

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



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

| _ | E | 0040 == 1 | | | A | ~~ | 12 and and | ina | Mari | b 21 | 20 12 |
|-------------------------|--------------|--|---|--------------------|---------------------|-------------------|----------------|-------------|-------------|-------------------|------------------------------------|
| ^ | | | ndar year, or tax year t | | April 1 | , 20 | 12, and end | nig | marc | h 31 D Employe | , 20 13 r identification number |
| B | | applicable | C Name of organization M | | | | | | | p.vyv | 81-0107430 |
| ⇉ | Address | _ | Doing Business As MSI Number and street (or P. | | | etraet address) | Room/s | - Luto | | E Telephon | |
| _ | Name cha | - | , | O. DOX II IIIaii I | S HOL GENVEROG TO | Succe address, | 11001117 | Juilo | 1 | L relephon | |
| _ | Initial retu | | 125 Strand Union | -1-1 710 | | ···· | | | | | 406-994-2811 |
| ᆜ | Terminate | ed | City, town or post office, | | code | | | | • | | |
| \perp | Amended | d return | Bozeman, MT 59717-3 | | | | | | | G Gross re | |
| | Application | on pending | F Name and address of pn | - | | | | | | | or affiliates? Yes V No |
| | | | Tom Stump, Chairmar | | | | | —[Н | | | cluded? Yes No |
| | | npt status | <u>√</u> 501(c)(3) | ∐ 501(c) (|) ◀ (insert no | .) | or 527 | —┤ | | | , |
| J_ | Website: | | ibookstore.org | | | | | | (c) Group | exemption | |
| | | organization | | Association | n | | L Year of form | ation | | M State | of legal domicile |
| Р | art I | Summ | . • | | | | | | | | |
| | | | escribe the organization | | | | | | | | |
| 0 | | | d athletic interest of the | | | | | | | | oks, stationery and |
| ä | | other stu | dent supplies and com | modities at | the lowest cost | consistent w | vith the well | fare of | the stor | е. | |
| Ĕ | ľ | | | | | | | | | | |
| Activities & Governance | | | nis box ▶☐ if the orga | | | | | | | | its net assets. |
| <u>ග</u> | 1 | | of voting members of | _ | | | | | | 3 | |
| es | | | of independent voting | • | _ | | | b) . | | 4 | 14600 |
| ž | 1 | | mber of individuals en | | | 2012 (Part V, | line 2a) | | | 5 | 131 |
| Ę | | | mber of volunteers (es | | | | | | | 6 | 0 |
| • | | | related business rever | | | | | - | | 7a | 0 |
| | b | Net unre | lated business taxabl | e income fr | om Form 990- | T, line 34 . | <u> </u> | | <u></u> | 7b | 0 |
| Revenue | 1 | | | | | | | ļ | Prior Ye | ear | Current Year |
| | 8 | Contribu | rtions and grants (Part | t VIII, line 11 | 1) | | | ļ | | | |
| | 9 | Program | service revenue (Par | t VIII, lıne 2ç | g) | | | <u> </u> | | | |
| Š | 10 | Investme | ent income (Part VIII, o | column (A), | lines 3, 4, and | 7d) | | | | | 1391 |
| Œ | 11 | | venue (Part VIII, colun | | | | | L | - | | 3188717 |
| | 12 | Total rev | enue-add lines 8 thro | ough 11 (mu | st equal Part \ | /III, column (/ | 4), line 12) | <u> </u> | | | 3190108 |
| | 13 | Grants a | ınd sımilar amounts pa | aıd (Part IX, | column (A), lii | nes 1–3) . . | | ļ | | | |
| | 14 | | paid to or for membe | | | | | | | | |
| Š | 15 | Salaries, | other compensation, e | employee be | nefits (Part IX, | column (A), lı | nes 5–10) | | | | 1715561 |
| Expenses | 16a | Professi | onal fundraising fees | (Part IX, col | umnղ (A), line | 11e) | | | | | |
| 8 | b | | ndraising expenses (P | | | | | | | | |
| ű | 17 | | penses (Part)X, colu | | | | | | | | 990890 |
| | 18 | Total ex | penses. Add lines 13- | 17 (must ed | րկամըPart IX, c | olumn (A), lin | ie 25) . | | | | 2706451 |
| | 19 | Revenue | e less expenses. Subt | ract line₁18 | from line 12 | <u> </u> | . <u></u> | | | 277942 | 483657 |
| ે કે | 3 | | 130 OCT | 0 - 20.0 | 1 8€. | | | Begin | ning of C | irrent Year | End of Year |
| # S | 20 | Total as | sets (Partex, line 16) | | | | | | | 6717341 | 7155939 |
| t Assetts or | 21 | Total lial | bilities (Part-X, line 26) | W. 1931 | 1 | | | | | 575192 | 530133 |
| 2. | 22 | Net asse | ets or fund balances | Subtract-Im | e 21 from line | 20 | <u> </u> | | | 6142149 | 6625806 |
| | art II | | ture Block | | | | | | | | |
| رواج | nder pena | lties of perj | ury, I declare that I have ex- | amined this ret | um, including acc | ompanying sch | edules and sta | atements | s, and to t | he best of r | my knowledge and belief, it is |
| <u>Č</u> trj | Je, correc | t, and comp | olete Declaration of prepare | er (other than | fficer) is based on | all information o | of which prepa | arer nas | any know | leage | |
| | | | | <u> </u> | //Q | | / | - | | | |
| Sig | gn | Sig | nature of officer | . / | VX | (a | <i>—</i> | , | Da | ate 9 | 110 403 |
| He | ere | I _ | | of the | | eram | \Rightarrow | , | | | 117/4012 |
| <u> </u> | <u> </u> | | e or print name and title | Michael | Stein | metre | Jon. | tro | 1/40 | | · / |
| P | aid | Print/T | ype preparer's name | F | reparer's signatur | е | • | Date | | Check | |
| | èpare | er | | | | | | | | self-em | ployed |
| | se Onl | | name ► | | | | | | Fin | n's ElN ▶ | |
| | | Firm's | address ► | | | | | | Ph | one no | |
| Ma | y the IF | RS discus | ss this return with the | preparer sh | own above? (| see instructi | ons) | | | · · · | · · Yes No |
| Fo | r Panen | work Red | uction Act Notice, see | the senarate | instructions. | | Car | t. No 11 | 282Y | | Form 990 (2012) |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

| orm 99 | 0 (2012 | 2) | Page 2 |
|--------|---------|--|------------|
| Part | 111 | Statement of Program Service Accomplishments | _ |
| | | Check if Schedule O contains a response to any question in this Part III | <u> </u> |
| 1 | Brief | ly describe the organization's mission: | |
| | | | |
| | | | |
| | | | |
| 2 | Did t | the organization undertake any significant program services during the year which were not listed on the | |
| 2 | prior | | s 🗌 No |
| | | es," describe these new services on Schedule O. | 3 🗀 110 |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program | |
| _ | | | s 🗌 No |
| | If "Y | es," describe these changes on Schedule O. | |
| 4 | | cribe the organization's program service accomplishments for each of its three largest program services, as me | easured by |
| | expe | enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations | to others, |
| | the t | otal expenses, and revenue, if any, for each program service reported. | |
| _ | | | |
| 4a | (Cod | le:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | | |
| | | | |
| | | | |
| | | *************************************** | |
| | | *************************************** | |
| | | | |
| | | *** | |
| | | *************************************** | |
| | | *************************************** | |
| | | | |
| | | | |
| | | | |
| 4b | | de:) (Expenses \$including grants of \$) (Revenue \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | *************************************** | |
| | | | |
| | | | |
| | | | |
| 4c | (Cod | de:) (Expenses \$ including grants of \$) (Revenue \$ | <u>_</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | | er program services (Describe in Schedule O.) | |
| | (Exp | enses \$ including grants of \$) (Revenue \$) | |

| Part l | V 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 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 | | \ |
| 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, | ┝╌ | | Ť |
| - | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | ✓ |
| 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 | | √ |
| 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 | | 1 |
| 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, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | - |
| b | | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | V |
| 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 | | 1 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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 | | 1 |
| 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 | 1 | • |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| 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 | | 1 |
| 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 | | ✓ |
| 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 fundraising 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 | - | √ |
| 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? <i>If "Yes," complete Schedule H</i> | 20a | <u> </u> | 1 |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | Ė |

| Ponni 99 | | | | age 4 |
|----------|---|------------|------------|----------|
| 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 | 103 | √ |
| 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 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | √ |
| 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 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | 1 |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | √ √ |
| 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 | | 1 |
| 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 | | 1 |
| 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): | | 1 = 1 1 | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | - | 1 |
| 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 | | √ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | ✓ |
| 31 | conservation contributions? If "Yes," complete Schedule M | 30 | _ | 1 |
| 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 | | √ |
| 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? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | 1 |
| 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 b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| 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 | 35b 36 | | 1 |
| 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, | | | |
| 38 | Part VI | 37 38 | 1 | ✓ |
| | | <u> 50</u> | V | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | ugo |
|-----------|--|-------------|------------|---------------|
| | Check if Schedule O contains a response to any question in this Part V | <u></u> | <u>.</u> . | . \sqsubset |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u> </u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 4 | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | ✓ | |
| La | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | ٧ | L |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | √ |
| 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 | 00 | | ┢┈ |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ļ |
| | account)? | 4a | | 1 |
| 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 | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| 7 | gifts were not tax deductible? | 6b | | |
| 7 a | Organizations that may receive deductible contributions under section 170(c). 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 | | 1 |
| 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 | '' | | \vdash |
| | required to file Form 8282? | 7c | | 1 |
| đ | 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 | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| 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 | | | |
| _ | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a b | Did the organization make any taxable distributions under section 4966? | 9a | | - |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | | |
| 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: | | | |
| а | Gross income from members or shareholders | | | |
| 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| L | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| _ | 100 | | | |
| C 1/10 | 100 | 44- | | |
| 14a b | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |

| 1 01111 33 | · · · | | | rage 0 | | | | | |
|------------|--|--------|----------|---------------|--|--|--|--|--|
| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | | | | | | |
| Secti | on A. Governing Body and Management | • • | • | <u>- –</u> | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 14600 | 1 | esta i | Apple of the | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | E. | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | at aga | i de | ales Santa | | | | | |
| | committee, explain in Schedule O. | | \$ 10 m | | | | | | |
| b | | | | | | | | | |
| 2 | 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? | | | | | | | | |
| 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 | | / | | | | | |
| 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 | | ✓ | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | ✓ | | | | | | |
| 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 | <u> </u> | <u> </u> | | | | | |
| 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 | | ✓ | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 14. | | | | | | | |
| | the year by the following: | | 2.0 | | | | | | |
| a | The governing body? | 8a | √ | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓_ | ļ | | | | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | | ode l | | | | | | |
| | on the control of the | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | Ė | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | 1. | | | | | |
| 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 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | <u> </u> | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | ļ | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | ļ | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | 1 | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | ✓ | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ✓ | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | ✓ | | | | | | |
| b | Other officers or key employees of the organization | 15b | ✓ | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 3. | | | | | | |
| 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 | | 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 | | | | | | | |
| Secti | on C. Disclosure | | | .1 | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | 501 | (c)(3)s | only) | | | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of | f inte | rest r | ooliev | | | | | |
| | and financial statements available to the public during the tax year. | |) | ,, | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | of the | € | | | | | | |
| | organization: ► Mark Frisby, 125 Strand Union, Bozeman, MT 59717-3160 (406) 994-2811 | | | | | | | | |

| Form | aan | (2012) |
|------|-----|--------|
| | | |

| ο. | - | • | • |
|----|---|---|---|
| | | | |

| Part VII | Compensation of Officers, Dire | ctors, Trustees, | Key Employees, F | lighest Compensate | d Employees, and |
|----------|--------------------------------|------------------|------------------|--------------------|------------------|
| | Independent Contractors | | | | |

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

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

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

| ☐ Check this box if neither the organization no | any relate | d orga | aniz | atio | n c | ompe | nsa | ted any currer | t officer, director | r, or trustee. |
|--|--|-----------------------------|-----------------------|----------|--------------|------------------------------|--|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | omodrana a anoctor/aroctoc/ | | | | | | Reportable compensation | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Mark Frisby, General Manager | | | | , | | | | | | |
| c/o MSU Bookstore, Inc. | | | | ✓ | | | | 86487 | 0 | C |
| (2) Tom Stump, Chairman c/o MSU Bookstore, Inc. | | | | ✓ | | | | 0 | o | o |
| (3) Gavin Voeller, President | | | | Ť | | <u> </u> | | - | | |
| c/o MSU Bookstore, Inc. | † | 1 | | 1 | | | | 0 | 0 | o |
| (4) Jack Dockery | | <u> </u> | | | | | | - | | |
| c/o MSU Bookstore, Inc. | † | İ | | ✓ | | | | l 0 | 0 | C C |
| (5) Joe Feddock | | | | | | | | - | | |
| c/o MSU Bookstore, Inc. | † | 1 | | ✓ | | | | o | o | |
| (6) Mark Guillian | | | | | | | | | | |
| c/o MSU Bookstore, Inc. | | l <u>.</u> . | | ✓ | | l | | <u> </u> | 0 | 0 |
| (7) Andrew Wilson | | | | | | | | | | |
| c/o MSU Bookstore, Inc. | | | | ✓ | | | | 0 | 0 | |
| (8) Sydney Reichhardt | | 1 | | | |] | | | | |
| c/o MSU Bookstore, Inc. | | | | ✓ | | | | 0 | 0 | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | - | | | | |
| (12) | | | | | | | | | | |
| (13) | <u> </u> | | | | | | | | | |
| (14) | <u> </u> | | | | | | - | | | |

| Part | Part VII Section A. Officers, Directors, Trus (A) Name and title | | (do n box, i office | ot ch unles er and | Pos neck ss pe d a d | tion more rson irect | than o | one an ee) | (D) Reportable compensation | (E) Reportable compensation for related organizations | e from | Estyr amo ot | F) mated unt of ther ensation | n |
|--------------|--|--|--------------------------------|--------------------------|-------------------------------|-------------------------------|---------------------------------|------------------|---------------------------------|---|--------------|------------------------|--|----------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-M | | fror organ and i | n the nization related izations | • |
| (15) | | | | | | | | | _ | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | - | | | - | | | | _ | | |
| | | | <u> </u> | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | - | | | | | | | _ - | | | |
| (24) | | | | | - | - | } | | | | | | | |
| | | | | | | | | | | | | | | |
| (25) | | | <u> </u> | | | | | | | | | | | |
| 1b c d | Sub-total | VII, Sectio | n A | | | | | A A | 86487 86487 | | | | | |
| 2 | Total number of individuals (including bu reportable compensation from the organ | t not limited | | | | | | e) w | | ore than \$1 | 00,000 | of | | |
| | · · | | | | | | _ | | | - | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | emp | oloyee, or high | est compe | nsated | 3 | | 1 |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | yo.c.ii | 5,4 | |
| | individual | | | | | | | | | | | 4 | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or inc | lividual | 5 | | / |
| Section | on B. Independent Contractors | | | | | | | | | | | | | <u> </u> |
| 1 | Complete this table for your five highest compensation from the organization. Rejyear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | dress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \vdash | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compen | | | | | | | o th | nose listed ab | ove) who | | | | |

| Part | VIII | Statement of Revenue Check if Schedule O contains a response to any ques | tion in this Bart VI | ın | | |
|--|-----------|---|--|--|--|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| इ इ | 1a | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | 1 | |
| ا ا | С | Fundraising events 1c | | | ļ | |
| ifts | d | Related organizations 1d | | | į | |
| Bi.G | е | Government grants (contributions) 1e | | | | |
| Sig | f | All other contributions, gifts, grants, | | | | |
| is e | - | and similar amounts not included above | ŀ | - | į | |
| ᅙᆴ | g | Noncash contributions included in lines 1a-1f: \$ | 1 | | | |
| ρ E | h | Total. Add lines 1a–1f ▶ | | | | |
| | | Business Code | | | <u> </u> | <u> </u> |
| | 2a | | | | 1 | |
| 9 | b | | | | | |
| 9 | c | | | | - | |
| Š | d | | | | | |
| S - | | | | | - | |
| ıran | e | All other program convenies | | | <u> </u> | |
| Program Service Revenue | f g | All other program service revenue . Total. Add lines 2a–2f | | | <u> </u> | .1. |
| | 3 | Investment income (including dividends, interest, | - | | | |
| | • | and other similar amounts) | 1391 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | 1391 | | | - |
| | 5 | Royalties | | | | |
| | 3 | (i) Real (ii) Personal | | | | |
| | 60 | _ | | | | |
| | 6a | | 1 | | 1 | |
| | b | Less: rental expenses | 1 | | | |
| | C | Rental income or (loss) Net rental income or (loss) | | | | |
| | d 7a | Net rental income or (loss) | | | - | |
| | /a | assets other than inventory | 1 | | | |
| | ь | Less: cost or other basis | - | | | |
| | | and sales expenses . | | | 1 | |
| | _ | | 1 | | | |
| | ٦ | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| nue | 8a | Gross income from fundraising | | | | |
| ē | " | events (not including \$ | 1 | | | |
| Other Reve | | of contributions reported on line 1c). | | | | |
| F | | See Part IV, line 18 | | | • | |
| ŧ | ь | Less: direct expenses b | 1 | | | |
| 0 | | Net income or (loss) from fundraising events . | | | | <u> </u> |
| | | Gross income from gaming activities. | | | | |
| | 54 | See Part IV, line 19 a | | | | 1 |
| | ь | Less: direct expenses b | - | | 1 | |
| | | Net income or (loss) from gaming activities | 1 | | | |
| | | Gross sales of inventory, less | | | | · |
| | 100 | notioned and allowed and | | | | |
| | ь | Less: cost of goods sold b 13986255 | 1 1 | | 1 | |
| | | Net income or (loss) from sales of inventory | 3132018 | | <u> </u> | |
| | ⊢ | Miscellaneous Revenue Business Code | 3132018 | · · · · · · · · · · · · · · · · · · · | | |
| | 110 | | 50000 | | 1 | |
| | b | Discounts Earned | 56699 | | 1 | |
| | l | | + - + | | + | |
| | d | All other revenue | + | | + | |
| | e | Total. Add lines 11a–11d | 50000 | | | - |
| | 12 | Total revenue. See instructions. | 56699 3190108 | | | |

| | <u> </u> | |
|---------|----------------------------------|------|
| Part IX | Statement of Functional Expenses | |
| | | |

| Section | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. A | II other organization | ns must complete co | olumn (A). |
|---------|--|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | se to any question | in this Part IX . | | .': 🗆 |
| | t include amounts reported on lines 6b, 7b, 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 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 86487 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 00107 | | | |
| 7 8 | Other salaries and wages | 1203159 | | | |
| 9 | Other employee benefits | 70464 | | | |
| 10 | Payroll taxes | 263608 91843 | | | |
| 11 | Fees for services (non-employees): | 91843 | | | |
| ''a | Management | | | | |
| ь | Legal | | | | |
| c | Accounting | 6000 | | | |
| ď | 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.) | | | | |
| 12 | Advertising and promotion | 35298 | T. 11.1 | | |
| 13 | Office expenses | 70378 | | | |
| 14 | Information technology | | | | · |
| 15 | Royalties | | | | |
| 16 | Occupancy | 441141 | | | - |
| 17 | Travel | 16660 | | | |
| 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 . | 105779 | | | |
| 23 | Insurance | 14527 | <u>.</u> | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | credit card & other bank fees | 204833 | | | |
| b | membership & assn dues | 17462 | | | |
| C | repairs & maintenance | 60104 | _ | | |
| d | | | - | | |
| | All other expenses | 18708 | | _ | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2706451 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |

| | art X | | | | | | |
|---------------|-------|--|---------|---------------------------------------|--------------------------|--|---------------------------|
| | | Check if Schedule O contains a response to | any | question in this Part X | | | |
| | | • • | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 25787 | 1 | 30595 |
| | 2 | Savings and temporary cash investments | | - | 3551151 | 2 | 3642010 |
| | 3 | Pledges and grants receivable, net | | | 0001101 | 3 | |
| | 4 | Accounts receivable, net | | | 342136 | 4 | 364003 |
| | 5 | Loans and other receivables from current and | | | | | |
| | | trustees, key employees, and highest co | | · · · · · · · · · · · · · · · · · · · | | | |
| | | Complete Part II of Schedule L | - | · · · • | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | ons la | s defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), ar | | | | 1 | |
| | | sponsoring organizations of section 501(c)(9) volur | | | | | |
| Ø | | organizations (see instructions). Complete Part II of Sche | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| As | 8 | Inventories for sale or use | | | 1812848 | 8 | 2176792 |
| | 9 | Prepaid expenses and deferred charges | | <u> </u> | 22317 | 9 | 45065 |
| | 10a | Land, buildings, and equipment: cost or | | l T | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 1670716 | | | |
| | ь | Less: accumulated depreciation | 10b | | 963101 | 10c | 897474 |
| | 11 | • | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line | | F | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 6717341 | 16 | 7155939 |
| | 17 | Accounts payable and accrued expenses | | | 575192 | 17 | 530133 |
| | 18 | Grants payable | | [| | 18 | |
| | 19 | Deferred revenue | | [| | 19 | |
| | 20 | Tax-exempt bond liabilities | | [| | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part I | / of Schedule D . | | 21 | |
| S | 22 | Loans and other payables to current and for | ormer | officers, directors, | | | . = - |
| ≝ | | trustees, key employees, highest comper | nsated | l employees, and | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedu | ule L | [| | 22 | |
| Ĩ | 23 | Secured mortgages and notes payable to unrela | ated th | nird parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d thire | I parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | |] [| |
| | | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | <u> </u> | 575192 | 26 | 530133 |
| Se | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | ck here ► ☐ and | | | |
| Fund Balances | 27 | Unrestricted net assets | | <u> </u> | | 27 | _ |
| <u>a</u> | 28 | Temporarily restricted net assets | | | | 28 | |
| 8 | 29 | Permanently restricted net assets | | | | 29 | |
| Š | | Organizations that do not follow SFAS 117 (ASC 9 | | | | | |
| F | | complete lines 30 through 34. | ,, | | | | |
| 8 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or e | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | 277942 | | 483657 |
| e | 33 | Total net assets or fund balances | | | 5864207 | 1 | 6142149 |
| Z | 34 | Total liabilities and net assets/fund balances . | | | 6717341 | 1 - 1 | 7155939 |
| _ | | | | | | • • • • | |

| Form 99 | 00 (2012) | | Page 1 | 12 |
|---------|--|-----------------|--|---------------|
| Part | 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) | 1 1 | 31901 | <u></u> 08 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 27064 | 51 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4836 | <u> </u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 61421 | <u></u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | _ |
| 6 | Donated services and use of facilities | 6 | | _ |
| 7 | Investment expenses | 7 | | _ |
| 8 | Prior period adjustments | 8 | | _ |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | _ |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | 10 | | |
| Dowl | 33, column (B)) | 10 | 66258 | <u>06</u> |
| Paru | XII Financial Statements and Reporting | | r | _ |
| | Check if Schedule O contains a response to any question in this Part XII | <u>· · · · </u> | | |
| | Accounting mothed wood to avenue the Forms 2001 Cook Account | | Yes No | <u>,</u> |
| 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," ex Schedule O. | plain in | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a ✓ | _ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | | 95.000 | П |
| | reviewed on a separate basis, consolidated basis, or both: | • | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b ✓ | _ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | Se 143.9 | |
| | separate basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ٠ |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | versight | | _ |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | ıntant? | 2c ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain in | | |

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

Form **990** (2012)

За

3b

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
2012
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MSU Bookstore, Inc. 81-0107430 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ 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 331/3% 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.) 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-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, 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 Yes Νo 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col. (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes No Yes No No (A)Montana State University 11 0 (B) (C) (D) (E)

Total

| Part | | | | | | | |
|--------------|---|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|----------------------|--------------------------|
| | (Complete only if you checked th | | | | | | alify under |
| Saati | Part III. If the organization fails to | quality unde | er the tests lis | sted below, p | lease comple | te Part III.) | |
| | on A. Public Support dar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | (a) 2008 | (6) 2009 | (6) 2010 | (4) 2011 | (6) 2012 | (i) Total |
| • | membership fees received. (Do not include any "unusual grants.") | | | | | | t |
| 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 | | | | ļ | | ļ |
| 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. | | | | | <u> </u> | |
| | on B. Total Support | | T | | | | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | - | | |
| <u>C4</u> | organization, check this box and stop he | | | | | · · · · | ▶ □ |
| <u>Secti</u> | on C. Computation of Public Support Public support percentage for 2012 (line 6) | | • | 11 column (fi) | | 14 | % |
| 15 | Public support percentage for 2012 (inter- | | • | | | 15 | |
| 16a | 331/3% support test—2012. If the organi box and stop here. The organization qua | zation did not | check the box | on line 13, an | d line 14 is 33 | ля% or more, | check this |
| b | 331/3% support test—2011. If the organ check this box and stop here. The organ | | | | | e 15 is 33½% | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization | ets the "facts facts-and-circ | -and-circumsta | ances" test, ch st. The organiz | eck this box a zation qualifies | nd stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization | tion meets th | e "facts-and-c ts-and-circums | rcumstances" stances" test. | ' test, check to The organization | his box and s | a, and line top here. |
| 18 | Private foundation. If the organization di | | | | | ck this box and | |

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

| (Complete only if you checked t | he box on line 9 of Part I or | r if the organization faile | ed to qualify under Part II. |
|--------------------------------------|-------------------------------|-----------------------------|------------------------------|
| If the organization fails to qualify | v under the tests listed belo | ow, please complete Pa | art II.) |

| | If the organization fails to qualify | under the te | ests listed belo | ow, please co | mplete Part | II.) | |
|---------|---|----------------|-------------------|-----------------|----------------|----------------|----------------|
| Section | on A. Public Support | | | | | | |
| Calen | dar 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 received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose 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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| 8 | Add lines 7a and 7b | | | | | | |
| | on 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 | | <u> </u> | | | | |
| 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 carned 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, check this box and stop he | - | n's first, secon | | | | |
| Secti | on C. Computation of Public Suppor | t Percentag | је | | | | |
| 15 | Public support percentage for 2012 (line to | | | | | | % |
| 16 | Public support percentage from 2011 Sci | | | <u> </u> | <u></u> . | 16 | % |
| Secti | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2012 (| line 10c, colu | mn (f) divided b | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2011 | Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 331/23% support tests—2012. If the organ 17 is not more than 331/23%, check this box | | | | | | |
| b | 331/3% support tests—2011. If the organize line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | d not check a | hoy on line 14 | 19a or 19h | check this box | and see instru | ections > \psi |

| chedule A (Form 990 or 990-EZ) 2012 Page 4 | | | | | | | |
|---|--|--|--|--|--|--|--|
| 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). | | | | | | |
| | • | | | | | | |
| | | | | | | | |
| · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | •••••································· | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 201

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

Employer identification number MSU Bookstore, Inc. 81-0107430 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

| Page | 2 |
|------|---|
| raue | • |

| Part | Organizations Maintaining | Collec | tions of | Art, Hist | orical 1 | reasures, | , or Ot | her Similar A | ssets (continued) |
|--------|--|--------------|---------------|------------|------------|--------------------------|-------------------|-------------------------|-------------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | | on, and ot | her recor | ds, chec | k any of th | e follov | ving that are a | significant use of its |
| а | ☐ Public exhibition | | | | | or exchang | | | , , |
| b | ☐ Scholarly research | | | e | _ Other | r | | | |
| C | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organizat XIII. | tion's co | ollections a | and expla | in how t | hey further | the org | ganization's exe | empt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | |
| Part | | | _ | <u>.</u> | | | | | |
| , are | line 9, or reported an amoun | | | | | jainzanoi i | ai 13 44 C | 160 163 101 | Omi 550, raitiv, |
| | Is the organization an agent, trustee, | | | | | or contribut | ions o | other assets | not |
| | included on Form 990, Part X? | | | | | | | | |
| ь | If "Yes," explain the arrangement in Pa | | | | | | | | |
| - | ii 103, explain the arrangement iii 1 | ui (///// 6 | ind compi | ote the lo | nowing to | abio. | | <u> </u> | Amount |
| С | Beginning balance | | | | | | 10 | | |
| d | Additions during the year | | | | | | 10 | | |
| 9 | Distributions during the year | | | | | | 16 | | |
| f | Ending balance | | | | | | 11 | | |
| | Did the organization include an amoun | | | | | | | | □ Voc □ No |
| 2a | If "Yes," explain the arrangement in Pa | | | | | | | | |
| Pari | | | | | | | | | |
| ı aı | Endowment i unus. Compi | | rrent year | | or year | (c) Two year | | | ick (e) Four years back |
| 10 | Beginning of year balance | (0) 00 | | (3) | | (6) 1.110 year | - Duck | (d) IIII do yaza ba | (c) / our yours back |
| 1a | Contributions | | | | - | - | | | |
| b | Net investment earnings, gains, and | | | | | _ | | | - |
| C | losses | | | | | | | | |
| | | | | | | | | | |
| d | Grants or scholarships Other expenditures for facilities and | | | - | | | | | - |
| е | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | <u> </u> | | | |
| 2 | Provide the estimated percentage of t | | | | e (line 1ç | g, column (a | ı)) held | as: | |
| а | Board designated or quasi-endowment | nt ▶ | | % | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | |
| C | Temporarily restricted endowment ▶ | | % | | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | | | | | | | |
| За | Are there endowment funds not in the | e posse | ession of th | he organi | zation th | at are held | and ac | Iministered 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 organ | izations | listed as r | equired o | n Sched | lule R? . | | | . 3b |
| 4 | Describe in Part XIII the intended uses | s of the | organizati | on's endo | wment f | unds. | | | |
| Part | VI Land, Buildings, and Equip | ment. | See Form | n 990, P | art X, lin | e 10. | | | |
| | Description of property | | (a) Cost or o | | | or other basis other) | | Accumulated epreciation | (d) Book value |
| 1a | Land | . | | | | | | | |
| b | Buildings | . $ abla$ | | | | | | | |
| С | Leasehold improvements | . \vdash | | | | | | | |
| d | Equipment | . | | | | 1670716 | | 773242 | 897474 |
| е | Other | | | _ | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) r | nust equ | ual Form 9 | 90, Part 2 | K, columi | n (B), line 10 | O(c).) | . | 897474 |

| 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 val Cost or end-of-year n | |
| (1) Financial | derivatives | | | |
| | neld equity interests | | | |
| (3) Other | | 211.2 | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | <u> </u> |
| (F) | | | | |
| (G) (H) | | | | |
| (l) | | | | |
| | h) must squal Form 000 Port V and (P) line 101 | _ | | |
| Part VIII | b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related | See Form 990 Part Y | line 13 | |
| | (a) Description of investment type | (b) Book value | (c) Method of va | luation: |
| | a) Description of investment type | (b) Book value | Cost or end-of-year n | |
| _(1) | | | | |
| (2) | | | | |
| _(3) | | | | |
| _(4) | | | | |
| (5) | | | - | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | " |
| (9) | | | | |
| (10) Total (Column) | b) must equal Form 990, Part X, col. (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Pa | rt X line 15 | | |
| | <u> </u> | a) Description | | (b) Book value |
| (1) | | ii | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | · | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | and the most arrest form 000. But V | al (D) lima 45) | | |
| | mn (b) must equal Form 990, Part X, c | | | |
| Part X 1. | Other Liabilities. See Form 990, (a) Description of liability | (b) Book value | | |
| | income taxes | (b) Book value | - | |
| (2) | income taxes | | - | |
| (3) | | | - | |
| (4) | <u> </u> | | - | |
| (4) (5) | ··· ··· | | ┪ | |
| (6) | | | ┪ | |
| (7) | | | ┪ | |
| (8) | | | 1 | |
| (9) | | | 1 | |
| (10) | | | 1 | |
| (11) | | | 1 | |
| | b) must equal Form 990, Part X, col (B) line 25.) | | 1 | |
| | SC 740) Footnote. In Part XIII, provide the | text of the footnote to the or | ganization's financial statements that | t reports the organization's |
| | ncertain tax positions under FIN 48 (ASC 7 | | | |

| | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | |
|------|---|---------------------------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3190108 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | . , |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | Markett Committee | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 100 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | - North Barrie | |
| b | Other (Describe in Part XIII.) | . కాండు | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 3190108 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | r Return | |
| 1 | Total expenses and losses per audited financial statements | 1 | 2706451 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | V. S. | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2е | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 77 - 177 (P.) 170 (P.) | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | - "4 | |
| ь | Other (Describe in Part XIII.) | [.:] | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2706451 |
| | XIII Supplemental Information | <u> </u> | 270043 |

| ichequie D (Fo | m 990) 2012 | Page 5 |
|----------------|---|---------------|
| Part XIII | Supplemental Information (continued) | |
| | | |
| | • • | |
| | | |
| , | , ' | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · |
| | | |
| | *************************************** | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | •••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

MSU Bookstore, Inc. 81-0107430 The compensation for the top management official of the Bookstore, the General Manager, as well as the departmental management is determined and ordered by the Board of Directors of the Bookstore. The process of this compensation evaluation involves comparisons with compensation schedules from across the university bookstore industry, using metrics such as store volume, similar organizational structures, length of service, educational backgrounds, type of parent institution, etc. Data is compared from over 1000 college stores in this evaluation. Data sources such as the National Association of College Stores, National Association of College Auxiliary Services, Large Store Group of the National Association of College Stores, and the Independent College Stores Association are used in this analysis. Besides national data, locally produced data is used such as sales and profit production of the store, yearly evaluation documents, employee satisfaction surveys, and performance against set goals from the prior year. Governing documents, conflict of interest policy & financial statements are available to the public upon request.

| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| | • |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| ······ | |
| | ····· |
| | · |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |

