022 | 2 Schedule A, Part | III, line 15 | | | 16 | | % |
| Section D. Computation of Inve | | | | | • | | |
| 17 Investment income percentage for 2 | 023 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | | % |
| 18 Investment income percentage from | | | | | 18 | | % |
| 19a 33 1/3% support tests - 2023. If the | | | | | · · · · · | Ind line 17 | |
| more than 33 1/3%, check this box a | | | | | | | |
| b 33 1/3% support tests - 2022. If the | e organization did r | not check a box on | line 14 or line 19 | a, and line 16 is mo | ore than 3 | 3 1/3%, a | nd |
| line 18 is not more than 33 1/3%, che | eck this box and st | top here. The orga | nization qualifies | as a publicly suppo | orted orga | nization | |
| 20 Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | | |

332024 12-21-23

MOUNT MARTY UNIVERSITY

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2023 MOUNT MARTY UNIVERSITY Part IV Supporting Organizations (continued)

1

2

1

Yes No

| | | Yes | No |
|---|--------|-----|----|
| 1 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 on lines 11b and | | | |
| 11c below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described on line 11a above? | 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| detail in Part VI. | 11c | | |
| ection B. Type I Supporting Organizations | | _ | |
| | | Yes | N |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers acting the terms of | icers, | | |

| | 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 |

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

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a g | governmental entity. | Describe in Part VI how | vou supported a governmenta | l entitv (see instructions). |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

| | All other Type III non-functionally integrated supporting organizations must | t complete | 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 | | |
| Sec | 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 | | |

otion C - Distributable Amount

| Section 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-functionally | integra | ated Type III supporting organ | nization (see |
| | instructions). | - | | |

Schedule A (Form 990) 2023

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

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

Schedule A (Form 990) 2023

| _ | dule A (Form 990) 2023 MOUNT MARTY UI | | · | | 6-0283336 _{Pa} |
|------|--|------------------------------|---------------------------------------|-------------|---|
| | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | inizations (continu | <i>led)</i> | |
| | ion D - Distributions | | | | Current Year |
| | Amounts paid to supported organizations to accomplish exer | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 5 | | | |
| 6 | | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which th | e organization is responsive | • | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | ıs | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| U | | | | | |

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | MOUNT | MARTY | UNIVERSIT | Y | | 46-0283336 Page 8 |
|------------|---|----------------------------------|-----------------------------------|--|--|---|--|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.) | , 2, 36, 3c, 4t lines 2 and 3 |), 4C, 5a, 6, 9 ; Part IV, Seo | 9a, 9b, 9c, 11a, 11 ction E, lines 1c, 2a | b, and 11c; Part IV, S a, 2b, 3a, and 3b; Par | Section B, lines 1 a rt V, line 1; Part V, 3 | nd 2; Part IV, Section C, Section B, line 1e; Part V, |
| | | | | | | | |
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

46-0283336

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

| Organization type (check one): | | | |
|--------------------------------|-----------|---------------------------------|--|
| Filers of: | Section: | | |
| Form 990 or 990-EZ | X 501(c)(| 3) (enter number) organization | |

MOUNT MARTY UNIVERSITY

| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|-----------|--|
| | 527 political organization |
| rm 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

Fo

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

Γ

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

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

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

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

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

Schedule B (Form 990) (2023)

| Name of organization | | | |
|----------------------|-------|-------|------------|
| | MOUNT | MARTY | UNIVERSITY |

Employer identification number

Schedule B (Form 990) (2023)

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) Total contributions | (d) Type of contribution |
| 1 | | \$5,651. | 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 | Name, address, and Zir + 4 | \$ <u>24,000.</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 | | \$92,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$7,125. | 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>10,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

| Schedule I | B (Form | 990) (2023) |
|------------|---------|-------------|
|------------|---------|-------------|

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

Schedule B (Form 990) (2023)

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 7 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 15,000. Noncash \$ (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 6,205. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 19,616. 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 12,981. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 6,035. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization

Employer identification number

46-0283336

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional effects of the second secon | tional space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$9,300. | 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_ | | \$6,000. | 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 |
| | | \$118,656. | PersonPayrollNoncashX(Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |

MOUNT MARTY UNIVERSITY

323452 12-26-23 Schedule B (Form 990) (2023)

MOUNT MARTY UNIVERSITY

| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u> 19</u> | | \$ <u>101,750.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$ <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 |
| 21 | | \$76,605. | 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 | | \$12,750. | 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 |
| 23 | | \$5,400. | 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>55,033.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |

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

(b)

Employer identification number

(d)

46-0283336

(c)

Name of organization

Part I

(a)

| 29 | | \$ <u>19,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|--------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$8,160. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 323452 12-26 | 5-23 | | Schedule B (Form 990) (20) |

| MOUNT | MARTY | UNIVERSITY |
|--------|---------|------------------------|
| Part I | Contrib | utors (see instruction |
| (a) | | |

No.

25

(a)

No.

26

(a)

No.

27

(a)

No.

28

(a)

No.

| ributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | |
|--|---------------------|--|
| (b) | (c) | |
| Name, address, and ZIP + 4 | Total contributions | |

(b)

Name, address, and ZIP + 4

| Schedule B (Form 990) (2023) | |
|------------------------------|--|
| Name of organization | |

Employer identification number

(d)

Type of contribution

X

X

X

X

(2023)

46-0283336

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

39,719.

9,900.

8,475.

128,000.

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

\$

323452 12-26-23

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | | - \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | - _ \$5,050. - | 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 |
| 33 | | - \$\$6,750. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | - \$\$121,290. | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | | - \$ <u>25,000.</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 | | - \$\$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

323452 12-26-23

Name of organization

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 37 X Person Payroll 5,070. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 38 X Person Payroll 125,348. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 Person Payroll 25,115. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Person X Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Payroll 7,862. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

Schedule B (Form 990) (2023)

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | | \$5,587. | 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_ | | \$36,000. | 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 |
| 45 | | \$9,200. | 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 | | \$217,190. | 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 | | \$5,540. | 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 | | \$6,150. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

| Name of o | rganization | |
|------------|---|------------------|
| MOUNT | MARTY UNIVERSITY | |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed |
| (a) No. | (b) Name, address, and ZIP + 4 | (c Total cont |
| NO. | | Total cont |
| 49 | | |
| | | |
| | | \$ |
| | | |
| | | |

| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
|---------------|-----------------------------------|----------------------------|--|
| <u>49</u> | | \$ <u>15,500.</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>50</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 |
| 51 | | \$6,420. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 52</u> | | \$ <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 |
| 53 | | \$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 |
| 54 | | | Person X |

(c)

(d)

Page **2**

46-0283336

noncash contributions.) Schedule B (Form 990) (2023)

Payroll

Noncash

(Complete Part II for

5,100.

\$

| Schedule I | B (Form | 990) (| (2023) |
|------------|---------|--------|--------|
|------------|---------|--------|--------|

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

Schedule B (Form 990) (2023)

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 45,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 56 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 57 X Person Payroll 65,628. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Person X Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 165,545. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 60 X Person Payroll 11,500. Noncash \$ (Complete Part II for noncash contributions.)

| Name, address, and ZIP + 4 | |
|----------------------------|---|
| | |
| | |
| | |
| | |
| | |
| (b) | |
| Name, address, and ZIP + 4 | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | |

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

| 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 |
| 61_ | | \$ <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 |
| 62 | | \$10,066. | 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 |
| 63 | | \$ <u>12,500.</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 |
| 64_ | | \$31,250. | 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 |
| <u>65</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 |
| <u>66</u> 323452 12-26 | | \$ <u>23,705.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023) |

| (b) | (c) | (d) |
|----------------------------|--|--|
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 | Name, address, and ZIP + 4 Total contributions |

Name of organization

Part I

(a)

Employer identification number

(d)

46 - 0283336

(c)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 X Person Payroll 124,523. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 68 X Person Payroll 128,980. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) ion າຣ.) ion າຣ.) ion ıs.)

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

(b)

MOUNT MARTY UNIVERSITY

| MOUNT | MARTY UNIVERSITY | 46 | -0283336 |
|------------------------------|---|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 15 | TRAVEL EXPENSES | - - ss118,656. | _06/28/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 24_ | STOCK | \$\$51,333. | _05/09/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 38_ | STOCK | \$105,348. | _12/22/23_ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 39 | STOCK | \$ <u>25,115.</u> | 08/15/23 |
| (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 |
| | | - - - \$ | |

Employer identification number

Schedule B (Form 990) (2023) Name of organization

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

| S | C | Н | E | D | U | L | Ε | С |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| ivar | ne of organization | | | Em | ployer identification number |
|------|--|--|-------------------------|---|------------------------------|
| | | LARTY UNIVERSITY | | | 46-0283336 |
| Pa | art I-A Complete if the org | ganization is exempt under | section 501(c) o | r is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political campaign activity expendi Volunteer hours for political campa | tures | | | |
| Pa | art I-B Complete if the org | ganization is exempt under | section 501(c)(3) | - | |
| 1 | Enter the amount of any excise tax | incurred by the organization under | section 4955 | | \$ |
| 2 | | | | | |
| 3 | If the organization incurred a section | | | | |
| | | | | | |
| | b If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | ganization is exempt under | section 501(c), e | except section 501 | (c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for secti | on 527 exempt functio | n activities | \$ |
| 2 | Enter the amount of the filing orgar | nization's funds contributed to othe | r organizations for sec | tion 527 | |
| | exempt function activities | | | | \$ |
| 3 | Total exempt function expenditures | | | | |
| | line 17b | | | | |
| 4 | | | | | |
| 5 | , | | | | |
| | made payments. For each organiza | · · · · · | | | - |
| | contributions received that were pr political action committee (PAC). If | | | | ate segregated fund of a |
| | · · · · | | 1 | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | contributions received and |
| | | | | | |
| | | | | | |
| | | | | | |

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023 Open to Public Inspection

| Schedule C (Form 990) 2023 | OUNT MARTY | UNIVERSITY | | 46-0 | 0283336 Page 2 |
|---|---|---|-------------------------|---|------------------------------------|
| Part II-A Complete if the organ | nization is exer | npt under sectior | 1 501(c)(3) and file | d Form 5768 (el | ection under |
| section 501(h)). | | | | | |
| 00 | • | • • • | Part IV each affiliated | group member's nam | ne, address, EIN, |
| expenses, and share | , , | 1 , | | | |
| B Check if the filing organization | on checked box A ar | nd "limited control" pro | ivisions apply. | | |
| | on Lobbying Expe ures" means amou | nditures ints paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influe | nce public opinion (| grassroots lobbying) | | | |
| b Total lobbying expenditures to influe | nce a legislative boo | ly (direct lobbying) | | | |
| c Total lobbying expenditures (add line | s 1a and 1b) | | | | |
| d Other exempt purpose expenditures | | | | | |
| e Total exempt purpose expenditures (| add lines 1c and 1d |) | | | |
| f Lobbying nontaxable amount. Enter | the amount from the | e following table in both | n columns. | | |
| If the amount on line 1e, column (a) or (| b) is: The lob | bying nontaxable am | ount is: | | |
| not over \$500,000, | 20% of | the amount on line 1e. | | | |
| over \$500,000 but not over \$1,000,0 | 00, \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| over \$1,000,000 but not over \$1,500 | ,000, \$175,00 | 0 plus 10% of the exc | ess over \$1,000,000. | | |
| over \$1,500,000 but not over \$17,00 | 0,000, \$225,00 | 0 plus 5% of the exce | ss over \$1,500,000. | | |
| over \$17,000,000, | \$1,000, | 000. | | | |
| g Grassroots nontaxable amount (enter | r 25% of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero of | or less, enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero o | r less, enter -0 | | | | |
| j If there is an amount other than zero | on either line 1h or | line 1i, did the organiza | ation file Form 4720 | | |
| reporting section 4911 tax for this ye | ar? | | | | Yes No |
| | | eraging Period Under | ., | | |
| (Some organizations that | | 01(h) election do not ate instructions for lir | | f the five columns b | below. |
| | • | nditures During 4-Yea | | | |
| O stan dan waar | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| | | | | | |
| Os labbins nantavable amount | | | | | |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| | | | | | |
| c Total lobbying expenditures | | | | | |
| | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | | |
| / / / / / | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (2 | a) | (t | o) |
|-------|--|-----------------|-----------------|-----------|-------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| а | Volunteers? | | Х | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| с | Media advertisements? | | Х | | |
| d | Mailings to members, legislators, or the public? | | X | | |
| е | Publications, or published or broadcast statements? | | X | | |
| f | Grants to other organizations for lobbying purposes? | Х | | | 224. |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Х | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | |
| i | Other activities? | | Х | | |
| j | Total. Add lines 1c through 1i | | | | 224. |
| 2a | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | Х | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| с | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | | <i>, or sec</i> | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | on 501(c)(| 5), or sec | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | | | |
| | Total | | | | |
| 3 | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| | expenditures next year? | | | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| Par | t IV Supplemental Information | | | | |
| Prov | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II- | A, lines 1 a | nd 2 (see | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| SCI | HEDULE C, PART II-B, LINE F | | | | |

THE AMOUNT ON LINE F IS THE LOBBYING PORTION OF DUES PAID TO NATIONAL

ASSOCIATION OF INDEPENDENT COLLEGE AND UNIVERSITIES.

| | | 0 | | | OMB No. 1545-0047 |
|-------|----------------------|---|---|----------------|--|
| SC | HEDULE D | | al Financial Statements | | OMB NO. 1545-0047 |
| (Forn | n 990) | | nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | 2023 | |
| | ment of the Treasury | ttach to Form 990. | | Open to Public | |
| | I Revenue Service | | 0 for instructions and the latest information. | | Inspection |
| Nam | e of the organizati | on MOUNT MARTY UNIVER; | ст тv | Emp | loyer identification number $46-0283336$ |
| Par | tl Organiza | | d Funds or Other Similar Funds or A | ccount | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Func | is and other accounts |
| 1 | Total number at er | nd of year | | | |
| 2 | Aggregate value o | f contributions to (during year) | | | |
| 3 | Aggregate value o | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fu | | |
| | | | exclusive legal control? | | Yes No |
| 6 | 0 | o , , , | dvisors in writing that grant funds can be used | | |
| | | | r donor advisor, or for any other purpose confe | Ũ | |
| Par | impermissible priv | | | | Yes No |
| | | | ganization answered "Yes" on Form 990, Part I | /, line /. | |
| 1 | | servation easements held by the organization | | | and a stant land and a |
| | | n of land for public use (for example, recrea | tion or education) Preservation of a his Preservation of a ce | | • |
| | | of natural habitat | Preservation of a ce | tified his | toric structure |
| 2 | | of open space | fied conservation contribution in the form of a c | onconvoti | on accoment on the last |
| 2 | day of the tax year | c c . | | | Held at the End of the Tax Year |
| а | | | | | |
| b | | And and have a sub-standard standard standard | | 2b | |
| c | | vation easements on a certified historic stru | | | |
| d | | vation easements included on line 2c acqu | | | |
| | | • | | 2d | |
| 3 | | | eased, extinguished, or terminated by the orga | nization c | luring the tax |
| | year | | | | - |
| 4 | Number of states | where property subject to conservation eas | sement is located | | |
| 5 | Does the organiza | tion have a written policy regarding the per | iodic monitoring, inspection, handling of | | |
| | violations, and enf | orcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conservat | ion easer | nents during the year |
| 7 | Amount of expens | ses incurred in monitoring inspecting hand | lling of violations, and enforcing conservation e | asements | s during the year |
| - | | | | | |
| 8 | Does each conser | vation easement reported on line 2d above | satisfy the requirements of section 170(h)(4)(B) | (i) | |
| | | | | | |
| 9 | | v | on easements in its revenue and expense state | | |
| | balance sheet, and | d include, if applicable, the text of the footr | note to the organization's financial statements t | nat descr | ibes the |
| Do | | ounting for conservation easements. | Art Historical Tracquires or Other | Similar | Acceta |
| Fai | | _ | Art, Historical Treasures, or Other | Similar | A55615. |
| 4 - | | f the organization answered "Yes" on Form | | lonos st | |
| та | U U | | 8, not to report in its revenue statement and ba | | |
| | | | blic exhibition, education, or research in further | ance of p | UDIIC |
| h | | | ncial statements that describes these items. | o chaat · | Norks of |
| b | - | | to report in its revenue statement and balance exhibition, education, or research in furtherance | | |
| | | ing amounts relating to these items. | | o or pub | |
| | - | | | \$ | |
| | | | | | ; |
| 2 | | | asures, or other similar assets for financial gain | | |

| - | in the organization received of held works of art, motorical readures, or other similar assets for inharitial gai |
|---|---|
| | 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 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 Schedule D (Form 990) 2023

\$_ \$

| Sche | | ARTY UNIVER | | | | | | | 28333 | | |
|-------|--|---------------------------------------|-----------|----------------|-------------------------|--------------|-----------------------|------------|----------------------|---------|---------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | asures, o | r Other | Simila | r Asse | ts _{(conti} | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, checl | k any of the f | ollowing that | t make sig | gnificant u | use of its | 5 | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | d | I 🗌 | Loan or exc | hange progr | am | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how th | nev further th | ne organizatio | on's exem | oarua ta | se in Pa | rt XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| - | to be sold to raise funds rather than to be ma | | | | | | | Г | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | Part IV | | | |
| | reported an amount on Form 990, Par | | | organization | i anomoroa | | 01111 0000, | , r arcre, | | | |
| 1a | Is the organization an agent, trustee, custodi | | liary for | contribution | is or other as | sets not i | ncluded | | | | |
| 14 | on Form 990, Part X? | | | | | | | Г | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | L | 163 | | |
| U. | | and complete the lot | lowing | LaDIE. | | | | | Amour | nt | |
| - | Designing belongs | | | | | | 10 | | 7 411001 | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| T | Ending balance | | | | | | 1f | Г | | | |
| | Did the organization include an amount on Fe | | | | | | | L | Yes | | _ No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | | | <u></u> | <u></u> | | |
| T ai | | , , , , , , , , , , , , , , , , , , , | | | 1 | | | vooro boo | | rvooro | book |
| | | (a) Current year | | Prior year | (c) Two yea | | (d) Three y | | | - | |
| 1a | Beginning of year balance | 33,957,539. | | ,841,524. | 34,62 | - | | 72,359 | | | ,427. |
| b | Contributions | 827,977. | | .,786,958. | | 1,113. | | 41,222 | | | ,455. |
| | Net investment earnings, gains, and losses | 5,055,291. | | 8,860,293. | | 3,471. | | | | | ,444. |
| | Grants or scholarships | 1,303,094. | 1 | .,451,642. | 1,19 | 1,137. | 1,040,839. | | . 1 | ,131 | ,091. |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | _ | | |
| f | Administrative expenses | 527,499. | | 79,594. | | 5,670. | | 54,652 | _ | | ,876. |
| g | End of year balance | 38,010,214. | 33 | ,957,539. | 30,84 | 1,524. | 34,6 | 20,689 | . 28 | ,072, | ,359. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1 | g, column (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | .0000 | _% | | | | | | | | |
| b | Permanent endowment 67.5590 | % | | | | | | | | | |
| с | Term endowment 32.4410 | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that | at are held ar | nd administe | red for the | Э | | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | . 3a(i) | | X |
| | | | | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 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 | V, line 11a. S | ee Form 990 |), Part X, I | ine 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Ac | cumulate | əd | (d) Boo | ok valu | Je |
| | | basis (investr | | • • • | (other) | | reciation | | () 200 | | |
| 1a | Land | | , | | 0,717. | | | | 1,30 | 0.7 | 17. |
| | Buildings | | | | 3,333. | 17 8 | 318,4 | 55. | 27,02 | | |
| | Leasehold improvements | | | , | -, | <u> </u> | | | _ , , ⊽ ⊿ | - / 0 | |
| | | | | 8 84 | 3,557. | 7 1 | .43,8 | 97. | 1,69 | 96 | 60. |
| | Equipment | | | | <u>3,557.</u> 4,509. | | . <u>43,0</u> 81,2 | | | | 32. |
| | Other | | | | | | | | 30,63 | | |
| iotal | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part .</u> | X, line 1 | Uc, column | <u>(B))</u> | | | | | | |
| | | | | | | | | Schedu | le D (Fori | п 990 |) 2023 |

| Dart VII | Investm | ionts - C |)ther Secu | ritiae | |
|------------|------------|-----------|------------|--------|------------|
| Schedule D | (Form 990) | 2023 | MOUNT | MARTY | UNIVERSITY |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-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, line 12, col. (B)) | | | |
| 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 | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| 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) | | | |
| (0) | | | |
| (9) | | | |
| | ol. (B)) | | |
| | ol. (B)) | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes' | | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes' | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability | " on Form 990, Part IV, line | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, ca Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes | " on Form 990, Part IV, line RUST | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, line 15, ca Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT | " on Form 990, Part IV, line RUST | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, line 15, ca Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN | " on Form 990, Part IV, line "RUST IT | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN (4) ADVANCES | " on Form 990, Part IV, line "RUST IT | | (b) Book value 203,345 843,670 |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN (4) ADVANCES (5) LONG-TERM RELATED NOTE PA | " on Form 990, Part IV, line "RUST IT | | (b) Book value 203,345 843,670 4,275,000 |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN (4) ADVANCES (5) LONG-TERM RELATED NOTE PA (6) UNSECURED (7) OTHER LIABILITIES | " on Form 990, Part IV, line "RUST IT | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN (4) ADVANCES (5) LONG-TERM RELATED NOTE PA (6) UNSECURED (7) OTHER LIABILITIES (8) | " on Form 990, Part IV, line "RUST IT | | (b) Book value 203,345 843,670 4,275,000 |
| Total. (Column (b) must equal Form 990, Part X, line 15, cd Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE REMAINDER UNIT (3) REFUNDABLE U.S. GOVERNMEN (4) ADVANCES (5) LONG-TERM RELATED NOTE PA (6) UNSECURED (7) OTHER LIABILITIES | " on Form 990, Part IV, line "RUST IT YABLE , | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value 203,345 843,670 4,275,000 |

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

| Sche | dule D (Form 990) 2023 MOUNT MARTY UNIVERSITY | | | 46- | 0283336 | Page 4 |
|------|--|-------|-------------------|----------|---------|---------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statement | s Wit | th Revenue per Re | | | |
| | 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 | 26,683, | ,194. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 3,608,463. | _ | | |
| b | Donated services and use of facilities | 2b | 235,831. | | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | -11,832,459. | | | |
| е | Add lines 2a through 2d | | | 2e | -7,988, | |
| 3 | Subtract line 2e from line 1 | | | 3 | 34,671, | <u>,359.</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 | 133,764. | | | |
| b | Other (Describe in Part XIII.) | 4b | -112,041. | , | | |
| С | Add lines 4a and 4b | | | 4c | | ,723. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 34,693, | ,082. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statemen | ts w | ith Expenses per | Retur | 'n | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | 2.4.1 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 22,654, | 341. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 005 001 | | | |
| а | Donated services and use of facilities | 2a | 235,831. | <u>_</u> | | |
| b | Prior year adjustments | 2b | | - | | |
| С | Other losses | 2c | 110 041 | - | | |
| d | , | 2d | 112,041. | - | 245 | 0 7 0 |
| е | Add lines 2a through 2d | | | 2e | 347, | 872. |
| 3 | Subtract line 2e from line 1 | | | 3 | 22,306, | 469. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 100 004 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | 11,877,784. | | 10 011 | F 4 0 |
| | Add lines 4a and 4b | | | 4c | 12,011, | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 34,318, | UT1. |
| Fa | 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:

PART X, LINE 2:

THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

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

| Schedule D (Form 990) 2023 MOUNT MARTY UNIVERSITY Part XIII Supplemental Information (continued) | 46-0283336 Page 5 |
|--|-------------------|
| DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL | TO THE |
| FINANCIAL STATEMENTS. THE UNIVERSITY WOULD RECOGNIZE FUTURE | ACCRUED |
| INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS | AND |
| LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENA | LTIES ARE |
| INCURRED. | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| SCHOLARSHIPS NETTED TO REVENUE FOR GAAP | -11,877,784. |
| CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS | -21,326. |
| CHANGE IN VALUE OF INTEREST RATE SWAP | 66,651. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -11,832,459. |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| COST OF GOODS SOLD NETTED TO REVENUE | -100,789. |
| SPECIAL EVENT EXPENSES | -11,252. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -112,041. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF GOODS SOLD NETTED TO REVENUE | 100,789. |
| SPECIAL EVENT EXPENSES | 11,252. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 112,041. |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| SCHOLARSHIPS NETTED TO REVENUE FOR GAAP | 11,877,784. |
| | |
| | |

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

7

5

b

h

| 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. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Does the organization discriminate by race in any way with respect to: | | |
| а | Students' rights or privileges? | 5a | |
| b | Admissions policies? | 5b | |
| с | Employment of faculty or administrative staff? | 5c | |
| d | Scholarships or other financial assistance? | 5d | |
| е | Educational policies? | 5e | |
| f | Use of facilities? | 5f | |
| g | Athletic programs? | 5g | |
| h | Other extracurricular activities? | 5h | |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | |
| | | | |

b Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

Does the organization maintain the following?

UNIVERSITY CATALOG, WEBSITE, AND BROADCAST MEDIA

4

а

SCHEDULE E

Department of the Treasury

Internal Revenue Service Name of the organization

Part I

1

2

3

(Form 990)

Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing С with student admissions, programs, and scholarships?

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

racial nondiscrimination? If "No," explain on Part II

bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,

MOUNT MARTY UNIVERSITY

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,

Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general

| Attach to Form 990 or Form 990-EZ. |
|---|
| Go to www.irs.gov/Form990 for the latest inform |
| |

catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II

Form 990-EZ, Part VI, line 48.

ation.

| Employer | identification nu |
|----------|-------------------|
| 4 | 6-0283336 |

Open to Public Inspection

2023

Schedule E (Form 990) 2023

Х

Х

6a

6b

7

4a

4b

4c

YES NO

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Х

Х

Х

tion number

| Schools | | |
|--|-----------------|-------|
| Complete if the organization answered "Yes" on Form 990, I | Part IV, line 1 | 3, or |

| Schedule E (Form 990) 2023 MOUNT MARTY UNIVERSITY | 46-0283336 Page 2 |
|--|-------------------|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, an | d 7, as |
| applicable. Also provide any other additional information. See instructions. | |
| LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: | |
| THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERNMENT | AGENCIES |
| THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AND CO | NTRACTS ARE USED |
| IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SUCH A | S SUPPLEMENTAL |
| EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTRA | TION OF SUCH |
| PROGRAMS. | |
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| SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities | | | | | | ities | OMB No. 1545-0047 | |
|---|---|--|---|--|---|--|---|---------------------|
| (Form 990) | | 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. | | | | | | 2023 |
| Department of the Treasury | | Attach to Form 990 | or Fori | n 990 | -EZ. | | | Open to Public |
| Internal Revenue Service | | o www.irs.gov/Form990 for instru | uctions | and t | ne latest information | n. | | Inspection |
| Name of the organization | | | | | | | | entification number |
| | | ARTY UNIVERSITY | | | | | 46-0283 | |
| | complete this part | Complete if the organization answ t. | /ered "Y | 'es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not |
| a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list | tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv | f Solicit g X Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs | ation of ation of al fundra al (includ professi | non-g gover aising ding of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | tees, | X Ye | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity (v) Amount (iv) Gross receipts from activity | | | | | | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| EAB - PO BOX 60351 | Э, | | Yes | No | | | | |
| CHARLOTTE, NC 282 | 60-3519 | CAMPAIGN | | x | 0. | | 79,999. | 0. |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total 3 List all states in wh | | n is registered or licensed to solicit | | utions | or has been notified | it is e | 79,999 | |

or licensing.

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

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

MOUNT MARTY UNIVERSITY

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.

| Gross receipts | GOLF CLASSIC (event type) 49,871. | (event type) | (total number) | – col. (c)) |
|--|--|---|--|--|
| | | | | |
| Less: Contributions | | | <u> </u> | 49,871. |
| | 8,875. | | | 8,875. |
| Gross income (line 1 minus line 2) | 40,996. | | | 40,996. |
| Cash prizes | 578. | | | 578. |
| Noncash prizes | 1,350. | | | 1,350. |
| Rent/facility costs | 6,185. | | | 6,185. |
| Food and beverages | 2,255. | | | 2,255. |
| Entertainment | | | | |
| | 884. | | | 884. |
| | n 9 in column (d) | | | 11,252. |
| Net income summary. Subtract line 10 from li | ne 3, column (d) | | | 29,744. |
| | Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li | Cash prizes 578. Noncash prizes 1,350. Rent/facility costs 6,185. Food and beverages 2,255. Entertainment 0ther direct expenses Other direct expenses 884. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) | Cash prizes 578. Noncash prizes 1,350. Rent/facility costs 6,185. Food and beverages 2,255. Entertainment 884. Other direct expenses 884. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) | Cash prizes 578. Noncash prizes 1,350. Rent/facility costs 6,185. Food and beverages 2,255. Entertainment 884. Other direct expenses 884. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) |

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

| е | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add | | | |
|-----------------|--|-------------------------|-------------------------|------------------|----------------------------|--|--|--|
| nue | | () = | bingo/progressive bingo | (-, | col. (a) through col. (c)) | | | |
| Revenue | | | | | | | | |
| <u>ш</u> | 1 Gross revenue | | | | | | | |
| | | | | | | | | |
| S | 2 Cash prizes | | | | | | | |
| Direct Expenses | | | | | | | | |
| | 3 Noncash prizes | | | | | | | |
| ц | | | | | | | | |
| jre | 4 Rent/facility costs | | | | | | | |
| | | | | | | | | |
| | 5 Other direct expenses | | | | | | | |
| | | Yes % | | Yes % | | | | |
| | 6 Volunteer labor | Νο | Νο | No | | | | |
| | | | | | | | | |
| | 7 Direct expense summary. Add lines 2 through | 5 in column (d) | | | | | | |
| | | | | | | | | |
| | 8 Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | |
| _ | | | | | | | | |
| 9 | Enter the state(s) in which the organization condu | | | | | | | |
| | Is the organization licensed to conduct gaming ac | | | | Yes No | | | |
| b | If "No," explain: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Were any of the organization's gaming licenses re | | | | Yes No | | | |
| b | If "Yes," explain: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Scl | nedule G (Form 990) 2023 | MOUNT MARTY | UNIVERSITY | 46-0 | 283336 | Page 3 |
|-----|---|-------------------------------|---|----------------------------|---------------|--------|
| 11 | Does the organization conduct ga | aming activities with nonn | nembers? | | Yes | No |
| 12 | Is the organization a grantor, ben | eficiary or trustee of a true | st, or a member of a partnership or other er | ntity formed | | |
| | | | | | Yes | No |
| | Indicate the percentage of gaming | | | | | |
| | | | | | 13a | % |
| | | | | | 13b | % |
| 14 | Enter the name and address of th | e person who prepares the | ne organization's gaming/special events bo | oks and records: | | |
| | | | | | | |
| 15 | a Does the organization have a con | itract with a third party frc | om whom the organization receives gaming | revenue? | Yes | No |
| | | | | | | |
| | b If "Yes," enter the amount of gam of gaming revenue retained by the c If "Yes," enter name and address | e third party \$ | the organization \$ | _ and the amount | | |
| | Name | | | | | |
| | Address | | | | | |
| 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 retain the state gaming license?b Enter the amount of distributions | required under state law | able distributions from the gaming proceed to be distributed to other exempt organizat | | Yes | No No |
| Pa | organization's own exempt activit art IV Supplemental Infor | | \$ xplanations required by Part I, line 2b, colur | mps (iii) and (v): and Par | t III lines 9 | 9h 10h |
| | | | any additional information. See instruction | | | |
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| Part IV | Supplemental Informati | on (continued) | | |
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| SCHEDULE I (Form 990) Department of the Treasury | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. | | | | | | | | | | | |
|--|---|------------------------------------|--------------------------|--|---|---------------------------------------|---|--|--|--|--|--|
| Internal Revenue Service | | Go to www.irs | s.gov/Form990 for | the latest inform | ation. | | Inspection | | | | | |
| Name of the organization | NT MARTY UNIVER | RSITY | | | | | Employer identification number $46-0283336$ | | | | | |
| | n Grants and Assistance | | | | | | | | | | | |
| Does the organization mainta criteria used to award the gra Describe in Part IV the organi Part II Grants and Other Ass | nts or assistance? | itoring the use of grant | funds in the United | d States. | | | X Yes No | | | | | |
| | more than \$5,000. Part II ca | | | | anization answered "Y | res" on Form 990, Part | TV, line 21, for any | | | | | |
| 1 (a) Name and address of org or government | | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | | |
| BISHOP O'GORMAN CATHOLIC SO 3100 W 41ST ST | | | | | | | | | | | | |
| SIOUX FALLS, SD 57105-4222 | 48-0413591 | 50103 | 6,000. | 0. | | | SPONSORSHIP | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Enter total number of section Enter total number of other o | ()() U | • | l le line 1 table | | | <u> </u> | <u> </u> | | | | | |

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

MOUNT MARTY UNIVERSITY

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| SCHOLARSHIPS | 633 | 11,877,784. | 0. | | |
| | | | | | |
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| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | ie 2; Part III, column | (b); and any other ac | lditional information. | |
| PART I, LINE 2: | | | | | |
| THE UNIVERSITY HAS A NUMBER OF FED | ERAL AND | STATE GRAN | TS. WITH | THE ISSUANCE | |
| OF EACH AWARD A TEMPORARILY RESTRIC | CTED ACCO | OUNT IS CRE | ATED IN TH | E DATABASE. | |
| AWARD LETTERS ARE KEPT IN A SEPARA | TE FILE W | ITH THE PR | IMARY CONT | 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.

THE UNIVERSITY ALSO PROVIDES SPONSORSHIPS TO PARTNER CATHOLIC SCHOOLS.

| SC | HEDULE J | Compensation Information | OMB No. | 1545-004 | 7 |
|-----|--------------------------|---|-----------------------------------|----------|------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | 20 | 172 | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | 20 | ZJ |) |
| | tment of the Treasury | Attach to Form 990. | | o Publi | ic |
| - | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | • | ection | |
| man | e of the organizatior | MOUNT MARTY UNIVERSITY | Employer identificat 46-028333 | | nber |
| Pa | rt I Question | s Regarding Compensation | 40-020555 | 0 | |
| | | | | Yes | No |
| 1a | Check the appropria | ate box(es) if the organization provided any of the following to or for a person listed on Form S | 990, | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or c | harter travel X Housing allowance or residence for persor | nal use | | |
| | Travel for com | panions Payments for business use of personal res | sidence | | |
| | Tax indemnific | ation and gross-up payments Health or social club dues or initiation fees | ; | | |
| | Discretionary s | spending account Personal services (such as maid, chauffeur | r, chef) | | |
| | | | | | |
| b | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | 77 | |
| ~ | | rovision of all of the expenses described above? If "No," complete Part III to explain | <u>1b</u> | X | |
| 2 | | require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | v |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | | X |
| 3 | Indicate which if an | ny, of the following the organization used to establish the compensation of the organization's | | | |
| Ū | | ctor. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation | | | | |
| | · | ompensation consultant | | | |
| | X Form 990 of ot | | ommittee | | |
| | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a rel | lated organization: | | | |
| | | e payment or change-of-control payment? | | | X |
| | | eive payment from a supplemental nonqualified retirement plan? | | | X |
| С | | eive payment from an equity-based compensation arrangement? | <u>4c</u> | | X |
| | If "Yes" to any of lin | 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 | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | |
| - | contingent on the re | | | | |
| а | • | | 5a | | х |
| b | Any related organiz | ation? | 5b | | Х |
| | | r 5b, describe in Part III. | | | |
| 6 | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | |
| | contingent on the n | et earnings of: | | | |
| а | The organization? | | 6a | | X |
| b | Any related organization | ation? | 6b | | Х |
| | If "Yes" on line 6a o | r 6b, describe in Part III. | | | |
| 7 | | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | e | | |
| | | | | | X |
| 9 | | d the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section | | | | |
| For | Paperwork Reducti | on Act Notice, see the Instructions for Form 990. | Schedule J (For | m 990) | 2023 |

LHA 332111 11-06-23

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-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|-------------------------------|------|----------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) DR. MARCUS LONG | (i) | 254,705. | 0. | 24,480. | 12,545. | 23,194. | 314,924. | 0. | |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) ANDREA ROBERTS | (i) | 202,540. | 0. | 16,800. | 10,977. | 30,336. | 260,653. | 0. | |
| DIR. AND ASST. PROFANESTHESIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) LARRY DAHLEN | (i) | 175,699. | 0. | 6,300. | 9,348. | 18,636. | 209,983. | 0. | |
| PROFNURSE ANESTHESIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) TAYLOR REHFELDT | (i) | 195,412. | 0. | 0. | 9,814. | 920. | 206,146. | 0. | |
| ASST. PROFNURSE ANESTHESIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) WILLIAM MILLER | (i) | 158,688. | 0. | 120. | 8,693. | 23,195. | 190,696. | 0. | |
| EXECUTIVE VICE PRESIDENT A | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) BROCK SMITH | (i) | 170,310. | 0. | 8,400. | 8,641. | 2,552. | 189,903. | 0. | |
| ASST. PROFNURSE ANESTHESIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (7) JAMES BARNETT | (i) | 167,922. | 0. | 4,200. | 8,471. | 4,062. | 184,655. | 0. | |
| ASST. PROFNURSE ANESTHESIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

THE PRESIDENT OF MOUNT MARTY UNIVERSITY, DR. MARCUS LONG, RECEIVES \$2,000

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

| (Form 9 Departme | CHEDULE K Supplemental Information on Tax-Exempt Bonds form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. enal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | | | OMB No. 20 Open to Inspect | | |
|---------------------|---|-----------------|---------------------------------|------------|-----------------|---------------|------------------|-----------|-----|-----|----------------|-------------------------------------|-------|-----|
| Name o | | Y UNIVERSIT | | | | | | | | | identif 283 | | n num | ber |
| Part I | Bond Issues S | EE PART VI | FOR COLUM | N (F) CONT | INUATI | ONS | | | | | | | | |
| | (a) Issuer name | (d) Date issued | (d) Date issued (e) Issue price | | (f) Description | on of purpose | (g) Defeased (h) | | | | | ooled Iicing | | |
| | | | | | | | | | Yes | No | Yes | No | Yes | |
| | CITY OF YANKTON, SOUTH | | | | | CONSTRUC | TON | 165 | | 165 | | 165 | | |
| | AKOTA | 46-6000567 | NONE | 06/28/19 | 1384 | 1310. | | NG, AND E | | x | | х | | х |
| | | | | | | | | • | | | | | | |
| В | | | | | | | | | | | | | | |
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| <u> </u> | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| D Part II | I Proceeds | | | | | | 1 | | | | | | | |
| Tarti | Troceda | | | Δ | | | В | С | | | D | | | |
| 1 A | Amount of bonds retired | | | 1,359 | ,242. | | | v | | | | | | |
| | Amount of bonds legally defeased | | | | | | | | | | | | | |
| | | | | 13,841 | ,310. | | | | | | | | | |
| 4 0 | Gross proceeds in reserve funds | | | | | | | | | | | | | |
| | Capitalized interest from proceeds | | | 209 | ,756. | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 ls | ssuance costs from proceeds | | | 41 | 41,800. | | | | | | | | | |
| 8 C | Credit enhancement from proceeds | | | | | | | | | | | | | |
| 9 V | Norking capital expenditures from proceeds | | | | | | | | | | | | | |
| 10 C | Capital expenditures from proceeds | | | 13,589 | ,754. | | | | | | | | | |
| <u>11</u> (| Other spent proceeds | | | | | | | | | | | | | |
| 12 (| Other unspent proceeds | | | | | | | | | | | | | |
| 13 Y | Year of substantial completion | | | | 20 | | | | | | | | | |
| | | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| | Were the bonds issued as part of a refunding | | | | x | | | | | | | | | |
| | f issued prior to 2018, a current refunding is | | | | A | | | | | | | | | |
| | Nere the bonds issued as part of a refunding | | - | | x | | | | | | | | | |
| | ssued prior to 2018, an advance refunding is Has the final allocation of proceeds been ma | | | v | Δ | | | | | | | + | | |
| - | Does the organization maintain adequate bo | | nort the | 22 | | | | | | | | + | | |
| | inal allocation of proceeds? | x | | | | | | | | | | | | |

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 MOUNT MARTY UNIVERSITY

46-0283336

Page **2**

| Part III Private Business Use | | | | | | | | |
|--|-----|-------|-----|----|-----|----|-----|----|
| | | Α | | В | | 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? | | Х | | | | | | |
| 3a Are there any management or service contracts that may result in private | | | | | | | | |
| business use of bond-financed property? | | Х | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of | | | | | | | | |
| bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | |
| outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities | | | | | | | | |
| 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 % | | % | | % | | |
| 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? | | Х | | | | | | |
| 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 | | | | | | | | |
| sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all | | | | | | | | |
| nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| requirements under Regulations sections 1.141-12 and 1.145-2? | Х | | | | | | | |
| Part IV Arbitrage | | | | | | | | |
| | | Α | | В | | С | I | 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? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | Х | | | | | | |
| c No rebate due? | | X | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | Х | | | | | | | |

Schedule K (Form 990) 2023 MOUNT MARTY UNIVERSITY

46-0283336

Page 3

| Part IV Arbitrage (continued) | | | | | | | | |
|---|-------------------------|----|-----|----------|-----|----------|-----|----|
| | A | | | B | (| 2 | C |) |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | Х | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | A | | В | | ¢ | | | _ |
| | A | | I | <u>B</u> | (| <u> </u> | | |
| Has the organization established written procedures to ensure that violations | A Yes | No | Yes | B No | Yes | C No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the | | | | | | Î | | |
| | Yes | | | | | Î | | |
| of federal tax requirements are timely identified and corrected through the | | | | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions | Yes | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K PART I BOND ISSUES : | Yes | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions | Yes | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: CITY OF YANKTON, SOUTH DAKOTA (F) DESCRIPTION OF PURPOSE: | Yes X on Schedule | No | Yes | | | Î | | |

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

23

| 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.

Name of the organization

| | Inspection |
|----------|-----------------------|
| Employer | identification number |

.

MOUNT MARTY UNIVERSITY

| | | MOUNT MARTY | <u>UNIVER</u> | SITY | | | | 46-0 | 02833 | <u>33</u> 6 | |
|-------|-------------|---------------------------------------|--------------------------------------|---|--|------------|------------|---|-----------|-------------|------|
| Pa | tl Ty | pes of Property | | | | | | | | | |
| | | <u> </u> | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contrib amounts reporte Form 990, Part VIII | ed on | | (d Method of d ash contrib | letermini | | S |
| 1 | Art - Work | s of art | | | | | | | | | |
| 2 | | rical treasures | | | | | | | | | |
| 3 | | ional interests | | | | | | | | | |
| 4 | | d publications | | | | | | | | | |
| 5 | | and household goods | | | | | | | | | |
| 6 | | other vehicles | | | | | | | | | |
| 7 | | l planes | | | | | | | | | |
| 8 | | al property | | | | | | | | | |
| 9 | | - Publicly traded | | 8 | 184, | 622. | FMV | | | | |
| 10 | | - Closely held stock | | | | | | | | | |
| 11 | | - Partnership, LLC, or | | | | | | | | | |
| | trust inter | | | | | | | | | | |
| 12 | | - Miscellaneous | | | | | | | | | |
| 13 | | conservation contribution - | | | | | | | | | |
| | Historic st | | | | | | | | | | |
| 14 | | conservation contribution - Other | | | | | | | | | |
| 15 | | te - Residential | | | | | | | | | |
| 16 | | e - Commercial | | | | | | | | | |
| 17 | | te - Other | | | | | | | | | |
| 18 | | es | | | | | | | | | |
| 19 | | ntory | | | | | | | | | |
| 20 | | d medical supplies | | | | | | | , | | |
| 21 | Taxiderm | | | | | | | | | | |
| 22 | - | artifacts | | | | | | | | | |
| 23 | | specimens | | | | | | | | | |
| 24 | | gical artifacts | | | | | | | | | |
| 25 | Other | (TRAVEL |) X | 4 | 119, | 218. | FMV | | , | | |
| 26 | Other | (SUPPLIES |) X | 1 | | 750. | FMV | | | | |
| 27 | Other | (| ý | | | | | | | | |
| 28 | Other | (| ý | | | | | | | | |
| 29 | Number o | f Forms 8283 received by the orga | anization during | g the tax year for c | ontributions | | | | | | |
| | | the organization completed Form | | | | 29 | | | | 0 | |
| | | c | | C | | • | | | | Yes | No |
| 30a | During the | e year, did the organization receive | e by contributio | on any property rep | orted in Part I, lines | 1 throug | h 28, that | it | | | |
| | - | I for at least 3 years from the date | • | • • • • • | | - | | | | | |
| | | urposes for the entire holding perio | | | • | | | | 30a | | Х |
| b | | lescribe the arrangement in Part II. | | | | | | | | | |
| 31 | | organization have a gift acceptanc | | equires the review | of any nonstandard | contribut | ions? | | 31 | Х | |
| 32a | Does the | organization hire or use third partie | es or related or | ganizations to soli | cit, process, or sell r | noncash | | | | | |
| | contributi | • | | • | · • | | | | 32a | | х |
| b | | lescribe in Part II. | | | | | | | | | |
| 33 | | anization didn't report an amount i | n column (c) fo | r a type of property | / for which column (| a) is chec | ked, | | | | |
| | describe i | | | 71 ··· F··For | | , | | | | | |
| For F | | Reduction Act Notice, see the In | nstructions for | r Form 990. | | | | Schedule | M (Forn | n 990) | 2023 |

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):

NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-0283336

MOUNT MARTY UNIVERSITY

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

HIGHER LEARNING.

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

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

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

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

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

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

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization MOUNT MARTY UNIVERSITY | Employer identification number 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 332212 11-14-23 Schedule O (Form 990) 2023 Name of the organization

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

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

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

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

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

GUIDANCE FROM THE BOARD OF TRUSTEES;

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

THE UNIVERSITY; AND

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

MEMBERS.

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

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

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

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

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

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

TRUSTEES IN THE FORM OF A REPORT.

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

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

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

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

(2) IS AWARE THAT A MEMBER OF THE TRUSTEE'S IMMEDIATE FAMILY HAS FINANCIAL 332212 11-14-23 Schedule O (Form 990) 2023 THE UNIVERSITY. IMMEDIATE FAMILY GENERALLY INCLUDES SPOUSE, PARENT OR STEP-PARENT, CHILD OR STEP-CHILD, SIBLING OR STEP-SIBLING, GRANDPARENT, AND

GRANDCHILD.

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

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

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

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

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

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII:

DR. J. LEE JOHNSON (BOARD DIRECTOR) SERVED AN AVERAGE OF 1.3 HOURS FROM

JULY TO DECEMBER 2023 AND AN AVERAGE OF 5 HOURS FROM JANUARY TO JUNE

2024.

| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
|---|----------------------------|
| TORM 990, PART XI, DINE 9, CHANGES IN NET ASSEIS. | |
| CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS | -21,326. |
| CHANGE IN VALUE OF INTEREST RATE SWAP | 66,651. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 45,325. |
| 332212 11-14-23 | Schedule O (Form 990) 2023 |

MOUNT MARTY UNIVERSITY

46-0283336

FORM 990, PART XI, LINE 8:

THE PRIOR PERIOD ADJUSTMENT IS THE RESULT OF AN ADJUSTMENT TO RECORD

BALANCES AND TRANSACTIONS RELATED TO AN INTEREST RATE SWAP AGREEMENT

FROM 2020.

| SCH | IEDULE R |
|----------|-----------------|
| / | |

(Form 990)

_

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

46-0283336

Department of the Treasury Internal Revenue Service

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

Name of the organization

MOUNT MARTY UNIVERSITY

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

| (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 |
| | | | | | | | |
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| | | | | | | | |

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 MOUNT MARTY UNIVERSITY

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j | (k | к) | | | |
|--|------------------|---|------------------------------|--|--------------------------|--------|-----|----|-----------------------------------|--------|----------------------|---------------------------------|------------------------|--|------------------|
| 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 | alloca | ortionate ations? | amount in box 20 of Schedule | Gener mana partr | al or Percer ^{jing} owner er? | entage ership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | No | | | | |
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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 | IN Primary activity Legal domicile Direct controlling Type of (state or entity (C corp. S | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | end-of-year | (h) Percentage ownership | 512(t contr | i) ction b)(13) rolled tity? | |
|--|---|----------|--|--|-------------|--------------------------------|----------------|--|----------|
| | | country) | | or trust) assets | | 255615 | | Yes | No |
| CHARITABLE REMAINDER TRUSTS (1) | CRT | SD | N/A | TRUST | N/A | N/A | N/A | x | |
| | | 50 | N/A | IRODI | N/A | M/A | | | <u> </u> |
| | | | | | | | | | |
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Schedule R (Form 990) 2023 MOUNT MARTY UNIVERSITY

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

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

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

Schedule R (Form 990) 2023 MOUNT MARTY UNIVERSITY

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

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

| (a) | (b) | (c) | (d) | (6 | | (f) | (g) | | n) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--|---|-------|----------|----------|---------------|----------------|--|-----------|--------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partners 501(c orgs | all | Share of | Share of | | ropor- nate | Code V-UBI | General o | r Percentage |
| of entity | | (state or foreign | (related, unrelated, | 501(c | c)(3) | total | | tio alloca | nate tions? | amount in box 20 | managin | ownership |
| , | | country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Yes | | income | | Yes | No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Yes No | , · |
| | | | , | 100 | 110 | | | 100 | | | | |
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Schedule R (Form 990) 2023

MOUNT MARTY UNIVERSITY

Schedule R (Form 990) 2023 MOUN Part VII Supplemental Information

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

Public Disclosure Copy

223841 04-01-22

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

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

OMB No. 1545-0047

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

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

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

File a separate application for each return.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

| | 990 (2022) MOUNT MARTY UNIVERSITY | 46-028333 | 6 Page 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> | X |
| 1 | Briefly describe the organization's mission: MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE C | | |
| | BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS | | |
| | CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMU | • | |
| | PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLI | C COLLEGE OF | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | | Yes 🚺 No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program servic | es? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o | others, the total expense | es, and |
| | revenue, if any, for each program service reported. | 27 11 | F 1 / 1 |
| 4a | (Code:) (Expenses \$ 29,616,560. including grants of \$ 11,029,344.) (| | 5,141.) |
| | PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,373 | STUDENTS. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (| |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (| Revenue \$ |) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 29,616,560. | | |
| | | | m 990 (0000) |

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 77 | X X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 77 | |
| _ | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ~ | v |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 446 | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u> </u> |
| 15 | | 15 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | - 23 |
| 10 | | 16 | | x |
| 17 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | <u> </u> |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 10 | | 18 | х | |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | <u> </u> |
| 15 | | 19 | | x |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i> | 21 | | x |

Form 990 (2022)

| | | | Yes | No |
|-------------|---|-----|------|---------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete | | | |
| | Schedule J | 23 | х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | х | |
| L | Schedule K. If "No," go to line 25a | | - 23 | x |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | v |
| | any tax-exempt bonds? | 24c | | X X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | |
| C | | 28c | | x |
| 00 | "Yes," complete Schedule L, Part IV | 200 | | X |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | <u></u> |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | | | • |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 12 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36 | | | |
| b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | | | | |

(gambling) winnings to prize winners?

1c

| Form | <u>990 (2022)</u> MOUNT MARTY UNIVERSITY 46-0283 | 336 | Р | _{age} 5 |
|---------|---|-----------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 529 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | 37 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | | | | x |
| g | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 0 | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0.0 | | |
| a h | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | |
| ь 10 | Section 501(c)(7) organizations. Enter: | 90 | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| ~ | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes " complete Form 6069. | | | |

| Form | aan | (2022) |
|--------|-----|--------|
| FOIIII | 990 | (2022) |

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

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|----------|--|------------|---------|---------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 18 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| • | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | | 6 | Х | |
| 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| 74 | more members of the governing body? | 7a | х | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 10 | | |
| D | a second a like of the second is a like to 0 | 7b | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 10 | | |
| | | 8a | Х | |
| a h | The governing body? Each committee with authority to act on behalf of the governing body? | oa 8b | X | |
| b 9 | | 00 | - 23 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | x |
| Sec | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | 21 |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | Ne |
| 10- | Did the exercitation have lead charters branches as affiliated | 100 | res | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 11a | - 23 | |
| b 120 | | 12a | Х | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a 12b | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12c | х | |
| 10 | on Schedule O how this was done | 13 | X | |
| 13 | Did the organization have a written document retartion and destruction policy? | 14 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u></u> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | Х | |
| | The organization's CEO, Executive Director, or top management official | 15a | ^ X | |
| b | Other officers or key employees of the organization | 15b | Λ | |
| 46- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 108 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | х |
| | taxable entity during the year? | <u>16a</u> | | <u></u> |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 104 | | |
| Sec | exempt status with respect to such arrangements? | 16b | | |
| | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed | only | | |
| 10 | | orny) i | availal | |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 10 | | finer | viol | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | mano | iai | |
| 00 | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records LORI READ - 605-668-1603 | | | |
| | 1105 WEST 8TH STREET, YANKTON, SD 57078 | | | |
| | 1102 whore ormediate transformed and 21010 | | | |

F

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Check here

Joint costs. Complete this line only if the organization

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

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

| Form | 990 (2022) MOUNT MARTY t IX Statement of Functional Expense | UNIVERSITY | | 46-02 | 83336 Page 10 |
|-----------|--|-----------------------------|-----------------------------|---------------------------------|----------------------------|
| | on 501(c)(3) and 501(c)(4) organizations must comp | plete all columns. All othe | | nplete column (A). | |
| | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | Bb, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 11,029,344. | 11,029,344. | | |
| 3 | Grants and other assistance to foreign | 11,025,5110 | 11/025/0110 | | |
| Ŭ | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 604,085. | | 604,085. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | 75 000 | 75 000 | | |
| - | persons described in section 4958(c)(3)(B) | 75,822. 9,033,598. | 75,822. 8,278,666. | 441,690. | 313,242. |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 9,033,390. | 0,270,000. | 441,090. | 515,242. |
| 0 | section 401(k) and 403(b) employer contributions) | 294,717. | 279,549. | 6,320. | 8.848. |
| 9 | Other employee benefits | 924,804. | 834,639. | 63,751. | 8,848. |
| 10 | Payroll taxes | 617,724. | 533,230. | 64,825. | 19,669. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 97,988. | | 97,988. | |
| | Accounting | 22,951. | | 22,951. | |
| | Lobbying | 80,089. | | | 80,089. |
| | Professional fundraising services. See Part IV, line 17 Investment management fees | 00,009. | | | 00,009. |
| f | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 816,946. | 705,773. | 97,490. | 13,683. |
| 12 | Advertising and promotion | 339,421. | 311,752. | 97,490. 27,150. | 519. |
| 13 | Office expenses | 535,559. | 383,641. | 118,340. | 33,578. |
| 14 | Information technology | 476,313. | 18,158. | 458,155. | |
| 15 | Royalties | | 000 100 | 10.000 | 4 959 |
| 16 | | 894,499. | 877,190. | 12,936. | 4,373. |
| 17 | Travel | 645,028. | 622,644. | 13,654. | 8,730. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 970,896. | 849,534. | 87,132. | 34,230. |
| 21 | Payments to affiliates | | | - | |
| 22 | Depreciation, depletion, and amortization | 1,576,593. | 1,551,893. | 18,525. | 6,175. |
| 23 | Insurance | 236,410. | 233,364. | 2,281. | 765. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD SERVICES | 1,106,745. | 1,083,210. | 3,142. | 20,393. |
| b | SUPPLIES | 634,507. | 607,380. | 7,654. | 19,473. |
| с | REPAIRS AND MAINTENANCE | 424,794. | 370,359. | 53,007. | 1,428. |
| d | MEMBERSHIP FEES | 212,571. | 207,718. | 3,583. | 1,270. |
| | All other expenses | 857,411. 32,508,815. | 762,694. 29,616,560. | 74,531. | <u>20,186.</u> 613,065. |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | JZ, JUO, OLJ. | 49,010,30U. | 4,413,130. | 013,003. |

26

| Form 990 (| | MARTY | UNIVERSITY |
|------------|---------------|-----------|------------|
| Part X | Balance Sheet | | |

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

Form **990** (2022)

| Form | 1990 (2022) MOUNT MARTY UNIVERSITY | 46- | -0283336 | Pa | age 12 |
|------|--|---------|----------|------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | <u>u</u> |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 40,60 |)1,5 | 96. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,50 | 8,8) | 15. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,09 | 92,7 | 81. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 43,13 | 37,3 | 69. |
| 5 | Net unrealized gains (losses) on investments | 5 | -6,11 | .0,9 | 57. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 1 | .8,1 | 57. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 45,13 | 37,3 | 50. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O | - I | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ed aud | it | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | Х | |

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

н

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

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

| Schedule | A (Form 990) 2022 |
|----------|-------------------|
| Part II | Support Sc |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|-----------------------|----------------------|--------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | tion B. Total Support | | • | | • | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | | etc. (see instructiv | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | | , | | | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), c | livided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this b | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | ۱ | | | |
| b | 33 1/3% support test - 2021. If the o | organization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check | this box |
| | and stop here. The organization qual | ifies as a publicly : | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the orc | anization did not | check a box on lin | e 13, 16a, or 16b, a | and line 14 is 10% | % or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | ere. Explain in Part | VI how the organ | nization |
| | meets the facts-and-circumstances te | st. The organizatio | on qualifies as a pu | ublicly supported o | organization | - | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not | check a box on lin | | | |
| | more, and if the organization meets th | - | - | | | | |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qu | alifies as a publicly | / supported organi | zation | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | | |

Schedule A (Form 990) 2022

| Schedule A | Form | 990 |) 2022 |
|------------|------|-----|--------|
| | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

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

MOUNT MARTY UNIVERSITY Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

9b 9c 10a 10b

Yes

No

Schedule A (Form 990) 2022 MOUNT MARTY UNIVERSITY

1

2

Yes No

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|---|---|-----|----|
| | | • | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | а | | |
| b | A family member of a person described on line 11a above? 11 | 5 | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | C | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | ` | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers | | | |

| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | | | |
|--|--|--|--|--|--|--|
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | | | |
| effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support | | | | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | | | |
| | | | | | | |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

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

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

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

| | All other Type III non-functionally integrated supporting organizations mus | t complete | e Sections A through E. | 1 |
|------|---|------------|-------------------------|--------------------------------|
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

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

Schedule A (Form 990) 2022

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

| <u>Sch</u> e | dule A (Form 990) 2022 MOUNT MARTY U | | | | 6-0283336 Pag |
|---------------------------------|--|-------------------------------|---------------------------------------|------|---|
| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ued) | |
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| | Total of lines 3a through 3e | | | | |
| f | | | | | |
| | Applied to underdistributions of prior years | | | | |
| g | Applied to underdistributions of prior years Applied to 2022 distributable amount | | | | |
| g h | Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) | | | | |
| g h | Applied to 2022 distributable amount | | | | |
| g h | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) | | | | |
| g h i j | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| g h j 4 | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ | | | | |
| g h j 4 | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years | | | | |
| g h j 4 a b | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount | | | | |
| g h j 4 a b | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| g h j 4 a b c | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if | | | | |
| g h j 4 a b c | Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. | | | | |

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

Schedule A (Form 990) 2022

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

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

2022

Employer identification number

46-0283336

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

| MOUNT | MARTY | UNIVERSITY |
|-------|-------|------------|
| | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust 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), Part II, line 13, 16a, or 16b, and that received from any one |
| contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; |
| or (ii) Form 990-EZ, line 1. Complete Parts I and II. |

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

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

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

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

Schedule B (Form 990) (2022)

| Schedule B | (Form | 990) | (2022) |
|------------|-------|------|--------|
|------------|-------|------|--------|

Name of organization

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

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

MOUNT MARTY UNIVERSITY

(a)

No.

12

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

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

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

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

Person

Payroll Noncash

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

6-0283336

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

Page 2

223452 11-15-22

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

MOUNT MARTY UNIVERSITY

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

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

Part I

Schedule B (Form 990) (2022)

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

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

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

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

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

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

Employer identification number

(c)

Total contributions

46-0283336

(d) Type of contribution

Page **2**

Schedule B (Form 990) (2022)

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

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

Schedule B (Form 990) (2022)

Page **2** Employer identification number

46-0283336

Name of organization

Part I

Name of organization

Employer identification number

46-0283336

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

| - | | |
|--------|----------|--|
| 223452 | 11-15-22 | |
| | | |

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

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

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

Part I

_

_

| Employer | identification | number |
|----------|----------------|--------|
| | | |

Schedule B (Form 990) (2022)

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

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

Employer identification number

Person Payroll

Noncash (Complete Part II for noncash contributions.)

46-0283336

5,150.

(d)

Type of contribution

X

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

Part I

(a)

No.

61

| TINT | Μλοπν | <u>ΙΙΝΙΙΎ</u> ΕΡΟΙΤΠΎ | |
|------|-------|-----------------------|--|

Employer identification number

46-0283336

Person Payroll

Noncash

(Complete Part II for

(c)

Total contributions

\$

5,985.

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

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

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

X

Schedule B (Form 990) (2022)

| Schedule B (Form 990) (2022) |) |
|------------------------------|---|

Name of organization

MOUNT MARTY UNIVERSITY

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

Employer identification number

46-0283336

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

MOUNT MARTY UNIVERSITY

Employer identification number

46-0283336

Schedule B (Form 990) (2022)

223453 11-15-22

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

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

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

Schedule D (Form 990) 2022

\$

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

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

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

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

Schedule D (Form 990) 2022

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PART X, LINE 2:

THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

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

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

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

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

OMB No. 1545-0047 2022

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

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

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990)

Name of the organization

Open to Public Inspection Employer identification number

| Schedule E (Form 990) 2022 MOUNT MARTY UNIVERSITY | 46-0283336 Page 2 |
|---|-------------------|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, a | and 7, as |
| applicable. Also provide any other additional information. See instructions. | |
| LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: | |
| THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERNMEN | T AGENCIES |
| THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AND C | ONTRACTS ARE USED |
| IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SUCH | AS SUPPLEMENTAL |
| EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINISTR | ATION OF SUCH |
| PROGRAMS. | |
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| SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities | | | | | | | | | | | |
|--|--|--|---|---------|--|-----------|--|--|--|--|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, c | or if the | 2022 | | | |
| Department of the Treasury | | Attach to Form 990 o | or Form | n 990 | -EZ. | | | Open to Public | | | |
| Internal Revenue Service | | o www.irs.gov/Form990 for instru | ctions | and t | ne latest informatio | | | Inspection | | | |
| Name of the organization | | | | | | | | entification number | | | |
| | | ARTY UNIVERSITY | | | | | 46-0283 | | | | |
| | complete this part | Complete if the organization answe t. | ered "Y | 'es" or | n Form 990, Part IV, I | line 17 | . Form 990-EZ | I filers are not | | | |
| a X Mail solicitat | tions | | tion of | non-g | overnment grants | | | | | | |
| c X Phone solici | c X Phone solicitations g X Special fundraising events | | | | | | | | | | |
| d 🚺 In-person so | | | | | | | | | | | |
| key employees list | ed in Form 990, Pa highest paid indiv | or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization. | rofessi | onal fi | undraising services? | | Yes | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) Did fundraiser have custody or control of contributions | | fraiser custody ntrol of from activity | | mount paid retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization | | | |
| EAB - PO BOX 60351 | 9, | | Yes | No | | | | | | | |
| CHARLOTTE, NC 282 | 60-3519 | MARKETING SERVICES | | X 0. | | | 80,089. | 0. | | | |
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| | | I | 1 | 1 | | | 80.080 | | | | |
| | | | | | | L | 80,089. | | | | |
| List all states in wh or licensing. | ich the organizatio | n is registered or licensed to solicit o | contrib | utions | or has been notified | i it is e | xempt from re | gistration | | | |

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

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

MOUNT MARTY UNIVERSITY

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.

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

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

| Sch | edule G (Form 990) 2022 | MOUNT MARTY | UNIVERSITY | 46-028 | 3336 | Page 3 |
|-----|-------------------------------------|-------------------------------|---|---------------|----------|----------|
| 11 | Does the organization conduct ga | ming activities with nonm | embers? | | Yes | No |
| 12 | Is the organization a grantor, bene | ficiary or trustee of a trus | t, or a member of a partnership or other entity formed | | _ | |
| | | | | | Yes | No |
| | Indicate the percentage of gaming | | | 1 | | |
| | | | | | a | % |
| | | | | | b | % |
| 14 | Enter the name and address of the | e person who prepares the | e organization's gaming/special events books and record | s: | | |
| | Name | | | | | |
| | Address | | | | | |
| 15a | Does the organization have a cont | tract with a third party fror | m whom the organization receives gaming revenue? | | Yes | 🗌 No |
| I | If "Yes," enter the amount of gami | ing revenue received by th | ne organization \$ and the am | ount | | |
| | of gaming revenue retained by the | • third party \$ | | | | |
| 0 | If "Yes," enter name and address | of the third party: | | | | |
| | Name | | | | | |
| | | | | | | |
| | Address | | | | | |
| 16 | Gaming manager information: | | | | | |
| | | | | | | |
| | Name | | | | | |
| | Gaming manager compensation | \$ | - | | | |
| | Description of services provided | | | | | |
| | | | | | | |
| | | | | | | |
| | Director/officer | Employee | Independent contractor | | | |
| 17 | Mandatory distributions: | | | | | |
| á | Is the organization required under | state law to make charita | ble distributions from the gaming proceeds to | | _ | |
| | | | | | Yes | No No |
| I | | | o be distributed to other exempt organizations or spent in | n the | | |
| Dr | organization's own exempt activiti | es during the tax year | \$ | | | 0, 10, |
| FC | | | olanations required by Part I, line 2b, columns (iii) and (v); any additional information. See instructions. | and Part III, | lines 9, | 96, 106, |
| | 100, 100, 10, anu 170, as | | any additional information. See instructions. | | | |
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| Part IV | Supplemental Informati | on (continued) | | |
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| SCHEDULE I | | G | arants and Oth | ner Assistan | ce to Organ | izations. | | OMB No. 1545-0047 | | | | | |
|--|---|---------|---|-----------------------------|--|---|---------------------------------------|---------------------------------------|--|--|--|--|--|
| (Form 990) | | Go | vernments, ar ete if the organizatio | nd Individual | ls in the Ŭni | ted States | | 2022 | | | | | |
| Department of the Treasury | | Compi | ete ir the organizatio | Attach to Forn | | rt iv, line 21 or 22. | | Open to Public | | | | | |
| Internal Revenue Service | | | Go to www.irs | s.gov/Form990 for | | ation. | | Inspection | | | | | |
| Name of the organization Employer i | | | | | | | | | | | | | |
| MOUNT MARTY UNIVERSITY | | | | | | | | | | | | | |
| Part I General Information on Grants and Assistance | | | | | | | | | | | | | |
| • | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes X Yes | | | | | | | | | | | | |
| | IV the organization's pro | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| · | | 1 | | 1 | 1 | (f) Method of | () | <u> </u> | | | | | |
| 1 (a) Name and address of organization or government | | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

MOUNT MARTY UNIVERSITY

Page 2

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

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

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

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

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

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

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

INDIVIDUAL TALENT.

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

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

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 MOUNT MARTY UNIVERSITY

46-0283336

Page **2**

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

Schedule K (Form 990) 2022 MOUNT MARTY UNIVERSITY

46-0283336

Page 3

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|--|--------------------------|-------------------------------|---------------------------|
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

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

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

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

(A) NAME OF PERSON: JOE RUTTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-0283336

MOUNT MARTY UNIVERSITY

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

HIGHER LEARNING.

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

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

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

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

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

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

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

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

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 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

Name of the organization

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

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

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

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

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

GUIDANCE FROM THE BOARD OF TRUSTEES;

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

THE UNIVERSITY; AND

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

MEMBERS.

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

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

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

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

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

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

TRUSTEES IN THE FORM OF A REPORT.

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

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

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

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

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

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

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

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

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

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

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

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS

18,157.

| SCH | IEDULE R |
|----------|-----------------|
| / | |

(Form 990)

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Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-0283336

Department of the Treasury Internal Revenue Service

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

Name of the organization

MOUNT MARTY UNIVERSITY

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | | i) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|----------------------|-------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | Code V-UBI amount in box 20 of Schedule | Gene mana part | ral or aging ner? | Percentage ownership |
| | | country) | | sections 512-514) | | 455615 | Yes | No | K-1 (Form 1065) | Yes | No | |
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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 | 512(i contr | i) ction b)(13) rolled tity? |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|---------------------------------|--|
| | | country) | | | | 233013 | | ge 512(t contr ent Yes | No |
| CHARITABLE REMAINDER TRUSTS (1) | CRT | SD | N/A | TRUST | N/A | N/A | N/A | x | |
| | - | | | | | | | | |
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Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

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

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

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

Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

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

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

| (0) | <u> </u> | F | | |) <i>(f</i>) | | (a) | | (h) (i) | | (j) (k) | |
|-------------------------------------|------------------|-------------------------------------|--|---------------------------|----------------|----------------|------------------------|-----|---------------|--|----------|----------|
| (a) | (b) | (c) | (d) | Are a partners 501(c orgs | all | (f) | (g) Share of | | IJ opor | (i) Code V URI | (j) | |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners 501(c | s sec.)(3) | Share of total | end-of-year | tio | opor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | |
| of entity | | country) | excluded from tax under | orgs | | income | assets | | tions? | of Schedule K-1 | partner? | |
| | | country) | sections 512-514) | Yes | No | Income | asseis | Yes | No | (Form 1065) | Yes No | · |
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Schedule R (Form 990) 2022

MOUNT MARTY UNIVERSITY

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

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

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

| Name MOUNT MARTY UNIVERSITY | Employer Identification Number 46-0283336 |
|--|---|
| Based on the information provided with this return, the following are possible carryover amounts to next year. | |
| FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT PART | INERSHI 3,235. |
| FEDERAL CONTRIBUTION - 50% CASH | 3. |
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| Name | : MOUNT MARTY U | NIVERSITY | | | | | | | | FEIN: | 46-0283336 |
|------------------------|---|-------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | Type and Entity: INVESTMENT PARTNERSHIP POST-2017 NO DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover | | | | | | | | | | |
| Year Origi nateo | Original Carryover Amount | Total Amount Used | Amount Used for |
| 3 | 2 3,235. | | | | | | | | | | |
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212571 04-01-22

| Name | : MOUNT MARTY I | UNIVERSITY | | | | | | | | FEIN: | 46-0283336 | |
|-------------------------|--|-------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|
| | Fype and Entity: CONTRIBUTION - 50% CASH FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover | | | | | | | | | | | |
| Year Origi- nated | Original Carryover Amount | Total Amount Used | Amount Used for | |
| 2022 | 2 3 | • | | | | | | | | | | |
| 2022 | | | | | | | | | | | | |
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212571 04-01-22 (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Form 8868 (Rev. 1-2022)

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

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

Form **990-T** (2022)

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

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

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

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

PART I, LINE 1 -

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

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

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

1

B Employer identification number

1

of

46 - 0283336

D Sequence:

| Α | Name of the orga | anization | |
|---|------------------|-----------|------------|
| | MOUNT | MARTY | UNIVERSITY |

C Unrelated business activity code (see instructions)

520000

INVESTMENT PARTNERSHIP

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

223741 01-16-23

Schedule A (Form 990-T) 2022

1

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

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

Schedule A (Form 990-T) 2022

| Schedu | ule A (Form 990-T) 2022 | | | | | Pa | 1 age 4 |
|---------|--|----------------|-----------------------|---------------------------------------|----------------------------------|---------------------------------------|-------------------|
| Part | IX Advertising Income | | | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | ig two or mo | re periodicals on a c | onsolidated basis | | | |
| | B | | | | | | |
| | c | | | | | | |
| Entor o | amounts for each periodical listed above in the c | oorroopondii | | | | | |
| inter a | amounts for each periodical listed above in the c | | A | В | С | D | |
| 2 | Gross advertising income | | A | В | | | |
| 2 | Add columns A through D. Enter here and on | | 1 column (A) | | I | | 0. |
| а | Add Coldmins / Chrough D. Enter here and on | i uiti, into i | r, column (() | | | | |
| 3 | Direct advertising costs by periodical | | | | | | |
| а | Add columns A through D. Enter here and on | | 1. column (B) | | I. | 1 | 0. |
| | ····· | , | ., | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from lin | ne 🗌 | | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | | |
| | complete lines 5 through 8. For any column in | n | | | | | |
| | line 4 showing a loss or zero, do not complete | e | | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | | | |
| 5 | Readership costs | | | | | | |
| 6 | Circulation income | | | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is les | | | | | | |
| | than line 6, enter zero | 上 | | | | | |
| 8 | Excess readership costs allowed as a | | | | | | |
| | deduction. For each column showing a gain o | | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | | | |
| а | Add line 8, columns A through D. Enter the gr | | | | | | 0 |
| Part 2 | Part II, line 13 X Compensation of Officers, Direction | octore a | nd Truetoos | · · · · · · · · · · · · · · · · · · · | | | 0. |
| Γαιι | | ectors, a | | e instructions) | 0 Demonstran | 1 Companyation | |
| | 1 Nome | | | | 3. Percentage of time devoted | 4. Compensation | |
| | 1. Name | | 2. Title | | | attributable to unrelated business | |
| (1) | | | | | to business % | | |
| (2) | | | | | % | | |
| (3) | | | | | % | | |
| (4) | | | | | % | | |
| | | | | | ,,, | | |
| Total. | . Enter here and on Part II, line 1 | | | | | | 0. |
| Part 2 | | e instruction | is) | | ······ | | |
| | •• | |) | | | | |
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750.

750.

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

TAX PREP FEE

TOTAL TO SCHEDULE A, PART II, LINE 14

Department of the Treasury Internal Revenue Service

Name

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

OMB No. 1545-0123

2022

Yes 🔀 No

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

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

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

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

Schedule D (Form 1120) 2022



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

| OMB No. 1545-0074 |
|-------------------|
| 2022 |

Attachment Sequence No. **12A**

Social security number or taxpayer identification no.

taxpayer identification no 16 - 0283336

MOUNT MARTY UNIVERSITY

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

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

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

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

| Form | 4 | 7 | 9 | 7 | |
|------|---|---|---|---|--|
| | | | | | |

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

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

| OMB No. 1545-0184 | | | | | | |
|-------------------|--|--|--|--|--|--|
| | | | | | | |

Sequence No. 27 Identifying number

Attachment

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

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

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

(Form 1040), Part I, line 4

218011 12-12-22

18b

Page **2**

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

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

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

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

| • | |
|--------------------|--|
| (see instructions) | |

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

Department of the Treasury Internal Revenue Service

Name

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

OMB No. 1545-0123

2022

Yes 🔀 No

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

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

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

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

Schedule D (Form 1120) 2022



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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



Social security number or taxpayer identification no.

46-0283336

| MOIINT | MARTY | UNIVERSITY | |
|--------|-------|------------|--|

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

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

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

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

| Form | 4 | 7 | 9 | 7 | |
|------|---|---|---|---|--|
| | | | | | |

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

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

| OMB No. 1545-0184 |
|-------------------|
| |

Sequence No. 27 Identifying number

Attachment

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

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

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

(Form 1040), Part I, line 4

218011 12-12-22

18b

Page **2**

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

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

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

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

| • | |
|--------------------|--|
| (see instructions) | |

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

Public Disclosure Copy

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Form 8868 (Rev. 1-2022)

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

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

| | 990 (2021) MOUNT MARTY UNIVERSITY | 46-0283336 | Page 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> | Χ |
| 1 | Briefly describe the organization's mission: <u>MOUNT MARTY UNIVERSITY, AN ACADEMIC COMMUNITY IN THE C</u> BENEDICTINE LIBERAL ARTS TRADITION, PREPARES STUDENTS | | |
| | CONTEMPORARY WORLD OF WORK, SERVICE TO THE HUMAN COMMU | | |
| | PERSONAL GROWTH. THE INSTITUTION IS A PRIVATE, CATHOLI | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| - | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | es 🚺 No |
| 2 | | | es X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program servic | | |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 27,798,843. including grants of \$ 10,391,459.) (| Bayanua \$ 23.907 | ,122.) |
| та | PROVIDING EDUCATIONAL SERVICES TO APPROXIMATELY 1,235 | | <u>,</u>) |
| | | <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u> | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (| Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (| Revenue \$ |) |
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| 4d | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 27,798,843. | | ~ 990 (2021) |

 Form 990 (2021)
 MOUNT
 MARTY
 UNIVERSITY

 Part IV
 Checklist of Required Schedules
 Image: Checklist of Required Schedules
 Image: Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | 37 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 77 | <u>X</u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 101 | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | 4 | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X | v |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| a | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 14b | | х |
| 15 | or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| 15 | | 15 | | х |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| - | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i> | 21 | | х |

Form 990 (2021)

Form 990 (2021)

| | | | Yes | No |
|-------------|--|---------|-----------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete | | | |
| | Schedule J | 23 | х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 270 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 040 | х | |
| | Schedule K. If "No," go to line 25a | 24a | ~ | x |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | x |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 00 | | 21 | | - 23 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | 37 |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes." complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - 55 | | |
| 34 | | 24 | х | |
| 05- | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | v |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> . | |
| - | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

(gambling) winnings to prize winners?

1c

| Form | 990 (2021) MOUNT MARTY UNIVERSITY t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 46- | 0283336 | P | _{age} 5 |
|------|--|-----------------------|--------------------|-----|------------------|
| | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | 100 | |
| 24 | filed for the calendar year ending with or within the year covered by this return | 2a | 542 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | Х | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction | | | | |
| 3a | | | - | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | x |
| b | If "Yes," enter the name of the foreign country | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | . , | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | | | Х |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the | e payor? 7a | Х | |
| b | | | | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | | | X |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | X |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | _ | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | <u>13a</u> | | |
| | 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 | 1 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | 17 |
| 14a | | | | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | <u>14b</u> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | v |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | X |
| 4- | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |

| Form | 990 | (2021) |
|------|-----|--------|
| | | |

MOUNT MARTY UNIVERSITY

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

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

X

| | | | | | | X |
|----------|--|-----------|-----------------------|-----------|---------|----------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 2 | 1 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 2 | ol | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | · | | - | | |
| - | officer, director, trustee, or key employee? | | | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | - | | |
| 5 | | | | 3 | | x |
| 4 | | | | | | X |
| 4 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | | X |
| 5 | | | | 6 | x | |
| 6 | • | | | 0 | <u></u> | <u> </u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | • | | | v | |
| | more members of the governing body? | | | <u>7a</u> | X | <u> </u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | 37 | |
| | persons other than the governing body? | | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | - | | | |
| а | The governing body? | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / befoi | re filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | ′es." a | lescribe | | | |
| | on Schedule O how this was done | , - | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | X | |
| ~ | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | rith a | | | |
| ieu | taxable entity during the year? | | | 16a | | x |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | 100 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed MN | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | NH 000 | T (section 501/a)/ | | availa | hlo |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | 10 990 | | Jo Uliy) | avana | |
| | | | | | | |
| 40 | | | | nd fire | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | TUIIICT (| or interest policy, a | na inar | icial | |
| | statements available to the public during the tax year. | 1 | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo $m_{A} p_{T} m_{A} p_{A} = 605 - 668 - 1603$ | KS an | u records 🕨 | | | |
| | TABITHA LIKNESS - 605-668-16031105 WEST 8TH STREET, YANKTON, SD 57078 | | | | | |
| | TTO WDOI OIN OINOIN, TOWNION, OD $O/O/O$ | | | | | |

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

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

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

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

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

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

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

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

| Name and title Average hours per weak (first ary four size (stary) hours for weak (first ary four size (stary) hours for below Description (stary) (first ary four size (stary) hours for (stary) hours for (st | (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|---|-------------------------------|-----------|--------|-------------|-------------|--------|--------------|-------|--------------|--------------|---------------|
| hours per vex. box. unsespense is tothe m compensation tothe m compensat | Name and title | Average | (do | | | | | ne | Reportable | Reportable | Estimated |
| Week (ist ary burs for related organizations line) Week (ist ary burs for line) Inom (ist ary burs for | | hours per | box | , unle | ss per | rson i | s both | ı an | compensation | compensation | amount of |
| (1) DR. MARCUS LONG 40.00 x 250 250 PRESIDENT X 250,655. 0. 33,407. (2) ANDERA ROBERTS 40.00 x 208,537. 0. 29,432. (3) LARRY DAHLEN 40.00 x 169,229. 0. 25,605. (4) TATLOR REHFESIA x 179,669. 0. 8,446. (5) LUKEYNTHA BARSTHESIA x 172,117. 0. 5,756. (6) BROCK SMITH 40.00 x 164,300. 0. 10,105. (7) TABITHA LIKNES 40.00 x 70,033. 0. 14,527. (8) DR. JUN FITZGERALD 2.50 x x 0. 0. (9) MR. DENIS FOKKEN 2.50 x x 0. 0. 0. (10) MR. DENIS FOKKEN 2.50 x x 0. 0. 0. (12) DR. ALLAN TRAMP 1.30 x 0. 0. | | | | cer ar I | nd a d I | irecto | r/trus | tee) | | | |
| (1) DR. MARCUS LONG 40.00 x 250 250 PRESIDENT X 250,655. 0. 33,407. (2) ANDERA ROBERTS 40.00 x 208,537. 0. 29,432. (3) LARRY DAHLEN 40.00 x 169,229. 0. 25,605. (4) TATLOR REHFESIA x 179,669. 0. 8,446. (5) LUKEYNTHA BARSTHESIA x 172,117. 0. 5,756. (6) BROCK SMITH 40.00 x 164,300. 0. 10,105. (7) TABITHA LIKNES 40.00 x 70,033. 0. 14,527. (8) DR. JUN FITZGERALD 2.50 x x 0. 0. (9) MR. DENIS FOKKEN 2.50 x x 0. 0. 0. (10) MR. DENIS FOKKEN 2.50 x x 0. 0. 0. (12) DR. ALLAN TRAMP 1.30 x 0. 0. | | | rector | | | | | | | U U | • |
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| PROFNURSE ANESTHESIA 40.00 X 169,229. 0. 25,605. (4) TAYLOR REHFELDT 40.00 X 179,669. 0. 8,446. (5) LUKETTHIA BASTARDI 40.00 X 172,117. 0. 5,756. (6) BROCK SMITH 40.00 X 164,300. 0. 10,105. (7) TABITHA LIKNESS 40.00 X 70,033. 0. 14,527. (8) DR. JIM FIZGERALD X X 0. 0. 0. (9) MR. ROB STEPHENSON 2.50 X X 0. 0. (10) MR. DENIS FOKKEN 2.50 X X 0. 0. (11) S. MARY JO FOLAK 2.50 X X 0. 0. SECRETARY X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (11) S. MARY JO FOLAK 2.50 X X 0. 0. 0. DIRECTOR X < | DIR. AND ASST. PROFANESTHESIA | | | | | | X | | 208,537. | 0. | 29,432. |
| (4) TAYLOR REHFELDT 40.00 x 179,669. 0. 8,446. (5) LUKEYTHIA BASTARDI 40.00 x 172,117. 0. 5,756. (6) BROCK SMITH 40.00 x 172,117. 0. 5,756. (6) BROCK SMITH 40.00 x 164,300. 0. 10,105. (7) TABITHA LIKNES 40.00 x 70,033. 0. 14,527. (8) DR. JIM FITZGERALD 2.50 x x 0. 0. 0. (9) MR. ROB STEPHENSON 2.50 x x 0. 0. 0. (10) MR. ROB STEPHENSON 2.50 x 0. 0. 0. 0. (11) S. MARY JO FOLAK 2.50 x 0. 0. 0. 0. (12) DR. ALLAN TRAMP 1.30 x 0. 0. 0. 0. (13) DR. JLEE JOHNSON 1.30 x 0. 0. <td>(3) LARRY DAHLEN</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (3) LARRY DAHLEN | 40.00 | | | | | | | | | |
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| Form 990 (2021) MOUNT MAR | RTY UNIV | 'ER | SI | TΥ | • | | | | 46-028 | <u>3336</u> | j F | Page 8 |
|--|--|--------------------------------|------------------------|--------------|-------------------------|----------------------------------|--------|---|---|-------------|--|----------------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) Name and title | (B) Average hours per week | box | not c , unles | ss per | ition more rson i | l than o s both r/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) stimat mount othe | t of |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | or | npens from th ganiza nd rela ganizat | ation ne tion ted |
| (18) MR. DONALD ROBY DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (19) MR. JEFF MAY DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (20) MR. JOHN PORTER DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (21) MR. SHAWN GALLAGHER DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (22) MS. DEB FISCHER-CLEMENS DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (23) MS. NANCY WERNER DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (24) S. BARBARA MCTAGUE DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (25) S. CAROL JEAN VANDENHEMEL DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| (26) S. MARIBETH WENTZLAFF DIRECTOR | 1.30 | x | | | | | | 0. | 0 | | | 0. |
| 1b Subtotal | | | | | | | | 1,214,540. 0. | 0 | . 12 | 27,2 | 78. 0. |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | <u></u> | | <u></u> | | | 1,214,540. | 0 | | 27,2 | 78. |
| 2 Total number of individuals (including but n compensation from the organization ► | ot limited to th | ose | liste | d ab | ove |) whe | o re | eceived more than \$100, | 000 of reportable | | - | 9 |
| 3 Did the organization list any former officer, | director, truste | ee, k | key e | empl | oye | e, or | hig | hest compensated emp | oyee on | | Yes | |
| line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su | | | | | | | | | | 3 | | X |
| and related organizations greater than \$1505 Did any person listed on line 1a receive or a | , | | • | | | | | | | 4 | X | |
| rendered to the organization? <i>If</i> "Yes." corr Section B. Independent Contractors | plete Schedule | e J fe | or sı | <u>ich p</u> | oers | on . | | | | 5 | | X |
| 1 Complete this table for your five highest co the organization. Report compensation for | - | - | | | | | | | | ation f | rom | |
| (A) Name and business | | | | <u> </u> | | | | (B) Description of s | | (Comp | C) ensatio | on |
| ALADDIN FOOD MANAGEMENT S NW 8704, MINNEAPOLIS, MN | | - | | С | | | | FOOD SERVICE | | 97 | 0,2 | 11. |
| ANTHOLOGY PO BOX 850001, ORLANDO, F | | | | | | | | SOFTWARE | | | | 05. |
| WELFL CONSTRUCTION CORP. 800 W 23RD ST, YANKTON, S | D 57078 | | | | | | | CONSTRUCTION | | 18 | 39,2 | 00. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| Location (L) Direct Control Direct Control Choice (L) Choice (L) <thchoice (l)<="" th=""> Choice (L) Choi</thchoice> | (A) (B) (C) (D) (E) (F) Name and title Average hours Position (check all that apply) Position (check all that apply) Reportable compensation from organizations Reportable compensation from related organizations Estimated amount o (27) S. MILDRED BUSCH 1.30 1.30 X 0.00 0.00 | Form 990 MOUNT MA | RTY UNIV | /ER | sı | ΤY | | | | | 46-028 | 3336 |
|--|---|---|----------------|----------|----------|------|-------|----------|-----|---------------------|-------------------|---------------|
| (A) Name and title (B) Pours (week (burker) (C) (back all that apply) (burkers for week (check all that apply) (burkers for (W2/1089-MISC) (C) Reportable compensation from related organizations (W2/1089-MISC) (C) Reportable compensation from related organizations (21) 5. MILDRED BUSCK 1.30 X I 0 0. 0. 0. (22) 5. MILDRED BUSCK 1.30 X I I 0 0. 0. 0. (23) 5. FARTICLA ANN TOSCANO 1.30 X I I 0 0. 0. 0. (23) 5. FARTICLA ANN TOSCANO 1.30 X I I I 0. 0. 0. 0. 0. (23) 5. FARTICLA ANN TOSCANO 1.30 X I I I I </td <td>(A) (B) (C) (C) (D) (E) (</td> <td>Part VII Section A. Officers, Directors, Tr</td> <td>ustees, Key Er</td> <td>nplo</td> <td>yee</td> <td>s, a</td> <td>nd H</td> <td>lighe</td> <td>est</td> <td>Compensated Employe</td> <td>es (continued)</td> <td></td> | (A) (B) (C) (C) (D) (E) (| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, a | nd H | lighe | est | Compensated Employe | es (continued) | |
| Name and title Average hour Protion (related (ist any)) Protion (related (ist any)) Reportable compensation from the organization (W2/109-MISC) Estimated amount of the organization (W2/109-MISC) Estimated amount of the organizations (27) 5. MLIORED BUSCI 1.30 X I | Name and title Average per work (1st ary below below related organization generation related organization generation related organization generation (W2/1099.MISC) Repatable compensation (W2/1099.MISC) Stimate and organization (W2/1099.MISC) Stimate and and relate organization (W2/1099.MISC) Stimate and and relate organization (W2/1099.MISC) Stimate and and relate organization (W2/1099.MISC) Stimate and relate organization (W2/109.MISC) Stimate and relate organization (W2/109.MISC) Stimate and relate organization (W2/109.MISC) Stimate and relate organization (W2/109.MISC) Stimate and relate organization (W2/109.MISC) | | | | | | | | | | , , | (F) |
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| week notation organizations organizations internet i | weak under and pair and progenization below line) $\frac{1}{20}$ | | | | T | T | T | αρρ Τ | ·y) | - | | |
| (iiii arry related organization related organization related organization related organizations for related organizations (W-2/1099-MISC) (W | Organization organization organization organization organization organization organization organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) organization organization organization organization (W-2/1099-MISC) (27) S. MILDRED BUSCH 1.30 3 x x x x 0. 0. (27) S. MILDRED BUSCH 1.30 4 x x x x x 0. 0. (27) S. MILDRED BUSCH 1.30 4 x x x x x 0. 0. (27) S. MILDRED BUSCH 1.30 4 x | | | | | | | | | | | |
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| 127) S. MILRED BUSCH 1.30 x 0. 0. 0. DIRECTOR 1.30 1.30 1.30 1.30 DIRECTOR 1.30 1.30 1.30 1.30 <td>127) S. MILDRED BUSCH 1.30 x 0.0.0. DIRECTOR 1.30 x 0.0.0. DIRECTOR 1.30 x 0.0.0.</td> <td></td> <td></td> <td>al tri</td> <td>onal</td> <td></td> <td>ploye</td> <td>Com</td> <td></td> <td></td> <td></td> <td>organizations</td> | 127) S. MILDRED BUSCH 1.30 x 0.0.0. DIRECTOR 1.30 x 0.0.0. DIRECTOR 1.30 x 0.0.0. | | | al tri | onal | | ploye | Com | | | | organizations |
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| | Image: Section A, line 1c | | | | | | | | | | | |
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| | Image: Section A, line 10 Image: Section A, line 10 | | 1 | 1 | | | | | | | | |
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| | Image: Section A, line 1c | | | <u> </u> | | | | | | | | |
| | Image: Section A, line 1c | | | | | | 1 | | | | | |
| | Image: Section A, line 1c | | | | | | | | | | | |
| | Image: Section A, line 1c | | | | | | | | | | | |
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| | Image: Section A, line 1c Image: | | | | | | | | | | | |
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| | Image: Section A, line 1c Image: | | | | - | | | | | | | |
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| | Image: Section A, line 1c Image: | | | | | | | | | | | |
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| | Image: Section A, line 1c Image: | | | - | | | | | | | | |
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| | Image: Section A, line 1c Image: | | | | | | | | | | | |
| | Image: Section A, line 1c I | | | | | | | | | | | |
| | Image: Section A, line 1c I | | | | | | | | | | | |
| Image: Section A line 1c | Image: Section A, line 1c Image: | | | | | | | | | | | |
| | Image: | | | | | | | | | | | |
| | Image: Section A, line 1c I | | | | | | | | | | | |
| | Image: Section A, line 1c I | | | | | | | | | | | |
| | Image: Section A, line 1c I | | | | | | | | | | | |
| | Image: Contract of the section A, line 1c | | | 1 | | | | | | | | |
| | Image: Contract of the Part VII, Section A, line 1c Image: Contract of the Part VII, Section A, line 1c Image: Contract of the Part VII, Section A, line 1c Image: Contract of the Part VII, Section A, line 1c | | + | - | - | - | | - | - | | | |
| Total to Part VII. Section A line 1c | Image: Control of the section A, line 1c | | | - | | | | | | | | |
| | Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | | 1 | | | 1 | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | + | - | | | | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | | - | | | 1 | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII. Section A line 1c | Total to Part VII, Section A, line 1c | | | _ | | _ | | _ | - | | | |
| | | Total to Part VII. Section A line 10 | | | | | | | | | | |

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

MOUNT MARTY UNIVERSITY

Form 990 (2021)

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

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

| | Check if Schedule O contains a respor | se or note to any line in | this Part IX | | |
|---------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (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 | 10,391,459. | 10,391,459. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 390,254. | | 390,254. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 73,365. | 73,365. | | |
| 7 | Other salaries and wages | 73,365. 8,487,047. | 73,365. 7,607,344. | 634,818. | 244,885 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 295,495. | 265,590. | 19,857. | <u> 10,04</u> 8 |
| 9 | Other employee benefits | 861,535. | 773,124. | 66,749. | 10,048 21,662 16,594 |
| 10 | Payroll taxes | 604,191. | 520,463. | 67,134. | 16,594 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | 126,336. | | 126,336. | |
| с | • | 31,564. | 12,000. | 19,564. | |
| d | | | | | |
| е | | 80,090. | | | 80,090 |
| f | Investment management fees | | | | |
| g | | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 249,816. | 236,270. | 13,546. | |
| 12 | Advertising and promotion | 128,517. | 127,762. | | 755 |
| 13 | Office expenses | 471,521. | 359,793. | | 111,728 |
| 14 | Information technology | 430,026. | 7,117. | 422,909. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 377,357. | 377,357. | | |
| 17 | Travel | 572,389. | 562,207. | 8,555. | 1,627 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials \dots | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,005,925. | 868,754. | 98,482. | 38,689 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,639,865. | 1,614,177. | 19,266. | 6,422 |
| 23 | Insurance | 287,110. | 287,110. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | 1,942,191. | 1,892,990. | 15,143. | 34,058 |
| b | REPAIRS AND MAINTENANCE | 676,416. | 623,016. | 53,400. | . , |
| c | SUPPLIES | 658,833. | 647,922. | 5,517. | 5,394 |
| d | STUDENT LIFE | 398,842. | 367,266. | 17,000. | 14,576 |
| | All other expenses | 185,426. | 183,757. | 1,020. | 649 |
| - 25 | Total functional expenses. Add lines 1 through 24e | 30,365,570. | 27,798,843. | 1,979,550. | 587,177 |
| 26 | Joint costs. Complete this line only if the organization | | | | 2 |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Figure if following SOP 98-2 (ASC 958-720) | | | | |

| MOUNT MARTY UNIVERS | ITY |
|---------------------|-----|
|---------------------|-----|

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

Form **990** (2021)

Part X Balance Sheet

| Form | 1990 (2021) MOUNT MARTY UNIVERSITY | 46-0 | 283336 | Pag | _{ge} 12 |
|------|---|------------|--------|--------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 31,95 | 5,4 | 48. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 30,36 | 5,5 | 70. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,589 | 9,8 | 78. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 47,474 | 1,0 | 18. |
| 5 | Net unrealized gains (losses) on investments | 5 | -5,943 | 1,2 | 38. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 14 | 1, 7: | 11. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 43,13 | 7,3 | 69. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | Х | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

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

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

| | A (Form 990) | 202 |
|---------|--------------|------|
| Part II | Suppor | t Sc |

MOUNT MARTY UNIVERSITY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | - | | | |
|------|--|-------------------|--------------------|--------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | | (6)2010 | (0) 2010 | (4) 2020 | | |
| 8 | Gross income from interest, | | | | | | |
| U | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 0 | | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | 5 | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | · · · · · | | L | | | | |
| 12 | Gross receipts from related activities, | | , | | | | |
| 13 | First 5 years. If the Form 990 is for th | 0 | | , | 5 | | |
| 80 | organization, check this box and stop ction C. Computation of Publi | | | | | | ▶∟ |
| | | | | I | | | |
| | Public support percentage for 2021 (I | | - | | | 14 | % |
| 15 | | | | | | 15 | <u>%</u> |
| 168 | 33 1/3% support test - 2021. If the o | - | | | | | |
| | stop here. The organization qualifies | | - | | | | |
| C | 33 1/3% support test - 2020. If the o | | | | | | |
| 4- | and stop here. The organization qual | | ••••• | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | - | - | VI how the organi | zation |
| | meets the facts-and-circumstances te | - | | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | | | . — |
| | organization meets the facts-and-circl | | • | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | ind see instruction | s ► |

| Schedule A | ۲ (Form | 990) | 2021 |
|------------|---------|------|------|
|------------|---------|------|------|

| Schedule A | Form | 990 | 202 |
|------------|------|-----|-----|
| | | | |

MOUNT MARTY UNIVERSITY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

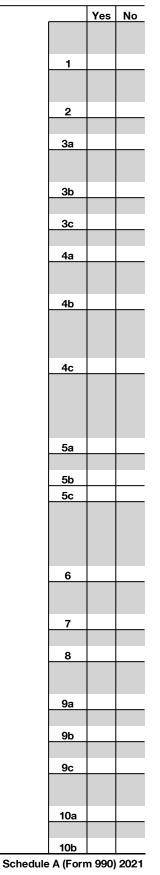
| See | ction A. Public Support | | | | | | | | | |
|-------------|--|--------------------|-------------------|-----------------------|---------------------|-------------|------------|-----------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 20 | 021 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | | | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | | | | |
| | iness under section 513 | | | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | |
| ~ | o o o | | | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | | | |
| | amount on line 13 for the year | | | | | | | | | |
| | Add lines 7a and 7b | | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | | | |
| | | () 22/7 | (1) 00 / 0 | () 00/0 | ()) 00000 | () () | | (0 | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 20 | J21 | (f) Total | | |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | fourth or fittle torr | | | | ~ | | |
| 14 | First 5 years. If the Form 990 is for th | • | | - | • | | • | · | | |
| <u> </u> | check this box and stop here | | | | | | <u></u> | ····· | | |
| | ction C. Computation of Public | • • | - | | | .= | | | | |
| | Public support percentage for 2021 (li | | | column (f)) | | 15 | | % | | |
| | Public support percentage from 2020 | | | | | 16 | | % | | |
| | ction D. Computation of Inves | | | | | 1 1 | | | | |
| 17 | Investment income percentage for 20 | | | | | 17 | | % | | |
| 18 | | | | | | 18 | | % | | |
| 1 9a | 33 1/3% support tests - 2021. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 83 1/3%, ar | nd line 17 | ' is not | | |
| ŀ | more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the | | | | | | 8 1/30% or | ►□ | | |
| L L | | | | | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check | | | | | | | | | |
| 20 | 0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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



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

1

2

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> | | | |

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

porting Organizations

| 30 | cuon c. Type in Supporting Organizations | | |
|----|--|---------|----|
| | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | |

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy | , the Integral Part Test during the v | ear (see instructions) |
|---|---|---|------------------------|
| • | Grieck the box heat to the method that the organization used to satisfy | ' ווופ ווונפעומו רמונ ופגנ טעווווע נוופ ע | |

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

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

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

the supported organization(s).

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | |
|------|---|------------|-----------------------|--------------------------------|
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990) 2021

| e A (Form 990) 2021 MOU |
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NT MARTY UNIVERSITY Schedule Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Schedule A | | 2021 | |
|------------|---|------|--|
| | - | | |

MOUNT MARTY UNIVERSITY

46-0283336 Page 7

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

Schedule A (Form 990) 2021

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

46-0283336

| | MOUNT MARTY UNIVERSITY | 46- |
|-----------------------|--|-----|
| Organization type (ch | neck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust 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), Part II, line 13, 16a, or 16b, and that received from any one |
| contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; |
| or (ii) Form 990-EZ, line 1. Complete Parts I and II. |

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

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

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

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

Schedule B (Form 990) (2021)

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

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

Schedule B (Form 990) (2021)

MOUNT MARTY UNIVERSITY

Name of organization

Part I

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

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

| Schedule B | (Form 990) (2021) | |
|------------|-------------------|--|
| | | |

Name of organization

Part I

MOUNT MARTY UNIVERSITY

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

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

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

123452 11-11-21

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

MOUNT MARTY UNIVERSITY

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

(b)

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

Part I

(a)

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_

Employer identification number

(d)

46-0283336

(c)

Schedule B (Form 990) (2021)

| (b) (d Name, address, and ZIP + 4 Total con \$ | |
|--|----|
| Name, address, and ZIP + 4 Total con | \$ |
| \$ | |
| \$ | |
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Name of organization

MOUNT MARTY UNIVERSITY

Part I

Schedule B (Form 990) (2021)

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

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

46-0283336

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

MOUNT MARTY UNIVERSITY

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

Employer identification number

46-0283336

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

MOUNT MARTY UNIVERSITY

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

Employer identification number

46-0283336

Page **2**

Part I

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

MOUNT MARTY UNIVERSITY

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

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

Employer identification number

46-0283336

123452 11-11-21

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MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

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

Page 2

| | \$ |
|-----------------------------------|-----------------------|
| | |
| | |
| (b) Name, address, and ZIP + 4 | (c) Total contribu |
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| (b) Name, address, and ZIP + 4 | (c) Total contribu |
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| Name of organization | |
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Schedule B (Form 990) (2021)

Employer identification number

46-0283336

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

MOUNT MARTY UNIVERSITY

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

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

Schedule B (Form 990) (2021)

Employer identification number

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

| SCHEDULE Form 990) Department of the Treas Internal Revenue Service | ► Complete if the Part IV, line 6, 7, 8, | Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | |
|--|---|--|--|--|--|
| Name of the orga | MOUNT MARTY UNIV | | Employer identification number 46-0283336 | | |
| | anizations Maintaining Donor Ad nization answered "Yes" on Form 990, Part | vised Funds or Other Similar Funds IV, line 6. | or Accounts. Complete if the | | |
| 2 Aggregate v3 Aggregate v | er at end of year ralue of contributions to (during year) ralue of grants from (during year) ralue at end of year | | (b) Funds and other accounts | | |
| 5 Did the orga are the orga | anization inform all donors and donor adviso inization's property, subject to the organizat | rs in writing that the assets held in donor advision's exclusive legal control? | Yes No | | |
| for charitabl impermissib | le purposes and not for the benefit of the do le private benefit? | nor advisors in writing that grant funds can be nor or donor advisor, or for any other purpose | conferring | | |
| 1 Purpose(s) o | of conservation easements held by the organ rvation of land for public use (for example, re ction of natural habitat rvation of open space | nization (check all that apply). ecreation or education) Preservation o | f a historically important land area f a certified historic structure | | |

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

No

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

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

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART X, LINE 2:

THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

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

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

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

| Schedule E (Form 990) 2021 MOUNT MARTY UNIVERSITY | 46-0283336 Page 2 |
|--|----------------------|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h | , 6b, and 7, as |
| applicable. Also provide any other additional information. | |
| LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: | |
| THE UNIVERSITY RECEIVED AID AND ASSISTANCE FROM GOVERN | MENT AGENCIES |
| THROUGH VARIOUS GRANTS AND CONTRACTS. THESE GRANTS AN | D CONTRACTS ARE USED |
| IN SUPPORT OF DIFFERENT PROGRAMS AT THE UNIVERSITY, SU | CH AS SUPPLEMENTAL |
| EDUCATION OPPORTUNITIES, WORK STUDY GRANTS, AND ADMINI | STRATION OF SUCH |
| PROGRAMS. | |
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| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 | | | | | | |
|---|--|--|---|--|---|---------|--|---|--|--|--|--|--|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, | or if the | 2021 | | | | | | |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public | | | | | | |
| Internal Revenue Service | | o to www.irs.gov/Form990 for instr | uction | s and | the latest informati | on. | | Inspection | | | | | | |
| Name of the organization | | | | | | | | lentification number | | | | | | |
| Part I Fundrais | | ARTY UNIVERSITY | | | | | 46-028 | | | | | | | |
| | complete this part | Complete if the organization answe t. | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not | | | | | | |
| a X Mail solicitation b X Internet and c Phone solicitation d In-person solicitation 2 a Did the organization | tions l email solicitations itations blicitations on have a written c | s f ── Solicita g ── Special or oral agreement with any individual | tion of tion of fundra (incluo | non-g gover aising ding of | overnment grants nment grants events ficers, directors, trus | tees, | | es X No | | | | | | |
| b If "Yes," list the 10 | key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | | | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained byj fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | | | | | | |
| EAB - PO BOX 60351 | 9, | | Yes | No | | | | | | | | | | |
| CHARLOTTE, NC 282 | 60-3519 | MARKETING SERVICES | | x | 0. | | 80,900 | . 0. | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Total | | | | ► | | | 80,900 | | | | | | | |
| 3 List all states in wh | ich the organizatio | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is e | exempt from r | registration | | | | | | |

or licensing.

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

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

MOUNT MARTY UNIVERSITY

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.

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

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

| Sch | edule G (Form 990) 2021 | MOUNT MARTY | UNIVERSITY | 46-02 | 83 | 336 | Pag | ge 3 |
|-----|-------------------------------------|-------------------------------|--|-----------------|--------|---------|--------|-------------|
| 11 | Does the organization conduct ga | ming activities with nonm | nembers? | | | Yes | | No |
| 12 | Is the organization a grantor, bene | eficiary or trustee of a trus | st, or a member of a partnership or other entity formed | _ | | | | |
| | | | | L | | Yes | | No |
| | Indicate the percentage of gaming | | | 1 | | | | |
| | | | | | I3a | | | % |
| | | | · · · · · · · · · · · · · · · · · · · | | 3b | | | % |
| 14 | Enter the name and address of the | e person who prepares th | e organization's gaming/special events books and reco | iras: | | | | |
| | Name | | | | | | | |
| | Address 🕨 | | | | | | | |
| 15a | Does the organization have a cont | tract with a third party from | m whom the organization receives gaming revenue? | | | Yes | | No |
| ł | If "Yes," enter the amount of gami | ing revenue received by th | he organization 🕨 \$ and the ar | nount | | | | |
| | of gaming revenue retained by the | e third party ►\$ | | | | | | |
| Ċ | If "Yes," enter name and address | of the third party: | | | | | | |
| | Name 🕨 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name | | | | | | | |
| | Gaming manager compensation | ▶ \$ | - | | | | | |
| | Description of services provided | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Director/officer | Employee | Independent contractor | | | | | |
| 17 | Mandatory distributions: | | | | | | | |
| | • | state law to make charita | able distributions from the gaming proceeds to | | | | | |
| | retain the state gaming license? | | | [| | Yes | | No |
| ł | Enter the amount of distributions | required under state law t | to be distributed to other exempt organizations or spen | t in the | | | | |
| | organization's own exempt activiti | | | | | | | |
| Pa | | | planations required by Part I, line 2b, columns (iii) and (any additional information. See instructions. | v); and Part II | I, lin | es 9, 9 | 9b, 10 |)b, |
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| Partiv | Supplemental information | (continued) | | |
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| SCHEDULE IGrants and Other Assistance to Organizations, Governments, and Individuals in the United States | | | | | | | | | | | | |
|---|---|------------------------|---|-------------------|----------------------|----------------------|---------------------------------------|---|--|--|--|--|
| (Form 990 | (L | | vernments, ar ete if the organizatio | | | | | 2021 | | | | |
| Department o | f the Treasury | Comp | | Attach to For | | 1117, IIIC 21 01 22. | | Open to Public | | | | |
| Internal Rever | nue Service | | Go to www.ir | rs.gov/Form990 fo | or the latest inforn | nation. | | Inspection | | | | |
| Name of t | he organization MOUNT MAR | TY UNIVER | SITY | | | | | Employer identification number $46-0283336$ | | | | |
| Part I | General Information on Grants a | nd Assistance | | | | | | | | | | |
| crite | s the organization maintain records t eria used to award the grants or assis | stance? | | | | - | | on 🔣 Yes 🗌 No | | | | |
| 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 | | | | | | | | | | | | |
| Part II | recipient that received more than \$ | | | | | anization answered f | es on ronn 990, ran | TV, III e 21, IOF any | | | | |
| | | | | | | | (h) Purpose of grant or assistance | | | | | |
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| 2 Ente | er total number of section 501(c)(3) a | nd government org | anizations listed in th | e line 1 table | • | • | • | · · · · · · · · · · · · · · · · · · · | | | | |
| 3 Ente | er total number of other organizations | s listed in the line 1 | I table | | | | | | | | | |
| LHA Fo | r Paperwork Reduction Act Notice, | see the Instruction | ons for Form 990. | | | | | Schedule I (Form 990) 2021 | | | | |

Schedule I (Form 990) 2021

MOUNT MARTY UNIVERSITY

Page 2

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

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

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

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

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

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

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

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

INDIVIDUAL TALENT.

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

46-0283336

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

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

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 MOUNT MARTY UNIVERSITY

46-0283336

Page **2**

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

Schedule K (Form 990) 2021 MOUNT MARTY UNIVERSITY

46-0283336

Page 3

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

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

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

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: JOE RUTTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Name of the organization

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

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

| 2021 |
|----------------|
| Open to Public |

Employer identification number

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

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

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B IS THE NUMBER OF CONTRIBUTORS

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-0283336

MOUNT MARTY UNIVERSITY

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

HIGHER LEARNING.

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

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

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

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

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

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

 EXECUTIVE COMMITTEE SHALL OVERSEE THE WORK OF BOARD COMMITTEES, THE

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

Schedule O (Form 990) 2021

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

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

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

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

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

DENIS FOKKEN AND ROB STEPHENSON HAVE A BUSINESS RELATIONSHIP.

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

THE MEMBERS OF THE CORPORATION INCLUDE THE MONASTERY PRIORESS AND THOSE

PERSONS SERVING AS MEMBERS OF THE MONASTERY COUNCIL.

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

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

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

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

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

FOLLOWS:

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

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

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

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

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

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

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

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

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

Name of the organization

MOUNT MARTY UNIVERSITY

UNIVERSITY;

(E) TO AMEND THE BYLAWS OF THE UNIVERSITY;

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

GOVERNING THE UNIVERSITY'S FINANCIAL POSITION;

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

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

GUIDANCE FROM THE BOARD OF TRUSTEES;

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

THE UNIVERSITY; AND

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

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

MEMBERS.

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

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

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

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MONITORING CONFLICTS AND IMPOSING

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

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

TRUSTEES IN THE FORM OF A REPORT.

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

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

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

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

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

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

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

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

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

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

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

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS

14,711.

| SCHEDULE | R |
|------------|---|
| (Form 990) | |

(1 0111 000)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 46 - 0283336

Department of the Treasury Internal Revenue Service

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

Name of the organization

MOUNT MARTY UNIVERSITY

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

| (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 |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| | | | | | |
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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 | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | g) i12(b)(13) olled 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 |
| | | | | | | | |
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| | | | | | | | |

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j) | (k) | |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------------------|----|-----------------|-----|-------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | | | or Percentage ownership | |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 | |
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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 | Sec 512(l contr ent | tion b)(13) rolled tity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|------------------------------|-----------------------------------|
| | | country) | | | | | | Yes | No |
| CHARITABLE REMAINDER TRUSTS (1) | CRT | SD | N/A | TRUST | N/A | N/A | N/A | x | |
| | - | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |
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Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

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

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

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

Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

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

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

| (0) | <u> </u> | C | (d) | 1- | | (f) | (a) | | • | (1) | (i) | (14) |
|-------------------------------------|------------------|-------------------------------------|--|--|-----------------|----------------|------------------------|-----|---------------|--|----------|------|
| (a) | (b) | (c) | (d) | (e Are partners 501(c orgs | all | (f) | (g) Share of | | ר) החסיי- | (i) Code V UBI | (j) | (k) |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partner: 501(c | s sec. ;)(3) | Share of total | end-of-year | tio | opor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | |
| of entity | | country) | excluded from tax under | orgs | | income | assets | | tions? | of Schedule K-1 | partner? | |
| | | country) | sections 512-514) | Yes | No | Income | asseis | Yes | No | (Form 1065) | Yes No | · |
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Schedule R (Form 990) 2021

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

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

| Form 990-T | | | | | | |
|--|--|------------------------------|--|--|--|--|
| | (and proxy tax under section 6033(e)) | _ | 2024 | | | |
| | For calendar year 2021 or other tax year beginning <u>JUL 1, 2021</u> , and ending <u>JUN 30, 202</u> | <u>2</u> . | 2021 | | | |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | 501(c | n to Public Inspection for c)(3) Organizations Only | | | |
| A Check box if address changed. | Name of organization (Check box if name changed and see instructions.) | D Employer i | identification number | | | |
| B Exempt under section | Print MOUNT MARTY UNIVERSITY | 46- | 0283336 | | | |
| X 501(c)(3) 408(e) 220(e) | or TypeNumber, street, and room or suite no. If a P.O. box, see instructions.1105WEST8THSTREET | E Group exer (see instruc | mption number ctions) | | | |
| 408A 530(a) 529(a) 529A | City or town, state or province, country, and ZIP or foreign postal code YANKTON , SD 57078 | F 🗌 C | heck box if | | | |
| | C Book value of all assets at end of year > 70,710,505. | ar | n amended return. | | | |
| G Check organization | type 🕨 🔀 501(c) corporation 🔄 501(c) trust 🔄 401(a) trust 🗌 Other trust | | | | | |
| H Check if filing only to | D Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | | |
| Check if a 501(c)(3) | organization filing a consolidated return with a 501(c)(2) titleholding corporation | <u></u> . | > | | | |
| J Enter the number of | attached Schedules A (Form 990-T) | 1 | | | | |
| K During the tax year, | was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | ► 🗌 Y | es X No | | | |
| | ame and identifying number of the parent corporation. | | | | | |
| | e of ► TABITHA LIKNESS Telephone number ► 6 | 05-66 | 8-1603 | | | |
| | elated Business Taxable Income | | | | | |
| | business taxable income computed from all unrelated trades or businesses (see | | 1 004 | | | |
| , | | 1 | 1,904. | | | |
| | | 2 | 1 004 | | | |
| 3 Add lines 1 and 2 | | 3 | 1,904. | | | |
| | utions (see instructions for limitation rules) STMT 3 STMT 4 | 4 | <u>2.</u> 1,902. | | | |
| | siness taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 1,902. | | | |
| | operating loss. See instructions | 6 | | | | |
| | business taxable income before specific deduction and section 199A deduction. | | 1 0 0 0 | | | |
| Subtract line 6 from | | 7 | <u>1,902.</u> 1,000. | | | |
| | n (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. | | | |
| | 09A deduction. See instructions | 9 | 1 000 | | | |
| | Add lines 8 and 9 | 10 | 1,000. | | | |
| | ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | 000 | | | |
| Part II Tax Com | nutation | 11 | 902. | | | |
| | · | | 189. | | | |
| • | trable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 109. | | | |
| | trust rates. See instructions for tax computation. Income tax on the amount on | | | | | |
| Part I, line 11 from 3 Proxy tax. See ins | | 2 | | | | |
| 3 Proxy tax. See ins4 Other tax amounts | | 4 | | | | |
| 5 Alternative minimu | | 5 | | | | |
| | iant facility income. See instructions | 6 | | | | |
| • | through 6 to line 1 or 2, whichever applies | 7 | 189. | | | |
| | Reduction Act Notice, see instructions. | | orm 990-T (2021) | | | |
| | | • | (=) | | | |

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

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

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

46 - 0283336

| FORM 990-T LATE PAYMENT INTEREST | | | | | | | | STATEMENT | | |
|--|----------|--------|-----------|--------|---------|------|------|-----------|--------|----|
| DESCRIPTION | DATE | AM | OUNT | BAL | ANCE | RATI | ΞI | DAYS | INTERE | ST |
| TAX DUE | 11/15/22 | | 189. | | 189. | .060 | 00 | | | |
| LATE FILING PENALTY | 11/15/22 | | 189. | | 378. | .060 | 00 | 46 | | 3 |
| INTEREST RATE CHANGE | 12/31/22 | | 0. | | 381. | .070 | 00 | 46 | | 3 |
| DATE FILED | 02/15/23 | | | | 384. | | | | | |
| TOTAL LATE PAYMENT IN | ITEREST | | | | | | | | | 6 |
| FORM 990-T | L2 | ATE PA | YMENT PEN | JALTY | | | | STAT | FEMENT | 2 |
| DESCRIPTION | DAT | Έ | AMOUNT | | BALANCE | 1 | MONI | THS | PENALT | Y |
| TAX DUE | 11/15 | 5/22 | 18 | | 1 | 89. | | 3 | | 3 |
| DATE FILED | 02/15 | 6/23 | | | 1 | 89. | | | | |
| TOTAL LATE PAYMENT PE | NALTY | | | | | | | = | | 3 |
| FORM 990-T | | CONT | RIBUTIONS | 5 | | | | STAT | TEMENT | 3 |
| | PROPERTY | METH | OD USED 1 | ro de' | FERMINE | FMV | | A | MOUNT | |
| DESCRIPTION/KIND OF P | | | | | | | _ | | | |
| DESCRIPTION/KIND OF F CHARITABLE CONTRIBUTI COMMONFUND CAPITAL PA VIII. L.P | | N/A | | | | | | | | 2 |
| CHARITABLE CONTRIBUTI | | N/A | | | | | | | | 2 |

-

_

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

FOOTNOTES

STATEMENT 5

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

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

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

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2021

1

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

| Α | Name of the orga | anization | |
|---|------------------|-----------|------------|
| | MOUNT | MARTY | UNIVERSITY |

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

| В | Employer identification number $46-0283336$ |
|---|---|
| | |

1

of

D Sequence:

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

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

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

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

| Sched Dart | ule A (Form 990-T) 2021 VI Interest, Annu | iities Ro | ovalties and Re | ents fror | n Control | led Or | nanization | S (c | ee instruct | ions) | | Page 3 |
|---------------|--|---------------|--|-------------|--|----------------------|--|---------------------------|---|--------------------------|-------|---|
| Tart | | | | | | | Exempt Contro | ` | | , | | |
| | 1. Name of controller organization | d | 2. Employer identification number | incor | unrelated ne (loss) structions) | 4. Tota | al of specified nents made | 5. Pa that is conti | art of colur s included rolling orga s gross inc | mn 4 in the aniza- | c | eductions directly connected with come in column 5 |
| (1) | | | | | | | | | | Jointo | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | No | | Controlled O | • | ons | | | | | |
| 7 | 7. Taxable Income | in | Net unrelated Icome (loss) e instructions) | | otal of specif syments mad | | 10. Part of that is inconstruction of the controlling gross | luded | in the zation's | | con | luctions directly nected with e in column 10 |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | Add colum Enter here line 8, c | and or | n Part I, | Ent | er he | umns 6 and 11. re and on Part I, 3, column (B) |
| Totals | | | | | | ► | | | 0. | | | 0. |
| Part | VII Investment | ncome | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | nization _{(s} | ee inst | tructions) | | | |
| | 1. Desc | cription of | income | | 2. Amou incor | | 3. Deduction directly connu- (attach state) | ected | 4. Set- (attach st | | nt) | and set-asides (add cols 3 and 4) |
| (1) | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| (4) Totals | | | | | Add amor column 2 here and o line 9, colu | . Enter n Part I, | | | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 • |
| Part | | vemnt A | ctivity Income | Other 1 | [han Adva | | | (000 in | l atruationa) | | | 0. |
| 1 | Description of exploite | | | , outer i | | | gincome | | Structions | | | |
| 2 | Gross unrelated busin | | e from trade or busi | ness Ente | r here and o | n Part I | line 10 colum | n (A) | | 2 | | |
| 3 | Expenses directly con | | | | | | - | • • | | | | |
| | | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | | | | | | |
| | lines 5 through 7 | | | | | | | | | 4 | | |
| 5 | Gross income from ac | tivity that i | s not unrelated busi | iness incor | me | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expen | | | | | | | | | _ | | |
| | 4. Enter here and on P | art II, line | 12 | | | | | | | 7 | | |

Schedule A (Form 990-T) 2021

| Schedu | ule A (Form 990-T) 2021 | | | | 1 Page 4 |
|-----------------|---|-----------------------------|--------------------|-------------------------------|--|
| Part | | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting t | wo or more periodicals on a | consolidated basis | 8. | |
| | <u>A</u> [| | | | |
| | B | | | | |
| | с р | | | | |
| intor o | mounts for each periodical listed above in the co | rrosponding column | | | |
| inter a | mounts for each periodical listed above in the col | | В | С | D |
| 2 | Gross advertising income | | | | |
| 2 | Add columns A through D. Enter here and on Pa | | | | 0. |
| а | | | | ····· · | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on Pa | | • | | 0. |
| - | | | | ······ | |
| 4 | Advertising gain (loss). Subtract line 3 from line | | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column in | | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is less | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain on | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the grea | | | | 0 |
| Part 2 | Part II, line 13 X Compensation of Officers, Direct | tore and Tructoop | · · · · · | | 0. |
| r ai t i | | | see instructions) | 0 Demonstrate | 1 Oceano ation |
| | 1. Name | 2. Title | | 3. Percentage of time devoted | Compensation attributable to |
| | I. Name | 2. Ille | | to business | unrelated business |
| 1) | | | | % | unitelated busiliess |
| -, 2) | | | | % | |
| 2) 3) | | | | % | |
| <u>-,</u> 4) | | | | % | |
| -, | | | | | |
| Total. | Enter here and on Part II, line 1 | | | | 0. |
| Part 2 | | nstructions) | | | |
| | · · · · · · · · · · · · · · · · · · · | , | | | |
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| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 7 |
|-------------------------------------|--|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| COMMONFUND CAPITAL INCOME (LOSS) | PARTNERS VIII, L.P - ORDINARY BUSINESS | -2,099. |
| COMMONFUND CAPITAL ESTATE INCOME | PARTNERS VIII, L.P - NET RENTAL REAL | -30. |
| | PARTNERS VIII, L.P - INTEREST INCOME PARTNERS VIII, L.P - DIVIDEND INCOME | 116. 224. |
| | PARTNERS VIII, L.P - OTHER PORTFOLIO | 26. |
| COMMONFUND CAPITAL (LOSS) | PARTNERS VIII, L.P - OTHER INCOME | -5,742. |
| TOTAL INCLUDED ON S | SCHEDULE A, PART I, LINE 5 | -7,505. |

Name

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0123

Yes X No

ZUZ I

Employer identification number

46-0283336

►C

MOUNT MARTY UNIVERSITY

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

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

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

Schedule D (Form 1120) 2021



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

| OMB No. 1545-0074 | ŀ |
|-------------------|---|
| 2021 | |

Attachment Sequence No. **12A** Social security number or

С

taxpayer identification no.

| MOUNT MARTY UN | IVERSITY | | | | | 46-0 | 283336 |
|---|-------------------------------------|---|--------------------------------------|---|-----------------------------|---|--|
| Before you check Box A, B, or C belo statement will have the same information | ow, see whether ation as Form 10 | you received any 99-B. Either will s | y Form(s) 1099-B show whether you | or substitute stater Ir basis (usually you | nent(s) fron r cost) was | n your broker. A su s reported to the IF | lbstitute RS by your |
| broker and may even tell you which be Part I Short-Term. Transact | | al assets you held | 1 year or less are ge | enerally short-term (see | e instruction | s). For long-term | |
| transactions, see page 2. Note: You may aggregate al | I short-term transac | tions reported on I | Form(s) 1099-B shov | ving basis was reporte | ed to the IRS | S and for which no ac | |
| Codes are required. Enter the You must check Box A, B, or C below. | Check only one bo | x. If more than one b | box applies for your sho | rt-term transactions, comp | olete a separa | te Form 8949, page 1, for | |
| If you have more short-term transactions than wil (A) Short-term transactions rep | | | | | , | | |
| (B) Short-term transactions re | | - | | | Note ab | 000) | |
| X (C) Short-term transactions no | | | • | | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustmer | nt, if any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds (sales price) | Cost or other basis. See the | in column | où enter an amount (g), enter a code in | Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (ouldo prioc) | Note below and | <u> </u> |). See instructions. | from column (d) & |
| | | (NO., day, yr.) | | see <i>Column (e)</i> in the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| COMMONFUND CAPITAL | | | | | | | |
| PARTNERS VIII, L.P | | | | | | | 141. |
| | | | | | | | |
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| 2 Totals. Add the amounts in colur | | | | | | | |
| negative amounts). Enter each to | | | | | | | |
| Schedule D, line 1b (if Box A above is checked) or line 3 (if B | | • | | | | | 141. |

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

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

| Form 4797 |
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Department of the Treasury Internal Revenue Service Name(s) shown on return

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

| OMB No. 1545-0184 |
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| |

Attachment Sequence No. 27

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

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

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

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

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

18a

18b

Page **2**

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

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

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

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

| (see instructions) | |
|--------------------|--|
|--------------------|--|

| | | | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|----|--------------------|---------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 | Recomputed depreciation. See instructions | 34 | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |
| | | | | = 1707 (acad) |

Name

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0123

Yes X No

ZUZ I

Employer identification number

46-0283336

►C

MOUNT MARTY UNIVERSITY

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

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

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

Schedule D (Form 1120) 2021



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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



Sequence No. 12A

Social security number or taxpayer identification no.

٨٢ 0283336

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| MOONT | MARTI | UNIVERSITY |

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

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

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

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

| Form 4797 |
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Department of the Treasury Internal Revenue Service Name(s) shown on return

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

| OMB No. 1545-0184 |
|-------------------|
| |

Attachment Sequence No. 27

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

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

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

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

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

18a

18b

Page **2**

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

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

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

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

| (see instructions) | |
|--------------------|--|
|--------------------|--|

| | | | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|----|--------------------|---------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 | Recomputed depreciation. See instructions | 34 | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |
| | | | | = 1707 (acad) |