

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

### **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)

OMB No. 1545-0047

Open to Public Inspection

		nue Service	► The organizati	ion may have t	to use a copy of this r	eturn to satisf	ly state re	porting requi	irements.	Inspection
Ā	For the	e 2012 cale	endar year, or tax yea	r beginning		, 2012, a	nd endin	9	_	, 20
В	Check it	f applicable:	C Name of organization	Mississippi \	Valley School Tuition	Organizatio	n		D Employ	er identification number
	Address	change	Doing Business As							20-5268108
	Name c	hange	Number and street (or	P.O. box if mail	is not delivered to street	address)	Room/sui	te	E Telepho	ne number
	Initial re	turn	1020 W. Central Pari	k Avenue						563-326-5313
	Termina	ted	City, town or post office	ce, state, and ZI	P code		•			
	Amende	ed return	Davenport, IA 5280	<b>t</b>					G Gross re	eceipts \$ 745,461
	Applicat	ion pending	F Name and address of					H(a) is this	a group return	for affiliates? Yes INo
	•••	•	James Vonderhaar -							ncluded? Yes No
$\overline{}$	Tax-exe	mpt status:	<b>√</b> 501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527			a list. (see instructions)
<u>;</u>	Website		w.mvsto.org					H(c) Grou	o exemption	number ▶
ĸ	Form of		✓ Corporation ☐ Trust	Associatio	on Other ▶	L Yea	r of formati		1	of legal domicile: IA
-	art I	Summ		(4.5)		1				
	1			tion's missio	n or most significar	nt activities:	The ord	anization (s	s defined	in lowa code 422.11M)
	1		tuition grants for elig							
8			n such students wou				40110 3016			
Ē	1	IOWA WIRE	ii saai sudenis waa	id odia wisc	iace iliancial barrer	<u></u>				******
Activities & Governance	2	Check thi	is box ▶☐ if the on	anization di	scontinued its oper	ations or dis	sposed o	f more than	25% of	its net assets
မွ	3		of voting members of				spood o	111010 1110	3	7
• <b>ರ</b>	4		of independent votir	-			line 1h)			
Ę	5		nber of individuals e	_			-		5	
돛	6		nber of volunteers (e		•		-		6	0
Ą	7a		elated business reve		• •				7a	7
	l .								7b	0
	Ь	Net unres	ated business taxab	ne income in	om romi 990-1, iin	934	<del></del>	Prior Y		Current Year
	١	^4-1bd	lana and anomia (Da	-4 \ MIII   12 4 L			-	PINI I		
9	1		ions and grants (Pa		*		· · ·  -		643,909	744,471
Revenue	9	Program service revenue (Part VIII, line 2g)								
é	10						• • ⊢		1,737	990
			enue (Part VIII, colu				: <del> </del>			
	<del></del>		nue-add lines 8 thr				e 12)		645,646	745,461
			id similar amounts p				· ·		571,025	580,129
			oald to or for member							
8			other compensation,		-					· · · · · · · · · · · · · · · · · · ·
Expenses			nal fundraising fees	•			· · L			
ď			Iraising expenses (F		· · · · · · · · · · · · · · · · · · ·					
ш		_	enses (Part IX, colu				· ·  _		63,637	64,565
	1	•	enses. Add lines 13-	•	•	(A), line 25)	) · <u> </u> _		634,662	644,694
		Revenue	less expenses. Sub	tract line 18	from line 12		<u> </u>		10,984	100,767
58					I RF	CEIVE	B	eginning of Cu	irrent Year	End of Year
			ets (Part X, line 16)				$\cup \cdot \sqcup$		647,381	748,148
Net Assets o Fund Balance	21	Total liabi	lities (Part X, line 26	)			<u>الى ر</u>			
žē	22	Net asset	lities (Part X, line 26 s or fund balances.	Subtract line	21 from line 20\/	2.0.200	. 191		647,381	748,148
	irt II		ure Block			£01.	11 0 11			
Unc	ter penal	ties of perjun	y, I declare that I have ex	arnined this retu	ım, including socompan	ying schedules	and statem	nents, and to t	he best of n	ny knowledge and belief, it is
true	, correct,	and comple	te. Declaration of prepare	er (6ther than of	ficer) is based on all infor	mation of which	h buebarer	has any know	ledge.	
		<u>*</u>	yam YV	ndehr			y		5-	15-13
Sig	n	Signa	ture/of officer		- 10 - 10 - 10			Da	rte	
Her	re	<b>A</b>	ames/Vono	cernac	er, Chair	man				
		Type	or print name and title							
Pai	id	Print/Typ	e preparer's name	Pr	reparer's signature		Dat	9	Check [	T IF PTIN
	u eparer	.		1					self-emp	Noyed
			me ▶					Firm	n's EIN ▶	
US	e Only	Firm's ad							one no.	
May	the IR		this return with the	preparer sho	own above? (see in	structions)				· · Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Cat. No. 11282Y

Form 99	90 (2012)		Page 2
Part	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:	<u> </u>	<u>·                                    </u>
	The organization provides tuition grants for eligible lowa resident students at qualified non-public schools low lowa when such students would otherwise face financial barriers.		
2	Did the organization undertake any significant program services during the year which were not listed option Form 990 or 990-EZ?		☑ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any proservices?		s <b>☑</b> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	745,4	161 )
	Tuition grants awarded to eligible lowa resident students at qualified non-public schools located inScott Cour		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$		)
		-	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)
	***************************************		
4d	Other program services (Describe in Schedule O.)	-	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$644,694		

Par	t 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	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or Indirect political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			F
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
	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		1
	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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	<b>✓</b>	<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>\</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
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, Parts I and IV	14b		<b>V</b>
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>\</b>
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)	}		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>√</b>
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		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b> </b>
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		<b>√</b> _
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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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		<b>√</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>/</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		<b>-</b> -
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		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>✓</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓ .	
		For	n 990	(2012)

Form 990 (2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response to any question in this Part V	. <u> </u>		<u>. [</u>
4			Yes	No
1a	- The me me me repetited in series of the metaphicable	0		
b	The state of the s	0	:	į
·	reportable gaming (gambling) winnings to prize winners?	40	:	
2a		1c		
	Olekannente Oleka ala ala da	0.		
ь		2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		1
b	· · · · · · · · · · · · · · · ·	3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			İ
	account)?	4a		✓
Ь	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		✓
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>-</b>
•	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7f</b>		✓
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		
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			
Ω	organization, have excess business holdings at any time during the year?	8		
а	Did the organization make any taxable distributions under section 4966?	00		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	00		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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	j		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.		į	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
-	the experience in linear and to leave explifted booth store			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		•

	990 (2012)			Page (
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		. 🔽
Sec	tion A. Governing Body and Management			
		(*** ******	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain in Schedule O.			
þ	= man			
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		✓
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6	Did the organization have members or stockholders?	6		1
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		1
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		✓.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
8	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body? $1000 \text{ MM/H} = 1000 \text{ M/M/H} = 10000 \text{ M/M/H} = 1000  \text{ M/M/H} = 1000  \text{ M/M/H} = 1000  \text{ M/M/H} = 1000   $	8b		1
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		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	, -	ode.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
Ь	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		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>√</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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 NA no certificial NA no certification of the control of	15a		1
b	Other officers or key employees of the organization NA N. employees	15b		✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a		1
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		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	. E041	-1/01	
18	available for public inspection. Indicate how you made these available. Check all that apply.	1 DUT (	င)(၁)S	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte-	- Ana	، حالم
19	and financial statements available to the public during the tax year.	ıınter	est p	юнсу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20	organization: ► Carey Jones - 1020 W. Central Park Ave., Davenport, IA 52804. 563-326-5313 ext. 229	ui the		
	Carey Julies • 1020 W. Central Park Ave., Davenport, IA 52804. 563-326-5313 ext. 229			

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	·	· ago
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, 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	
4a Camala	the table table for all namena manifed to be listed. Depart companyation for the calendar year and a with a set	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	ense	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual or direct	unies er and	Pos neck ss pe	rson	e than is both size or/trus Highest compensated	n an tee)	(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
(1) Patricia Bush, Director	.3	1				_				
(2) Nancy Carroll, Director	.3	<b>▼</b>						0		0
(3) Carol Conroy, Secretary	3	<b>*</b>						0		0
(4) Robert Coryn, Director	.3	1								0
(5) Richard Kleine, Vice Chair	.3	1						,	0	0
(6) Mike McGuire, Director	.3	1							0	0
(7) James Vonderhaar, Chairman	.3	1							0	
(8)		·								
(9)						-				
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch unles	Pos neck s pe	c) ition more rson	This both Highest compensated is in the compensated	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation for related organizations (W-2/1099-MIS	om	(F) Estimated amount of other compensation from the organization and related organizations
(15)				Ä	$\vdash$		ted	_			+	
(16)				$\exists$				H				
(17)	***************************************			H				-			+	
(18)										<del>-</del>	+	
				$\vdash$				-			+	
						$\dashv$					+	
				$\dashv$	$\dashv$							
					$\dashv$	$\dashv$					$\dashv$	
(23)					$\dashv$	$\dashv$					-	- "
				$\dashv$	-	1					+	
(25)				$\dashv$	$\dashv$	-					+	
1b=	-Sub-total								0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•						<b>\</b>	0	<del> </del>	0	0
2	Total number of individuals (including but reportable compensation from the organization)	not limited								ore than \$100		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mp	loyee, or high	est compens	ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4 1
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or indiv	idual	5 1
Section	n B. Independent Contractors		·									
1	Complete this table for your five highest of compensation from the organization. Rep year.											
	(A) Name and business addr	<b>853</b>		·					(B) Description of so	ervices	С	(C) compensation
		-										
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ve) who		-

Form 990 (2012)

Pa	rt VIII	Statement of Rev						_
	•	Check if Schedule C	contains a resp	onse to any ques				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
4	18	Federated campaign	s 1a					
britions, Giffs, Grants Other Similar Amounts	š  b	Membership dues	1b					1
6 6	[ c	Fundraising events	1c				•	
Office,	d	Related organization	s 1d					
Contributions, (	e							
5 2	[] f							
3 5	}	and similar amounts not in	ncluded above 1f	744,471			i ·	
ĒÇ	g	Noncash contributions inclu	ded in lines 1a-1f:\$	92,781	1		:	
S	h	Total. Add lines 1a-	1f		744,471		:	
-	1			Business Code			\$55° * : 575 1 - 1 - 1 - 1 - 1 - 1 - 1	.) o de la creata de desenta de la constante d
5	2a							
Æ	Ь	***************************************			1			
8	C				1			
2	d	***************************************			<del></del>			
E	e	***************************************						
Program Service Revenue	f	All other program ser	vice revenue.				-	
æ	g			•				
	3	Investment income and other similar amo	(including dividounts)	ends, interest,	1,413			1,413
	4	Income from investmen	nt of tax-exempt b	ond proceeds ►				
	5	Royalties	<u> </u>					
			(i) Real	(ii) Personal				
	6a	Gross rents						
	Ь	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or		▶				
	7a		(i) Securities	(ii) Other	:			
	İ	assets other than inventory	99,422					
	b	Less: cost or other basis						
		and sales expenses .	99,846					
	С	Gain or (loss)	-423					
	d	Net gain or (loss) .		•	-423			-423
venue	8a	Gross income from fuevents (not including \$	ındraising					
Other Rev	i	of contributions reporte	ed on line 1c).					
Ę	Ь	Less: direct expenses	<b>b</b>					:
J		Net income or (loss) fi		events . ►				
		Gross income from ga				*		,
		See Part IV, line 19 .						
	Ь	Less: direct expenses						
		Net income or (loss) fi						
	10a				, -			
		returns and allowance						
	ь	Less: cost of goods s				:		
		Net income or (loss) fr						
	- 6	Miscellaneous R		Business Code			<u> </u>	
	11a	<del>-</del>						
	11a b			<del></del>				
- 1	c d	All other revenue .		+	<del></del>			<del></del>
		Total. Add lines 11a-						· · · · · · · · · · · · · · · · · · ·
	e 12	Total revenue. See in		· · · · []	745 461			990
	14.	- CAN I STUILE, CAN III	wulleller is.		/#6.#E1!			, , , , , , , , , , , , , , , , , , , ,

25

	990 (2012) rt IX Statement of Functional Expenses	· · · · · ·			Page 10
	ion 501(c)(3) and 501(c)(4) organizations must com	nlete ell columns A	III other emanization	ne muet complete co	olumn (A)
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, bb, 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	580,129	580,129		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				2
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	64,565	64,565		
12	Advertising and promotion				
-13					
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses, Itemize expenses not covered				

	Part X	· Balance Sheet			
_		Check if Schedule O contains a response to any question in this Pa	nt X	• . •	· · · · · · C
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	637,381	2	745,21
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees			
	1	Complete Part II of Schedule L	•	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		}	
	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
粒		organizations (see instructions). Complete Part II of Schedule L	• [	6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	ĺ	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities	10,000		2,935
	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)	647,381		748,148
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
₹		disqualified persons. Complete Part II of Schedule L		22	
B	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<del></del>		
	2	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	` <b> </b>	25	
	26	Total liabilities. Add lines 17 through 25	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 💟 an			
9		complete lines 27 through 29, and lines 33 and 34.			
ŭ.	27	Unrestricted net assets	66,299	27	77,233
3af	28	Temporarily restricted net assets	581,082	_	670,915
힏	29	Permanently restricted net assets		29	3,0,0,0
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	d		
7		complete lines 30 through 34.			
اکھ	30	Capital stock or trust principal, or current funds		30	
8	31	Pald-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or Fund Balances		Total net assets or fund balances	647,381	33	748,148
	34	Total liabilities and net assets/fund balances	647,381	34	748,148

Form	990 (2012)		F	age 12
Pa	rt XI Reconciliation 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)			45,461
2	Total expenses (must equal Part IX, column (A), line 25)	]	6	44,694
3	Revenue less expenses. Subtract line 2 from line 1		1	00,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	<u> </u>	. 6	47,381
5	Net unrealized gains (losses) on investments		_	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Ĭ		
	33, column (B))	<u> </u>	7	48,148
Par	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		<u>.                                     </u>
	,	_	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other	8		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in		
	Schedule O.			
2a			2a ✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	- 1 -	b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		i	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the committee of the committ			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		c √	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	in j		
	Schedule O.		<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in	1	
	the Single Audit Act and OMB Circular A-133?		a	1
b-	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		b	
		- !	Form <b>99</b> 0	(2012)

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047 201**2** Open to Public

Department of the Treasury Inspection Internal Revenue Service **Employer Identification number** Name of the organization Mississippi Valley School Tuition Organization 20-5268108 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 described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) ☐ An organization that normally receives: (1) more than 331/3% 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 331/s% 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 🗌 Typel c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II 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). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(间) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) is the the organization in col. (i) of your organization (described on lines 1-9 in col. (1) listed in your organization in col. support (i) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes (A) (B) (C) (D) Œ)

Total

Pai							
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	tion A. Public Support	1			4	1 2 2010	
	ndar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not include any "unusual grants.")						2 202 542
_		571,298	613,389	630,445	643,909	744,471	3,203,512
2	organization's benefit and either paid		,				
	to or expended on its behalf	Ļ					
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	571,298	613,389	630,445	643,909	744,471.	3,203,512
5	The portion of total contributions by		!				
	each person (other than a		!		<b>.</b>		
	governmental unit or publicly supported organization) included on				i		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				. 57	***	3,203,512
	ion B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	571,298	613,389	630,445	643,909	744,471	3,203,512
8	Gross income from interest, dividends,					1	
	payments received on securities loans,		·				
	rents, royalties and income from similar						
	sources	6,613	5,717	5,014	2,544	1,383	21,271
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or loss_from_the_sale_of_capital_assets						
	(Explain in Part IV.)						<del></del>
44	Total support. Add lines 7 through 10			<del>,</del>			2 224 702
11 12	Gross receipts from related activities, etc	(see instruction	ons)		• • • •	12	3,224,783
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he	•		-			
Secti	on C. Computation of Public Suppor	t Percentage	9	-			
14	Public support percentage for 2012 (line (			1, column (f))		14	99.34 %
15	Public support percentage from 2011 Sch	nedule A, Part I	I, line 14 .			15	99.14 %
16a	331/3% support test-2012. If the organic						
	box and stop here. The organization qua						
b	331/5% support test—2011. If the organicheck this box and stop here. The organic	ization qualifies	s as a publicly	supported org	anization .		. ▶ 🗆
<u>17a</u>	10%-facts-and-circumstances test -20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			_	ation quaimes	as a publicly s	· · _
							. ▶ 🗆
Ь	10%-facts-and-circumstances test—20	711. If the orga	nization did no	ot check a box	on line 13, 16	ia, 16b, or 17a	, and line
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the	racts-and-cil	rcumstances"	test, check th	n qualifies se :	op nere.
	supported organization					n quantes as a	
18	Private foundation. If the organization di					k this box and	. ► 🗆 see
10	instructions				.,		. ▶ □

	·						
Part III	·Suppor	t Schedu	le for Orga	nizations	Described	in Sectio	n 509(a)(2)
•	(Comple	ete only if	you checke	d the box	on line 9 o	f Part I or i	f the organiz

(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

	don A. Public Support	<del> </del>	<del>,</del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				<b>i</b>		
_	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		ļ				<del>- </del>
2	sold or services performed, or facilities			İ			
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose		<del> </del>	<b></b>			<del>- </del>
3	unrelated trade or business under section 513			ļ	·		
4	Tax revenues levied for the		<del> </del>		<del></del>		<del>-  </del>
-	organization's benefit and either paid						
	to or expended on its behalf		1				
5	The value of services or facilities		1				
	furnished by a governmental unit to the	ı			İ		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						ļ
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000	; i					
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		<del> </del>	-		·	<u> </u>
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	ion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.	ĺ					
L	_ *						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	,		ł			
c	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business					1	
	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.)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	o omenization	'a first sassa	d third fourth	or fifth tay w	227 00 0 000	Hop 501(cV3)
14	organization, check this box and stop her						
Section	on C. Computation of Public Support						
15	Public support percentage for 2012 (line 8			3. column (fl)		15	%
16	Public support percentage from 2011 Sch		-			16	%
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (li					17	<u>%</u>
18	Investment income percentage from 2011					18	%
19a	331/s% support tests—2012. If the organization						
_	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2011. If the organizatine 18 is not more than 331/3%, check this b						
00	Private foundation. If the organization did						
200	THE REPORT OF THE PROPERTY OF	4 . IV. VIIOUR A.	UI II II I I I I I I I I I I I I I	130. [	UIW DUA	III	N F

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

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

20**12** 

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization		Employer identification number
Missi	ssippi Valley School Tuition Organization		20-5268108
		r Advised Funds or Other Similar Fu	
	organization answered "Yes" to Fo		
		(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		
6	Did the organization inform all grantees, don	_	<u> </u>
U	only for charitable purposes and not for the		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	The state of the s
Dai		ete if the organization answered "Yes	
1	Purpose(s) of conservation easements held b		to rollingso, raitiv, line 7.
•		• • • • • • • • • • • • • • • • • • • •	of an historically important land and
	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
•	Preservation of open space	! b-ld11#d	Alon to Abo Source of a company of the
2	Complete lines 2a through 2d if the organizat	ion neid a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Hald and a Fad at the Tax Man
			Held at the End of the Tax Year
а			
þ	Total acreage restricted by conservation ease		
C	Number of conservation easements on a cert		
d	Number of conservation easements include		
_	historic structure listed in the National Regist		
3	Number of conservation easements modified	, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to o		
5	Does the organization have a written police		
	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	n easements during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation ea	sements during the year
	<b>\$</b>		
8	Does each conservation easement reported of	* *	
	(,		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the		inancial statements that describes the
	organization's accounting for conservation ea		
Par		ctions of Art, Historical Treasures, o	
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8	i de
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of	the footnote to its financial statements the	at describes these Items.
b	If the organization elected, as permitted una	der SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other s		education, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of	of art, historical treasures, or other simil	ar assets for financial gain, provide the
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to these	items:
a	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	1	▶ \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Page	2

Part	Organizations Maintaining	Collections	of Art His	torical	Trassures or	Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition,	occession and	other reco	ms chec	k any of the fo	llow	ing that are a sig	inificant use of its
Ŭ	collection items (check all that apply):		ould loo	103, 0110	on any or are re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing that are a rig	,
_	☐ Public exhibition			П I				
	<b>=</b>				or exchange p	_		
b	Scholarly research		е	☐ Othe	r			
_	Preservation for future generations	\$ !!!!!4!		al- barra				et aumana in Dart
4	Provide a description of the organization	tion's collection	s and expi	ain now t	ney turtner the	orga	inization's exemp	pt purpose in Part
_	XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				ganization ans	were	ed "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun	t on Form 990	), Part X, I	ine 21.				
18	Is the organization an agent, trustee,	, custodian or o	other interr	nediary fo	or contributions	s or	other assets not	
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and com	plete the fo	ollowing to	able:			
							Am	ount
C	Beginning balance				1	1c		
ď	Additions during the year				1	1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
	V Endowment Funds. Comple							
		(a) Current year		lor year				(e) Four years back
10	Beginning of year balance	<b>(-)</b> • • • • • • • • • • • • • • • • • • •	(-//	,	(4,)		,	
18	• • •		<del></del>			-		
	Contributions		+			+		
C	Net investment earnings, gains, and				ļ			
	losses				<del> </del>	-		
đ	Grants or scholarships				ļ	-+		
e	Other expenditures for facilities and							
	programs							<del></del>
f	Administrative expenses					_		
g	End of year balance				<u> </u>			
2	Provide the estimated percentage of t	he current-year-	end-baland	e (line-1g	j; column (a))∙h	eld a	s:	<del></del>
a	Board designated or quasi-endowmen	nt ▶	<b>%</b>					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	94	<b>,</b>					
	The percentages in lines 2a, 2b, and 2	c should equal	100%.					
3a	Are there endowment funds not in the	e possession of	the organi	zation th	at are held and	i adn	ninistered for the	ı
	organization by:	•	_					Yes No
	(i) unrelated organizations							(3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi	izations listed a	s required (	on Sched	lule R?			3b
4	Describe in Part XIII the intended uses					• •		<u> </u>
Part								
	Description of property		r other basis	Y	or other basis	(c) A	ccumulated	(d) Book value
	bescription or property		tment)	,	other)		preciation	(4) DOOK VEIDE
	Lond	<del></del>	<u> </u>	<del>                                     </del>	<u> </u>			
18	Land	·		<del> </del>				
р	Buildings	•		<del> </del>			———	<del></del>
C	Leasehold improvements	•		<del> </del>				
ď	Equipment	•		<b>├</b>				
e	Other	·		<u> </u>				<del></del>
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, columi	n (B), line 10(c).	<u>)                                    </u>	<u> ▶   _</u>	<del></del>

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
	al derivatives		
	-held equity interests		
(3) Other _			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	L O F 000 B-4 V	Page 40
Part VIII	Investments – Program Related		<del>,</del>
	(a) Description of Investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)	<u> </u>		
(3)		•	
(4)			
<u>(5)</u> <u>(6)</u>			
(7)			
(8)			
(9)			
(10)			700 m m m m m m m m m m m m m m m m m m
	(h) mund agreed Forms (100) Daniel V and (D) Eng. 42 L h. 1		
	(b) must equal Form 990, Part X, col. (B) line 13.) ►		and the second of the second o
Part IX	Other Assets. See Form 990, Pa		(h) Rook value
Part IX	Other Assets. See Form 990, Pa	rt X, line 15. Description	(b) Book value
Part IX (1)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3) (4)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Pa		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Pa	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total)	Other Assets. See Form 990, Part X, co	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X 1.	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X 1.	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X 1. (1) Federal (2) (3)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia C2) (3) (4) (5) (6) (7) (8) (7) (8)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	other Assets. See Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of Bability	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	other Assets. See Form 990, Part X, co other Liabilities. See Form 990, (a) Description of Bability Income taxes	I. (B) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (2, FIN 48 (AS	Other Assets. See Form 990, Part X, co.  Other Liabilities. See Form 990,  (a) Description of Bability  Income taxes  (b) must equal Form 990, Part X, col. (B) line 25.)	I. (B) line 15.)	

Schedu	de D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retu	m
1	Total revenue, gains, and other support per audited financial statements	1	*
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	_	
ь	Donated services and use of facilities	_	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	ļ
3	Subtract line 2e from line 1	3	
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	_	
ь	Other (Describe in Part XIII.)	_	
	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	A
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses		turn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
8	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses	-188	1
d	Other (Describe in Part XIII.)	20	
_	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
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	-	
b		4c	
_	Add lines 4a and 4b		
5		10	
	XIII Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part N	lines 1h and 2h:
Part V	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part ation.	to prov	ride any additional
Part X,	Line 2. Income Taxes - Mississippi Valley School Tuition Organization, Inc. is exempt from income taxes	under	Section 501(C)(3) of
the int	ernal Revenue Code and comparable state law, and contributions to it are tax deductible within the limita	tions pr	escribed by the Code.
The or	ganization has been classified as a public charity that is not a private foundation under section 509(A) of	the Inte	rnal Revenue Code.
Howev	er, the organization is subject to federal income taxes on any unrelated business taxable income, which	was zer	o for the years ended
Decem	ber 31, 2012 and 2011. In accordance with the FASB accounting standards codification topic on income	axes, n	nanagement evaluated
the org	panization's tax positions and concluded that the tax-exempt status had been maintained and there were	no unce	rtain tax positions
reguiri	ng adjustments to or disclosure in the financial statements to comply with the provisions of this guidanc	e. Ther	refore, no

provision or liability for income taxes has been included in the financial statements.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2012 Open to Public Inspection

							Employer identification number
ig S	anization					_	20-5268108
Part General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	ain records to subs	stantlate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ance?	ce, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring t	he use of grant fur	nds in the United	States.	•	<u>.</u>
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Gony recipient that I	vernments and received more the	Organizations i	n the United St	tates. Complete if ated if additional s	the organization ansopace is needed.	ents and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, d more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Assumption High School							
Davenport, lowa	42-0810207		189,500				tuition assist, grant
(2) All Saints Catholic School							
Davenport, Iowa	20-1013428		179,316				tuition assist, grant
(3) John F Kennedy Catholic School Davenport, lows	42-0892034		100.136				fuiltion seelst grant
(4) Our Lady of Lourdes Catholic Sc							
Bettendorf, IA 52722	42-0782514		36,556				tuition assist, grant
(5) St. Paul the Apostite Cath Schi							
Davenport, lowa	42-0794371		63,276				tuition assist, grant
(6) Marquette Academy Davenport, Iowa	17598h1-24		11.345				tuition assist grant
(i)							
(8)							
Š							
(A)					-		
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and governmen 3 Enter total number of other consnications listed in the	n 501(c)(3) and gov		t organizations listed in the line 1 table	ne 1 table			<b>A</b>
Cor Dancascott Dedicates Ast Mark							9
roi raperwork neducción Act nodce, see the instructions for Form 890.	, see the instruction	s tor Form 990.		o o	Cat. No. 50055P		Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Contemporaneous records are maintained to substantiate all disbursements of grants. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III Part IV Ŋ က N

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Employer Identification number

Missis	ssippi Valley School Tuition Organizat	ion				20-52681	08	
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contains report Form 990, Part V	rted on		(d) of determining atribution amou	
1	Art Works of art							
2	Art - Historical treasures		-					
3	Art-Fractional interests							
4	Books and publications		No. Large Company			1		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	1	4		92,781	FMV on date	of sale.	
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						<u> </u>	
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 ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other► (							
29	Number of Forms 8283 received				tions for	l		
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	dgement		29		
							Yes	No
	During the year, did the organizati it must hold for at least three year used for exempt purposes for the	s from the	date of the initial contribu	tion, and which	is not req		30a	<b>✓</b>
	If "Yes," describe the arrangement		••••••	· · · · · ·		•		حز
31	Does the organization have a contributions?	gift accept	ance policy that require		f any no	n-standard	31	1
	Does the organization hire or use				eee ores	ll nonceeh	<del>                                     </del>	<u>*</u>
	contributions?	~	· · · · · · · · · · · ·				32a	✓
33	If "Yes," describe in Part II.  If the organization did not report an describe in Part II.	amount in	column (c) for a type of pro	perty for which c	olumn (a) i	s checked,		

Schedule M (	Form 990) (2012) P	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32 and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the	
	number of items received, or a combination of both. Also complete this part for any additional information	١.
**		

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization		Employer identification number							
Mississippi Valley School Tuition Organization		20-5268101							
Form 990, Part VI, Section B, Line 11b - There is no formal review of Form 990.									
***************************************									
Form 990, Part VI, Section C, Line 19 - The governing documents, Conflict of Interest policy and financial statements are made available									
to the public upon request.									
***************************************									
•									
•••••••••••••••••••••••••••••••••••••••									
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