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	
 If this application Plan 	pplication is for an extension of time to file Form 5330, y n Name	izations (s REET – in the Uni Group Exer and atta AY 15 anization's	wee instructions) • YANKTON , SD 57078 Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of , 20 25, to file	f this is fo all membre the exem	r the whole g ers the extens npt organizati	roup, check this sion is for. on return for	
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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		
4b	(Code:) (Expenses \$ including grants of \$) (F	evenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (F	evenue \$)
			,
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 .

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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
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		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

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,

** 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)
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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)
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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

1

2

3

х

Х

Х

х

Х

Х

Х

Х

Х

Х

х

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.	

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.
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

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MOUNT MARTY UNIVERSITY

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

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			

Part IV	Supplemental Informati	on (continued)		

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					
 Enter total number of section Enter total number of other o 	()() U	•	l le line 1 table			<u> </u>	<u> </u>					

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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.		
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)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 1A:

THE PRESIDENT OF MOUNT MARTY UNIVERSITY, 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														
<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												

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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

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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

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				
	-														
	-														
	-														
	1														
	1														

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

(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>
	-								
	-								

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				
												

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.	
4b	(Code:) (Expenses \$ including grants of \$) ()
чи)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 29,616,560.		
			m 990 (0000)

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

Form 990 (2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	х	
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)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a 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.
		-								
		_								
		-								
	ļ									
	I	I		I	I		1			<u> </u>
Total to Part VII, Section A, line 1c										

		Check if Schedule O o	contains a	response	or note to any line		(D)	(0)	
						(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)
T - 1									
Tota	31						1		1

Schedule	A (Form 990) 2022
Part II	Support Sc

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 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

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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)
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Name of organization

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

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

MOUNT MARTY UNIVERSITY

(a)

No.

12

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

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

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

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

Person

Payroll Noncash

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

6-0283336

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

Page 2

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

MOUNT MARTY UNIVERSITY

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

Employer identification number

Schedule B (Form 990) (2022)

46-0283336

Part I

Schedule B (Form 990) (2022)

MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

46-0283336

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

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

46-0283336

MOUNT MARTY UNIVERSITY

Part I	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.)

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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.	

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.			
		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

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

		of fundraising event contributions and gro		,	0 1	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MMU GOLF	GIVING DAY	NONE	(add col. (a) through
			CLASSIC MAY	2023		col. (c))
Ð			(event type)	(event type)	(total number)	coi. (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.			

Part IV	Supplemental Informati	on (continued)		

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

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

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

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.		
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						

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

(Form 9 Departmer	SCHEDULE K (Form 990) Supplemental Information on Tax-Exempt Bonds Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											OMB No. 1545-0047 2022 Open to Public Inspection				
Name o	f the organization MOUNT MARTY										identif 283		n num	ber		
Part I	Bond Issues SE	E PART VI	FOR COLUM	N (F) CONT	INUATI	ONS	1									
	(a) Issuer name (b) Issuer EIN (c) CUSIP #			(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) Defeased (h)) On behalf of issuer		oled		
									Yes	No	Yes	No	Yes	<u> </u>		
CT	CITY OF YANKTON, SOUTH						CONSTRUC	TON	Tes		165		165			
	KOTA	46-6000567	NONE	06/28/19	1384	1310.		NG, AND E		x		x		х		
В																
С																
_																
D Part II	Proceeds															
Parti	Floceeus	Δ			В	С				D						
1 A	1 Amount of bonds retired			888	,453.			U								
	mount of bonds legally defeased				,											
	otal proceeds of issue			13,841	,310.											
	iross proceeds in reserve funds															
				209	,756.											
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?															

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Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 MOUNT MARTY UNIVERSITY

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Page **2**

Part III Private Business Use			40-	0203330				Page
		Α		в		c		C
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x						
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

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Page 3

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

SCHEDULE L		Tra	nsaction	ns V	Vith	Interested	Persons			OMB No. 1545-0047				
(Form 990)	Complete if	the org				on Form 990, Part -EZ, Part V, line 38a	IV, line 25a, 25b, 26,	27, 2	8a,		2	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	
											_			
											_			
											_			
											_			
											_			
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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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
	•			•	•	•	

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)

_

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
	-				

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

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MOUNT MARTY UNIVERSITY

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

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

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

(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	
	-								
	-								
	-								
	-								

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	·
												
												<u> </u>

Schedule R (Form 990) 2022

MOUNT MARTY UNIVERSITY

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

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

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

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

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

212571 04-01-22

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

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

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Type o	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer identification number (TIN)				
print	MOUNT MARTY UNIVERSITY			46-0283336				
File by the due date t filing your	or Number, street, and room or suite no. If a P.O. box, s	ions.						
return. Se instruction								
Enter th	ne Return Code for the return that this application is for (file	e a separat	te application for each return)				7	
Applica	ation	Return	Application			Retur	rn	
ls For		Code	Is For			Code	е	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
● If thi box ▶ 1 I ti	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (Group Exe and atta MAX anization's , an	mption Number (GEN) If ch a list with the names and TINs of $\underline{X \ 15, \ 2024}$, to file return for: d ending 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)		······		
	••)				

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
				-				
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
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.
				l l			
				l .			
2 Totals. Add the amounts in colur	nns (d), (e). (a). a	nd (h) (subtract		l l			
negative amounts). Enter each to							
Schedule D, 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.
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>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 27,798,843.		~ 990 (2021)

 Form 990 (2021)
 MOUNT
 MARTY
 UNIVERSITY

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

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

Form 990 (2021)

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			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)			
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(2) ANDREA ROBERTS 40.00 X 208,537. 0. 29,432. (3) LARKY DAPLEN 40.00 X 169,229. 0. 25,605. (4) TAYLOR REFEDT 40.00 X 179,669. 0. 8,446. (5) LUKEYTHIA BASTARDI 40.00 X 179,669. 0. 8,446. (5) LUKEYTHIA BASTARDI 40.00 X 172,117. 0. 5,756. (6) BROCK SHITH 40.00 X 164,300. 0. 10,105. (7) TABITHA LINNESS 40.00 X 70,033. 0. 14,527. (6) BROCK SHITH 40.00 X 70,033. 0. 14,527. (7) TABITHA LINNESS 40.00 X 70,033. 0. 14,527. (7) TABITHA LINNESS 40.00 X 70,033. 0. 14,527. (8) DR, NOB STEPHENSON 2.50 X X 0. 0. 0. (9) MR, ROB STEPHENSON 2.50 X X 0. 0. 0. (9) MR, ROB STEPHENSON 2.50 X X 0. 0. 0. (9) MR, ROB STEPHENSON 2.50 X X 0. 0. 0. SECRETARY<	(1) DR. MARCUS LONG	40.00	_	_		-					
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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)	
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		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
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	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
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Nam	Name of the organization Employer identification number										
	MOUNT MARTY UNIVERSITY							6-0283336			
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2	Х	A school described in sect									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that	• •			-		-			
а		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)		

	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
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Schedule A	Form	990	202

MOUNT MARTY UNIVERSITY

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

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

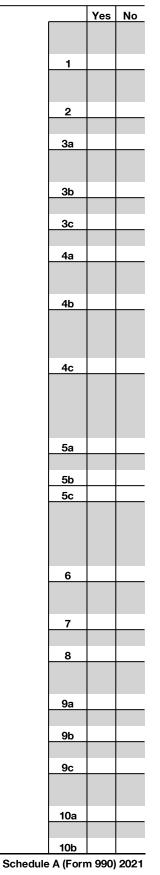
See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	021	(f) Total		
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, 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

1

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

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

Schedule A		2021	
	-	 	

MOUNT MARTY UNIVERSITY

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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.

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	
(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	\$
\$	
\$	
	\$

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

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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

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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

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Page **2**

Part I

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

MOUNT MARTY UNIVERSITY

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

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

Employer identification number

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MOUNT MARTY UNIVERSITY

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

46-0283336

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

Page 2

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

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.						
Total				►			80,900							
3 List all states in wh	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	registration						

or licensing.

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

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

MOUNT MARTY UNIVERSITY

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

		of fundraising event contributions and gro	r	,	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,

Partiv	Supplemental information	(continued)		

SCHEDULE IGrants and Other Assistance to Organizations, Governments, and Individuals in the United States												
(Form 990	(L		vernments, ar ete if the organizatio					2021				
Department o	f the Treasury	Comp		Attach to For		1117, IIIC 21 01 22.		Open to Public				
Internal Rever	nue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection				
Name of t	he organization MOUNT MAR	TY UNIVER	SITY					Employer identification number $46-0283336$				
Part I	General Information on Grants a	nd Assistance										
crite	s the organization maintain records t eria used to award the grants or assis	stance?				-		on 🔣 Yes 🗌 No				
 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					
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.		
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		

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

SCHEE		omplete if the organ	nization answere	EDULE K Supplemental Information on Tax-Exempt Bonds m 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,									OMB No. 1545-0047			
Departme Internal R	ent of the Treasury evenue Service Attach to			l any additional in orm990 for instru			information.					Open to nspect		lic		
	of the organization MOUNT MARTY	-									identification number					
Part I	Bond Issues SE	E PART VI	FOR COLUM	N (F) CON	TINUATI	ONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	le price	(f) Descripti	on of purpose	(g) D	efeased	(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													

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Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 MOUNT MARTY UNIVERSITY

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Page **2**

Part III Private Business Use								
		<u>A</u>		B		ç	[P
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
b 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

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Page 3

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

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

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

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	
	-											
	-											
	-											
	1											
											+	
	1											
	{											
	4											

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

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

Schedule R (Form 990) 2021 MOUNT MARTY UNIVERSITY

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

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

	(a) Name of related organization	(b) 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	·
				$\left \right $								

Schedule R (Form 990) 2021

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

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

Form 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)			
	· · · · · · · · · · · · · · · · · · ·	,			

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.
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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i ((i)) 8 sull g)) 1 i (i) 8 sull g) i (i) 8 sull g) i (i) 8 sull (i)

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

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,				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

MOTINT		TINTTYPDOTMY
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.
							<u> </u>
							<u> </u>
							<u> </u>
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.
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

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)	
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			(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)