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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOUNTAIN STATES GROUP INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1607 W JEFFERSON STREET

City or town, state or country, and ZIP + 4
BOISE, ID 83702

D Employer identification number
81-6035382

E Telephone number
(208) 336-5533

G Gross receipts $ 14,881,018

F Name and address of principal officer
KARAN TUCKER
1607 W JEFFERSON STREET
BOISE,ID 83702

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MTNSTATESGROUP ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1974 | **M** State of legal domicile ID

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE DELIVERY, ACCESSIBILITY, AND QUALITY OF HEALTH CARE AND SOCIAL SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	174
6	Total number of volunteers (estimate if necessary)	**6**	1,569
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,689,599	11,654,292
	9 Program service revenue (Part VIII, line 2g)	3,175,231	3,178,578
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,445	8,385
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,542	27,085
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,899,817	14,868,340
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,879,028	5,085,264
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,259,726	5,705,324
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶101,434		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,709,603	4,021,790
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,848,357	14,812,378
	19 Revenue less expenses Subtract line 18 from line 12	51,460	55,962

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	4,192,121	3,904,189
	21 Total liabilities (Part X, line 26)	2,458,053	2,118,076
	22 Net assets or fund balances Subtract line 21 from line 20	1,734,068	1,786,113

Part II Signature Block

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

Sign Here

****** | 2013-02-14
Signature of officer | Date

KARAN TUCKER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
LEANN M SANNES	2013-02-14	☐	P01258277

Firm's name (or yours if self-employed), address, and ZIP + 4
EIDE BAILLY LLP
877 W MAIN ST STE 800
BOISE, ID 83702

EIN ▶ 45-0250958

Phone no ▶ (208) 344-7150

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MSG WORKS LOCALLY AND NATIONALLY TO PROMOTE CITIZEN AND COMMUNITY LEADERSHIP IN IMPROVING HEALTH AND HUMAN SERVICES AND PROVIDES HIGH QUALITY DIRECT SERVICES FOR DIVERSE POPULATIONS OUR PROGRAMS WORK TOWARD THE COMMON MISSION OF PEOPLE SHAPING THEIR OWN LIVES AND SHARING IN THEIR COMMUNITIES MSG PROGRAM AREAS FOCUS ON SIX PRIMARY AREAS OF SERVICE AND INCLUDE MENTAL HEALTH, PUBLIC HEALTH & POLICY, HEALTHY CHILDREN & FAMILIES, REFUGEE SERVICES & ECONOMIC DEVELOPMENT, RURAL HEALTH, AND HEALTHY AGING

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 services? . . . . . ☑ **Yes** ☐ **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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,042,542 including grants of $) (Revenue $)

MOUNTAIN STATES EARLY HEAD START(MSEHS) PROVIDES COMPREHENSIVE HEALTH, SOCIAL AND EDUCATIONAL SERVICES FOR INFANTS, TODDLERS, AND THEIR FAMILIES THROUGH FAMILY-CENTERED AND COMMUNITY-BASED EFFORTS IN KOOTENAI AND BONNER COUNTIES IN NORTH IDAHO THROUGH GRANTS FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AND TANF FUNDED TO SERVE 159 CHILDREN, SERVICES INCLUDE HOME VISITS, PARENT/CHILD EDUCATION PLAYGROUPS AND CLASSES SUCH AS CPR, MONEY MANAGEMENT, COOKING AND CHILD DISCIPLINE MSEHS ALSO PROVIDES ASSISTANCE IN LINKING FAMILIES TO NEEDED COMMUNITY RESOURCES IN AREAS OF PREVENTATIVE HEALTH CARE, DENTAL EXAMS, IMMUNIZATIONS, NUTRITION EDUCATION AND DEVELOPMENTAL SCREENINGS MSEHS RECEIVED FUNDING FROM 3 SEPARATE GRANT AWARDS AND INCLUDE THE CONTINUING BASE GRANT, ONE ARRA GRANT AND PASS THROUGH TANF FUNDS FROM THE IDAHO HEAD START ASSOCIATION

4b (Code) (Expenses $ 1,860,143 including grants of $) (Revenue $)

NUTRITION WORKS CHILD & ADULT CARE FOOD PROGRAM PROVIDES REIMBURSEMENTS TO IDAHO FAMILY CHILD CARE HOMES AND CENTERS TO HELP PROVIDE NUTRITIOUS MEALS TO LOW-INCOME CHILDREN AND ASSISTS THE HOMES AND CENTERS IN OFFERING QUALITY CARE NUTRITION WORKS IS FUNDED THROUGH THE U S DEPARTMENT OF AGRICULTURE AS A PASS THROUGH FROM THE STATE OF IDAHO'S CHILD AND ADULT CARE FOOD PROGRAM THE PROGRAM SUPPORTS OVER 4,000 CHILDREN WITH WELL-BALANCED, HEALTHY MEALS AND SNACKS THAT DO NOT CONTRIBUTE TO THE CHILDHOOD OBESITY EPIDEMIC THE PROGRAM HAS ALSO DEVELOPED SELF-STUDY PROGRAMS FOR CHILD CARE PROVIDERS ON NUTRITION AND FOOD SAFETY

4c (Code) (Expenses $ 1,636,117 including grants of $) (Revenue $)

WILSON FISH DEMONSTRATION PROGRAM THE IDAHO OFFICE FOR REFUGEES (A PROGRAM OF MOUNTAIN STATES GROUP, INC) ADMINISTERS THE STATE OF IDAHO'S REFUGEE RESETTLEMENT PROGRAMS THE PURPOSE OF THIS U S DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM SERVES TO PROVIDE SUPPORT FOR INTERIM FINANCIAL ASSISTANCE, ENGLISH LANGUAGE TRAINING, EMPLOYMENT SERVICES, CASE MANAGEMENT AND SOCIAL ADJUSTMENT SERVICES DURING THE FISCAL YEAR ENDING JUNE 30, 2012, THIS PROGRAM WAS EFFECTIVE IN OVERSEEING THE RESETTLEMENT OF 636 NEW REFUGEES IN IDAHO FROM 22 DIFFERENT COUNTRIES, PRIMARILY FROM BHUTAN, BURMA, IRAQ, THE CONGO, ERITREA AND SOMOLIA

(Code) (Expenses $ 8,026,582 including grants of $) (Revenue $ 3,178,578)

ALL OF MSG'S OTHER PROGRAMS SERVE VITAL ROLES ACROSS THE COUNTRY IN AREAS OF RURAL HEALTH, PUBLIC HEALTH & POLICY, MENTAL HEALTH, REFUGEE SERVICES & ECONOMIC DEVELOPMENT, HEALTHY CHILDREN AND FAMILIES AND HEALTHY AGING FUNDING FOR PROGRAMS COMES FROM A VARIETY OF SOURCES INCLUDING FEDERAL GRANTS AND CONTRACTS, STATE OF IDAHO CONTRACTS, PRIVATE FOUNDATION GRANTS, CORPORATE AND COMMUNITY GRANTS AND DONATIONS AND FEES FOR SERVICES

4d Other program services (Describe in Schedule O)

(Expenses $ 8,026,582 including grants of $) (Revenue $ 3,178,578)

4e **Total program service expenses** ▶ $ 13,565,384

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	104		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
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**	174		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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).**					
a	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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
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					
a	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.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JESSE ALLEN CFO
1607 W JEFFERSON STREET
BOISE, ID 83702
(208) 336-5533

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENSON R DAITZ MD BOARD PRESIDENT	50	X		X				0	0	0
(2) DANIEL J KUNZ BOARD VICE PRESIDENT	50	X		X				0	0	0
(3) KERMIT W SCARBOROUGH BOARD TREASURER	50	X		X				0	0	0
(4) LOUISE HANEY BOARD SECRETARY	50	X		X				0	0	0
(5) DAVE COURVOISIER BOARD MEMBER	50	X						0	0	0
(6) ALLEN DERR BOARD MEMBER	50	X						0	0	0
(7) MARGARET HENBEST BOARD MEMBER	50	X						0	0	0
(8) ANN MORSE BOARD MEMBER	50	X						0	0	0
(9) MARION SOKOL BOARD MEMBER	50	X						0	0	0
(10) MYRON JONES BOARD MEMBER EMERITUS	50	X						0	0	0
(11) KARAN E TUCKER EXECUTIVE DIRECTOR (SEE SCHEDULE O)	40 00			X				95,922	0	11,605
(12) JESSE ALLEN CHIEF FINANCIAL OFFICER (SEE SCH O)	40 00			X				0	0	0
(13) CHRISTOPHER TILDEN EXECUTIVE DIRECTOR (SEE SCHEDULE O)	40 00			X				119,811	0	29,745
(14) JAN REEVES PROGRAM DIRECTOR	40 00					X		101,930	0	13,431

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								317,663	0	54,781

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COLLEGE OF SOUTHERN IDAHO CSI REFUGEE CENTER 1526 HIGHLAND A TWIN FALLS, ID 83301	REFUGEE RESETTLEMENT SERVICES	586,911
INTERNATIONAL RESCUE COMMITTEE 7188 W POTOMAC DR BOISE, ID 83704	REFUGEE RESETTLEMENT SERVICES	536,281
TREASURE VALLEY WORLD RELIEF 6702 FAIRVIEW AVE BOISE, ID 83704	REFUGEE RESETTLEMENT SERVICES	432,537
STROUDWATER ASSOCIATES 50 SEWALL ST STE 102 PORTLAND, ME 04102	RURAL HEALTH TECHNICAL ASSISTANCE	304,449
RURAL HEALTH RESOURCE CENTER 600 E SUPERIOR ST 404 DULUTH, MN 55802	RURAL HEALTH TECHNICAL ASSISTANCE	254,129

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 19,832				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 10,445,251				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,189,209				
	g	Noncash contributions included in lines 1a-1f $ 262,530				
	h	**Total.** Add lines 1a-1f . . . . . ▶	11,654,292			
Program Service Revenue		Business Code				
	2a	FEES & EXP REIMBURSEME	624100	1,529,433	1,529,433	
	b	FEES FROM GOVERNMENT A	624100	1,444,378	1,444,378	
	c	MEDICARE/MEDICAID PAYM	624100	197,873	197,873	
	d	INTEREST ON PROGRAM RE	624100	6,894	6,894	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,178,578		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		8,385		8,385
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 19,832 of contributions reported on line 1c) See Part IV, line 18 . . . a 39,763				
	b	Less direct expenses . . . b 12,678				
	c	Net income or (loss) from fundraising events . . ▶	27,085			27,085
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	14,868,340	3,178,578	0	35,470

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,203,994	2,203,994		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,881,270	2,881,270		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	261,365	40,691	220,674	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,420,135	4,013,787	341,205	65,143
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	249,214	220,091	22,604	6,519
9	Other employee benefits	307,879	281,057	21,918	4,904
10	Payroll taxes	466,731	413,555	46,426	6,750
11	Fees for services (non-employees)				
a	Management				
b	Legal	18,424	8,466	9,958	
c	Accounting	55,956	1,000	54,956	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,027,434	1,016,168	11,266	
12	Advertising and promotion				
13	Office expenses	764,408	449,519	314,889	
14	Information technology	70,393	56,806	13,587	
15	Royalties . .				
16	Occupancy	387,554	351,901	35,653	
17	Travel	309,046	297,432	11,614	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	141,160	137,269	3,891	
20	Interest	21,666	21,666		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,149	62,754	3,395	
23	Insurance	31,442	5,042	26,400	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INDIRECT/ADMINISTRATIVE	926,366	926,366		
b	STIPENDS & SCHOLARSHIPS	106,025	106,025		
c	STAFF AND VOLUNTEER TRA	78,973	71,849	7,124	
d	FUNDRAISING EXPENSES	18,118			18,118
e					
f	All other expenses	-1,324	-1,324		
25	**Total functional expenses.** Add lines 1 through 24f	14,812,378	13,565,384	1,145,560	101,434
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		107,989	1	675,146
	2	Savings and temporary cash investments		863,785	2	425,578
	3	Pledges and grants receivable, net		1,774,521	3	1,350,318
	4	Accounts receivable, net		35,956	4	10,128
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		88,820	7	128,105
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		50,440	9	52,533
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,053,262			
	b	Less accumulated depreciation	10b 790,881	1,270,610	10c	1,262,381
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,192,121	16	3,904,189
Liabilities	17	Accounts payable and accrued expenses		1,469,273	17	1,100,826
	18	Grants payable			18	
	19	Deferred revenue		351,958	19	494,585
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		188,090	21	99,381
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		448,732	23	423,284
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,458,053	26	2,118,076
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,333,089	27	1,389,051
	28	Temporarily restricted net assets		400,979	28	397,062
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,734,068	33	1,786,113
	34	Total liabilities and net assets/fund balances		4,192,121	34	3,904,189

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	14,868,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,812,378
3	Revenue less expenses Subtract line 2 from line 1	3	55,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,734,068
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,917
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,786,113

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,578,141	9,260,631	10,738,029	10,689,599	11,654,292	49,920,692
2 Tax revenues levied for the organization'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	7,578,141	9,260,631	10,738,029	10,689,599	11,654,292	49,920,692
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						49,920,692

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,578,141	9,260,631	10,738,029	10,689,599	11,654,292	49,920,692
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,998	4,510	3,247	12,394	15,279	49,428
9 Net income from unrelated business activities, whether or not the business is regularly carried on	18,380	9,292				27,672
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						49,997,792

12	Gross receipts from related activities, etc (See instructions)	12	18,486,676

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 850 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 750 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		221,433		221,433
b Buildings		1,383,973	527,951	856,022
c Leasehold improvements		239,341	79,777	159,564
d Equipment		192,890	167,528	25,362
e Other		15,625	15,625	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,262,381

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,868,340
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,812,378
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	55,962
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,917
9	Total adjustments (net) Add lines 4 - 8	9	-3,917
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	52,045

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,963,287
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	82,269		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	82,269
3	Subtract line **2e** from line **1**			3	14,881,018
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-12,678		
c	Add lines **4a** and **4b**			4c	-12,678
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,868,340

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	14,907,325
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	82,269		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	12,678		
e	Add lines **2a** through **2d**			2e	94,947
3	Subtract line **2e** from line **1**			3	14,812,378
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	14,812,378

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	MSG ACTS AS FIDUCIARY OR TRUSTEE THAT RESULTS IN HOLDING CASH AND CASH EQUIVALENTS IN SEPARATE BANK ACCOUNTS ON BEHALF OF CLIENTS THESE SERVICES INCLUDE ACTING AS ADMINISTRATOR FOR A PARALLEL SAVINGS ACCOUNT FOR THE FEDERALLY FUNDED REFUGEE SAVINGS PROGRAM WHICH PROVIDES FOR A 1 TO 1 MATCH OF FEDERAL DOLLARS FOR REFUGEES PARTICIPATING IN THIS PROGRAM
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MOUNTAIN STATES GROUP ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740 (PREVIOUSLY FINANCIAL INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JULY 1, 2009 THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS AS OF BOTH THE DATE OF ADOPTION, AND AS OF JUNE 30, 2012, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO MOUNTAIN STATES GROUP WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED MOUNTAIN STATES GROUP IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		DECREASE IN TEMPORARILY RESTRICTED NET ASSETS -3,917
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES ALLOCATED TO FUNDRAISING -12,678
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES ALLOCATED TO FUNDRAISING 12,678

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 THE PROM (event type)	(b) Event #2 INTERNATIONAL WOMEN'S DAY (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	38,863	16,543	4,189	59,595
	2 Less Charitable contributions	15,964	3,868		19,832
	3 Gross income (line 1 minus line 2)	22,899	12,675	4,189	39,763
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	2,000	755		2,755
	7 Food and beverages		631		631
	8 Entertainment	3,950			3,950
	9 Other direct expenses	3,999	1,119	224	5,342
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(12,678)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				27,085

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 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) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

Part I General Information on Grants and Assistance

1 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? . . . ☑ 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 17

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
(1) DIRECT CASH ASSISTANCE TO INDIGENTS	944	1,123,683			
(2) TRANSPORTATION ASSISTANCE	2343	41,201			
(3) FOOD, SHELTER AND CLOTHING FOR INDIGENTS	756	119,274			
(4) REIMBURSEMENTS TO FAMILY CHILD CARE HOMES AND CENTERS TO OFFSET THE COSTS OF NUTRITIOUS MEALS TO LOW-INCOME CHILDREN	180	1,597,112			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MOUNTAIN STATES GROUP'S PROGRAM DIRECTORS, WITH THE ASSISTANCE OF THE FISCAL OFFICE, COMPLETE VARYING DEGREES OF SUBRECIPIENT MONITORING TO ENSURE CONFORMANCE WITH THE TERMS, CONDITIONS AND SPECIFICATIONS OF ANY SUB AWARDS OR SUBCONTRACTS UNDER FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-110 "UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS & AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS & OTHER NON-PROFIT ORGANIZATIONS" THE APPLICABLE PROCEDURES PERFORMED ARE BASED ON THE GUIDANCE INCLUDED IN OMB CIRCULAR A-133'S COMPLIANCE SUPPLEMENT, SECTION M FOR SUBRECIPIENT MONITORING, AND GENERALLY INCLUDE OBTAINING THE AUDITED FINANCIAL STATEMENTS OF THE RESPECTIVE CONTRACTED ORGANIZATIONS, PROVIDING SUPPORT AND TECHNICAL ASSISTANCE ON INVOICING OR FINANCIAL REPORTING AND CONDUCTING PERIODIC SITE VISITS WHILE THE REQUIREMENTS FOR SUBRECIPIENTS ARE UNIQUE TO EACH PROGRAM AND THE NATURE OF SERVICE BEING PERFORMED, ALL PROGRAMS HAVE ESTABLISHED A METHOD FOR PERIODIC REPORTING FROM THE SUBRECIPIENT PRIOR TO PAYMENT OF INVOICED AMOUNTS IN ADDITION TO PERIODIC PROGRESS REPORTING, ACTIVITIES ARE MONITORED BY PROGRAM DIRECTORS THROUGH THE REVIEW AND APPROVAL PROCESS OF A CONTRACTOR'S INVOICE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 81-6035382
Name: MOUNTAIN STATES GROUP INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLEGE OF SOUTHERN IDAHO1526 HIGHLAND AVE TWIN FALLS,ID 83301		GOVERNMENT ENTITY	490,739				TO FUND REFUGEE RESETTLEMENT AND PLACEMENT IN THE TWIN FALLS, IDAHO AREA
TREASURE VALLEY WORLD RELIEF6702 FAIRVIEW BOISE,ID 83704	23-6393344	501(C)(3)	414,838				TO FUND REFUGEE RESETTLEMENT AND PLACEMENT IN THE BOISE AREA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE7188 W POTOMAC DR BOISE,ID 83704	13-5660870	501(C)(3)	551,424				TO FUND REFUGEE RESETTLEMENT AND PLACEMENT IN THE BOISE AREA
NATIONAL RURAL HEALTH RESOURCE CENTER600 SUPERIOR ST 404 DULUTH,MN 55802	41-1797630	501(C)(3)	246,538				TO ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE RURAL HOSPITAL PERFORMANCE IMPROVEMENT PROJECT (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH OFFERS INTENSIVE TECHNICAL ASSISTANCE AND TRAINING TO RURAL HOSPITALS IN EIGHT MISSISSIPPI DELTA STATES, IN COLLABORATION WITH RURAL COMMUNITIES AND STATE RURAL HEALTH ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOISE INDEPENDENT SCHOOLS8169 W VICTORY RD BOISE,ID 83709		GOVERNMENT ENTITY	177,922				TO IMPROVE EDUCATION ACHIEVEMENT AND PSYCHO-SOCIAL HEALTH OF REFUGEE CHILDREN AT 3 BOISE AREA SCHOOLS
UNIVERSITY OF WASHINGTON4333 BROOKLYN AVE NE SEATTLE,WA 981959472		GOVERNMENT ENTITY	10,249				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE IDAHO PARTNERSHIP FOR HISPANIC MENTAL HEALTH (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH RESEARCHES INTERVENTIONS TO REDUCE HEALTH DISPARITIES EXPERIENCED BY THE HISPANIC POPULATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERIDIAN JOINT SCHOOL DISTRICT1303 E CENTRAL DR MERIDIAN,ID 83642		GOVERNMENT ENTITY	29,746				TO IMPROVE EDUCATION ACHIEVEMENT AND PSYCHO-SOCIAL HEALTH OF REFUGEE CHILDREN AT MCMILLAN ELEMENTARY
WEISER MEMORIAL HOSPITAL645 E FIFTH ST WEISER,ID 83672	82-6001139	501(C)(3)	16,420				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE IDAHO PARTNERSHIP FOR HISPANIC HEALTH (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH RESEARCHES INTERVENTIONS TO REDUCE HEALTH DISPARITIES EXPERIENCED BY THE HISPANIC POPULATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELMORE COUNTY MEDICAL CENTER895 NORTH 6TH EAST MOUNTAIN HOME,ID 83647	82-6003542	501(C)(3)	24,678				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE IDAHO PARTNERSHIP FOR HISPANIC HEALTH (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH RESEARCHES INTERVENTIONS TO REDUCE HEALTH DISPARITIES EXPERIENCED BY THE HISPANIC POPULATION
TWIN FALLS SCHOOL DISTRICT201 MAIN AVENUE WEST TWIN FALLS,ID 83301		GOVERNMENT ENTITY	72,297				TO IMPROVE EDUCATION ACHIEVEMENT AND PSYCHO-SOCIAL HEALTH OF REFUGEE CHILDREN AT 11 TWIN FALLS AREA SCHOOLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 N OAK AVE MARSHFIELD, WI 544495790	39-0452970	501(C)(3)	51,406				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE IDAHO PARTNERSHIP FOR HISPANIC HEALTH AND MENTAL HEALTH (TWO PROGRAMS OF MOUNTAIN STATES GROUP) WHICH RESEARCHES INTERVENTIONS TO REDUCE HEALTH DISPARITIES EXPERIENCED BY THE HISPANIC POPULATION
IDAHO COMMISSION ON HISPANIC AFFAIRS304 N 8TH STREET SUITE 236 BOISE,ID 83720		GOVERNMENT ENTITY	7,942				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE IDAHO PARTNERSHIP FOR HISPANIC HEALTH (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH RESEARCHES INTERVENTIONS TO REDUCE HEALTH DISPARITIES EXPERIENCED BY THE HISPANIC POPULATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IDAHO COUNCIL OF GOVERNMENTS 125 E 50TH ST GARDEN CITY,ID 83714	82-0297631	501(C)(3)	35,954				ESTABLISH AND FUND A PART TIME REFUGEE SPECIALIST POSITION WITHIN THE BOISE AREA AGENCY OF AGING'S INFORMATION AND REFERRAL PROGRAM
IDAHO PRIMARY CARE ASSOCIATION1087 W RIVER ST STE 160 BOISE,ID 83702	82-0376764	501(C)(3)	33,000				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE CHILDREN'S HEALTH INSURANCE PROGRAM OUTREACH AND ENROLLMENT PROGRAM (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH FOCUSES ON FINDING INCOME-ELIGIBLE, UNINSURED CHILDREN AND ASSISTING THEM WITH CHIP/MEDICAID ENROLLMENT AND RETENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO DEPARTMENT OF HEALTH AND WELFARE450 W STATE ST BOISE,ID 83720		GOVERNMENT ENTITY	17,495				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE CHILDREN'S HEALTH INSURANCE PROGRAM OUTREACH AND ENROLLMENT PROGRAM (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH FOCUSES ON FINDING INCOME-ELIGIBLE, UNINSURED CHILDREN AND ASSISTING THEM WITH CHIP/MEDICAID ENROLLMENT AND RETENTION
AFRICAN COMMUNITY DEVELOPMENT INC PO BOX 6396 BOISE,ID 83707	61-1554470	501(C)(3)	14,643				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE GLOBAL GARDENS (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH INCREASES AGRICULTURAL OPPORTUNITIES FOR LOW INCOME REFUGEE FAMILIES IN SOUTHWEST IDAHO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOMALI BANTU ZIGUA COMMUNITY LTD 1310 S VISTA AVE BOISE,ID 83705	57-1233454	501(C)(3)	8,703				ASSIST AND SUPPORT IN REACHING THE OBJECTIVES OF THE GLOBAL GARDENS (A PROGRAM OF MOUNTAIN STATES GROUP) WHICH INCREASES AGRICULTURAL OPPORTUNITIES FOR LOW INCOME REFUGEE FAMILIES IN SOUTHWEST IDAHO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046019713

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		0	ACCEPTED AS AGENT
6	Cars and other vehicles	X		0	ACCEPTED AS AGENT
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (SUPPLIES & MATERIALS)	X	38	262,530	FMV AT TIME OF DONATION
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493046019713

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOUNTAIN STATES GROUP INC

Employer identification number
81-6035382

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	BEGINNING AUGUST 18, 2011, THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OUTREACH AND ENROLLMENT PROGRAM (CHIPRA PHASE II), FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICE'S CENTER FOR MEDICARE AND MEDICAID SERVICES, CONTINUED OUTREACH EFFORTS WITH A FOCUS ON REACHING GROUPS OF CHILDREN WHERE SIGNIFICANT GAPS IN HEALTH COVERAGE EXIST THROUGH PARTNERSHIPS WITH IDAHO PRIMARY CARE ASSOCIATION AND IDAHO'S COMMUNITY HEALTH CENTERS, PROJECT EFFORTS ARE FOCUSED ON FINDING INCOME-ELIGIBLE, UNINSURED CHILDREN AND ASSISTING THEM WITH CHIP/MEDICAID ENROLLMENT AND RETENTION BEGINNING SEPTEMBER 30, 2011, THE WOMEN'S BUSINESS CENTER, FUNDED BY THE U S SMALL BUSINESS ADMINISTRATION, PROVIDES IN-DEPTH START-UP FEASIBILITY ASSISTANCE, BUSINESS PLANNING, CONSULTING, AND LOAN PACKAGING SERVICES TO SOCIALLY AND ECONOMICALLY DISADVANTAGED WOMEN ENTREPRENEURS WITH EITHER EMERGING OR ESTABLISHED BUSINESSES BEGINNING OCTOBER 1, 2011, WITH FUNDING PROVIDED BY IDAHO STATE UNIVERSITY, MSG WAS A MEMBER OF THE STATE-WIDE PLANNING TEAM TO DEVELOP THE IDAHO SUICIDE PREVENTION HOTLINE BEGINNING FEBRUARY 8, 2012, WITH FUNDING PROVIDED BY THE IDAHO DEPARTMENT OF HEALTH AND WELFARE, THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM IDENTIFIES AND PROVIDES COMPREHENSIVE SERVICES TO IMPROVE OUTCOMES FOR FAMILIES WHO RESIDE IN AT-RISK COMMUNITIES AND IMPROVES COORDINATION OF SERVICES FOR AT-RISK COMMUNITIES MIECHV IS FUNDED TO SERVE 11 PARTICIPANTS

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	ENDING SEPTEMBER 29, 2011, THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OUTREACH AND ENROLLMENT PROGRAM (CHIPRA PHASE I), FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICE'S CENTER FOR MEDICARE AND MEDICAID SERVICES, ENROLLED AND RETAINED ELIGIBLE CHILDREN IN THE MEDICAID AND THE CHILDREN'S HEALTH INSURANCE (CHIP) PROGRAMS IN SIX RURAL IDAHO COUNTIES ENDING SEPTEMBER 29, 2011, THE CITIZENSHIP AND INTEGRATION DIRECT SERVICES PROGRAM, FUNDED BY THE U S DEPARTMENT OF HOMELAND SECURITY, PROVIDED CITIZENSHIP CLASSES ENDING FEBRUARY 28, 2012, MSG OPERATED UNDER MEDICAID PROVIDER AGREEMENTS ON A FEE-FOR-SERVICE BASIS, THROUGH THE IDAHO DEPARTMENT OF HEALTH AND WELFARE FOR TARGETED CASE MANAGEMENT, PSYCHOSOCIAL REHABILITATION, INDIVIDUAL COUNSELING, AND CLINIC SERVICES IN BOISE, IDAHO ENDING JANUARY 31, 2012, THE IDAHO PARTNERSHIP FOR HISPANIC MENTAL HEALTH PROGRAM, FUNDED BY THE NATIONAL INSTITUTES OF MENTAL HEALTH (NIMH), IN PHASE ONE COMPLETED 238 INDIVIDUAL QUANTITATIVE INTERVIEWS WITH HISPANIC ADULTS IN ADA AND CANYON COUNTIES TO DETERMINE THEIR PERCEPTIONS AND BELIEFS ABOUT MENTAL ILLNESS AND BEHAVIORS REGARDING MENTAL HEALTH TREATMENT, 94 MORE IN-DEPTH QUALITATIVE INTERVIEWS, AND 35 KEY INFORMANT INTERVIEWS WITH SOUTHWEST IDAHO MENTAL HEALTH SERVICE PROVIDERS PHASE TWO OF THIS PROGRAM INCLUDED ANALYSIS AND ASSESSMENT OF INTERVIEW RESULTS AND PREPARATION OF A FINAL REPORT FOR NIMH ENDING MARCH 31, 2012, THE IDAHO STATEWIDE QUALITY MANAGEMENT COMMITTEE, FUNDED BY THE STATE OF IDAHO DEPARTMENT OF HEALTH AND WELFARE (IDHW), COORDINATED THE STATEWIDE HIV/AIDS QUALITY MANAGEMENT COMMITTEE THAT WORKS WITH IDHW'S FAMILY PLANNING, STD, AND HIV PROGRAMS, AND THE IDAHO ADVISORY COUNCIL ON HIV/AIDS TO DEVELOP AND CONTINUALLY IMPROVE A QUALITY CONTINUUM OF CARE STATEWIDE THAT MEETS THE IDENTIFIED NEEDS OF PEOPLE LIVING WITH HIV AND AIDS ENDING IN JUNE 2012, THE IDAHO WOMEN'S CHARITABLE FOUNDATION PROVIDED FUNDING FOR MICROENTERPRISE ASSISTANCE TARGETING LOW-INCOME WOMEN IN ADA AND CANYON COUNTIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT FORM 990 IS RECONCILED WITH THE AUDITED FINANCIAL STATEMENTS BOTH THE DRAFT FORM 990 AND THE RECONCILIATION ARE REVIEWED AND APPROVED BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE DIRECTOR AND THE GOVERNING BOARD TREASURER UPON APPROVAL, THE DRAFT IS SUBMITTED TO THE FULL BOARD FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL CONFLICT OF INTEREST REPORTS PROVIDED BY THE BOARD OF DIRECTORS AND OFFICERS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER ANY POTENTIAL CONFLICTS WOULD BE DISCUSSED AMONG THE CFO, EXECUTIVE DIRECTOR AND BOARD CHAIRMAN AND/OR TREASURER TRANSACTIONS (IF ANY) WITH OFFICERS, DIRECTORS OR KEY EMPLOYEES WOULD BE REVIEWED/MONITORED DURING WEEKLY CHECK RUNS, WHICH ARE REVIEWED BY THE CFO AND EXECUTIVE DIRECTOR ANY INTERESTED PERSONS ARE REQUIRED TO LEAVE THE DISCUSSION AND ABSTAIN FROM VOTING ON THE ISSUE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD IS PROVIDED INDUSTRY SALARY SURVEYS OR OTHER INDEPENDENTLY PRODUCED COMPENSATION REPORTS TO SET AND MODIFY SALARIES OF THE EXECUTIVE DIRECTOR AND CFO, WHICH ARE ALSO SUBJECT TO LIMITS FROM OUR FEDERAL FUNDING SOURCES THIS REVIEW OCCURS ON AN ANNUAL BASIS AT THE OCTOBER BOARD MEETING SALARY LEVELS FOR ALL OTHER STAFF ARE BASED ON SIMILAR POSITIONS, RESTRICTIONS OF BUDGETS AND FUNDING SOURCES AND CONSIDERATION OF COMPENSATION LEVELS FOR COMPARABLE POSITIONS IN THE STATE OR REGION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION POSTS ITS ANNUAL AUDIT REPORT, FORM 990, INDIRECT RATE AGREEMENT AND BOARD OF DIRECTORS DIRECTORY TO ITS WEBSITE AT WWW MTNSTATESGROUP ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	KARAN E. TUCKER - EXECUTIVE DIRECTOR AS OF 4/16/12, CHIEF FINANCIAL OFFICER UNTIL 5/31/12 JESSE ALLEN - CHIEF FINANCIAL OFFICER AS OF 6/1/12 CHRISTOPHER TILDEN - EXECUTIVE DIRECTOR UNTIL 4/13/12

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	DECREASE IN TEMPORARILY RESTRICTED NET ASSETS -3,917 TOTAL TO FORM 990, PART XI, LINE 5 -3,917

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGE IN OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT YEAR

Additional Data

Software ID:
Software Version:
EIN: 81-6035382
Name: MOUNTAIN STATES GROUP INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 8,026,582 including grants of $) (Revenue $ 3,178,578)

ALL OF MSG'S OTHER PROGRAMS SERVE VITAL ROLES ACROSS THE COUNTRY IN AREAS OF RURAL HEALTH, PUBLIC HEALTH & POLICY, MENTAL HEALTH, REFUGEE SERVICES & ECONOMIC DEVELOPMENT, HEALTHY CHILDREN AND FAMILIES AND HEALTHY AGING FUNDING FOR PROGRAMS COMES FROM A VARIETY OF SOURCES INCLUDING FEDERAL GRANTS AND CONTRACTS, STATE OF IDAHO CONTRACTS, PRIVATE FOUNDATION GRANTS, CORPORATE AND COMMUNITY GRANTS AND DONATIONS AND FEES FOR SERVICES