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DLN: 93493045013114

Form **990**

Department of the Treasury

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

Internal	Revenue	e Service	► The organization may have to use a copy of this return to satisfy s	tate repor	ting requireme	nts	Inspection
A Fo	r the	2012 ca	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	0-2013			
		pplicable	C Name of organization MONTANA STATE UNIVERSITY BILLINGS FOUNDATION	D Employe	D Employer identification number		
Add	lress ch	hange	Doing Business As	81-030	1477		
∏ Nar	ne cha	inge	bolly business is				
Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street address) Room/sui	ite	E Telephon	e numb	er
Ter	mınate	ed	1500 UNIVERSITY DR		(406)6	E7_22	244
┌ Am	ended	return	City or town, state or country, and ZIP + 4		(400)0	37-22	. 4 4
<mark>Г</mark> Арр	lication	n pending	BILLINGS, MT 591010245		G Gross rec	eipts \$	8,864,329
			F Name and address of principal officer	H(a) I	s this a group r	eturn f	·or
			JON EGELAND 1500 UNIVERSITY DRIVE		ffiliates?		┌ Yes 🗸 No
			BILLINGS, MT 59101	H(b) ^	ro all affiliates	امتنامون	ed? 「Yes 「No
							see instructions)
I Ta	x-exen	npt status	▼ 501(c)(3)				
J W	ebsite	e: ► WV	VW MSUBILLINGS EDU/FOUNDATION	H(c) (Group exemptio	n num	ber ►
V Form	n of or	an pizatio r	Trust Association Other ►	I Voor	of formation 1968	Мс	State of legal domicile MT
	rt I		nmary	L rear	or formation 1968	MS	state of legal domicile. MT
Га			lescribe the organization's mission or most significant activities				
Governance		UNIVER	GS THROUGH THE SOLICITATION, INVESTMENT, AND STEWARDSI RSITY THE FOUNDATION PROMOTES PHILANTHROPY, CAMPUS A TIONAL OPPORTUNITIES				
ŝ	2	Check t	his box দ if the organization discontinued its operations or disposed o	f more th	an 25% of its n	et ass	ets
ĕ			of voting members of the governing body (Part VI, line 1a)		H	3	33
Activities &			of independent voting members of the governing body (Part VI, line 1b)		4	29	
ă			imber of individuals employed in calendar year 2012 (Part V, line 2a)			5 6	12
			Imber of volunteers (estimate if necessary)			7a	0
	l		elated business taxable income from Form 990-T, line 34		: : : :	7b	0
					Prior Year	1	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)		2,292,86	57	1,962,416
∃E	9	Progra	am service revenue (Part VIII, line 2g)			0	0
Revenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		736,41	. 8	1,286,834
<u>a</u>	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		815,29	1	778,870
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	9	3,844,57	, ₆	4,028,120
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,950,82	-	1,932,160
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		5-10	•		648,33	_	707,026
<u>₹</u>	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	6,080
শ্ৰ	b		undraising expenses (Part IX, column (D), line 25) 309,330		202 5	_ _	10= 01=
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		382,55 2,981,72		405,817 3,051,083
	19		nue less expenses Subtract line 18 from line 12		862,85		977,037
± 07 3x 00		Nevel	actions expenses subcluct file to from file 12		ning of Current		· · · · · · · · · · · · · · · · · · ·
å E					Year		End of Year
853 456 196 196 196 196 196 196 196 196 196 19	20	Total	assets (Part X, line 16)	22,968,94	15	24,762,379	
Not Assets or Fund Balances	21	Total	liabilities (Part X, line 26)		2,477,82	21	2,621,855
	22		ssets or fund balances Subtract line 21 from line 20		20,491,12	24	22,140,524
	t II		nature Block				
my kr	nowled	dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete $$ Declaration of preparer (other th nowledge				
		****	***		2014-02-14		
Sign	ì	I	ature of officer		Date		
Here		JON	EGELAND CFO				
		Туре	e or print name and title				
				ate 014-02-14		PTIN P001200	 080
Paid		h	Firm's name F SUMMERS MCNEA AND COMPANY PC		Firm's EIN F 81-		
Pre	pare	er L					

BILLINGS, MT 59106

Firm's address ► 80 25TH ST W

Use Only

Phone no (406) 652-2320

✓ Yes 厂 No

Par	t III		f Program Ser		lishments uestion in this Part II	I	
1	Brief	ly describe the org	ganızatıon's mıssıd	on .			
THR	OUGH	THE SOLICITAT	ION, INVESTMEN	NT AND STEWA	RDSHIP OF FINANC	LS OF MONTANA STATE UNIVE IAL SUPPORT FOR THE UNIVER IERSHIPS, AND EDUCATIONAL	RSITY THE
			,				
2	Did th	ne organization iin	dertake anv signif	icant program se	ervices during the yea	ır which were not listed on	
-	the p	rıor Form 990 or 9			· · · · · ·		┌ Yes ┌ No
3		•			nt changes in how it co	onducts, any program	
	servi	ces?					⊤Yes ▼ No
4	Desc exper	rıbe the organızatı nses Section 501	on's program serv	ıce accomplishn (4) organizations	s are required to repoi	nree largest program services, as rt the amount of grants and alloca	
					·		
4a	(Cod-) (Expenses \$ ED 1,088 SCHOLARSHI		including grants of \$ MONTANA STATE UNIVERSI	1,417,758) (Revenue \$ TY BILLINGS STUDENTS RANGING IN VAL) UE FROM \$150 TO \$7,200
				440.007		450.057.10	
4b	DEVE EXPE FOR FUND AND FUND CARE FUND OPPO	PUS AND COMMUNITY LOPING WORKING PAINDITURES FROM THE STUDENT AFFAIRS FUD, AN ALLOCATION FROM SPONSORED PROGRAMOR, CHILD CARE CENTE FOR PLANNING FUND, UPWARD BOUND FUD FUNDITY SERVICES FOR PLANNITY	RTNERSHIPS WITH BU ADMINISTRATIVE SEA ND, UNIVERSITY OUTF OM THE DEAN FUNDS H FUNDS, H O P E FU R FUND, BOARD OF RI CHICKS AND SCIENCE UND, GHOSTS AT GARF	SINESSES AND AGEI RCH FUND, CHANCI REACH/GARFIELD CI FOR FIVE UNIVERSI ND, OPPORTUNITY EGENTS MEETING FI FUND, MSUB STUD IELD ACCOUNT, VAI IESS MARKETING FL	WHICH PROMOTE MONTAN NCIES THROUGHOUT THE ELLORS AMBASSADOR FUN ENTER FUND, UNIVERSITY TY COLLEGES, GOVERNMEI CAMPAIGN CHAIR'S FUND, UND, URBAN INSTITUTE FU ENT UNION FUND, PROFE RIOUS UNIVERSITY OUTRE JND AND THE KRAMER FUI	159,367) (Revenue \$ IA STATE UNIVERSITY BILLINGS AND/OR A REGION CAMPUS AND COMMUNITY OUT D, ADMINISTRATIVE VICE CHANCELLOR F EVENTS FUND, LEGISLATIVE ACTIVITY F INT RELATIONS FUND, CHIEF INFORMATION UNIVERSITY SPONSORSHIP FUND, CHAN UND, AUTISM CONFERENCE FUND, CAMP SSIONAL DEVELOPMENT FUND, PRISONER ACH GOLF EVENT FUNDS, RELAY FOR LIF IN RUN FUND ADDITIONALLY, EXPENSES	REACH PROGRAMS INCLUDE FUND, VICE-CHANCELLOR JND, COMMUNITY EVENTS ON OFFICER FUND, GRANTS NCELLORS AUTO LEASE PUS MINISTRIES FUND, R OF WAR COLLECTIONS FE FUND, STUDENT
4c	PROC GRAE DEPA PROC INCLU FUNE NURS EDUC DEPA PROC	DEMIC PROGRAMS INC SRAMS INCLUDE EXPEI DUATE AWARD FUND, RTMENT FUND, COLLE SRAM FUND, DEPARTM JSIVE EDUCATION FUI J, NELLES NURSING PF SING PROGRAM FUND, CATION PROGRAM FUN RTMENTS INCLUDING	NDITURES FROM THE CITY COLLEGE 9/11 RI EGE OF BUSINESS FAC MENTAL FUNDS FOR FI ND, INSTITUTE MUSIC OF SOCIAL AWARENESS ND AND NORTHCUTT CLABORATORY EQUIPM COLLEGE THIS ALSO IN	ANATOMY AND PHYS ESEARCH AWARD FU ULTY EXCELLENCE F VE UNIVERSITY COL CAMP FUND, MUSI US FACULTY SCHOL MARKETING FUND, GALLERY FUND ADD JENT, AUTOMOTIVE:	FACULTY SCHOLARSHIP OI SIOLOGY FUND, ART DEPAI JND, COX FELLOWSHIP FU FUND, HEALTH AND HUMAN LEGES, ENVIRONMENTAL S C DEPARTMENT FUND, MU ARSHIP/GRANT FUNDS, PI TREASURE STATE SPELLIN ITIONALLY, THERE WERE N SUPPLIES AND AN AUTOMO	210,041) (Revenue \$ R UNDERWRITE ACADEMIC PROGRAMS A RTMENT FUND, BIOLOGICAL SCIENCES FI ND, COX INNOVATION AWARD FUND, CO N PERFORMANCE FUND, HEALTH ADMINI STUDIES FUND, MODERN LANGUAGES FU HILOSOPHY DEPARTMENT FUND, PSYCHO G BEE FUND, GRADUATE STUDIES PROG NUMEROUS NON-CASH GIFTS PROVIDED DBILE FOR THE CONSTRUCTION TRADES ENT PIANOS ADDITIONALLY, THERE WAS	UND, CHRISTENSEN IMMUNICATION ARTS STRATION FUND, HONORS ND, MONTANA CENTER FOR DLLEGE NURSING PROGRAM DLOGY FUND, CITY COLLEGE RAM FUND, INTERNATIONAL TO VARIOUS UNIVERSITY AND AUTOMOTIVE
	SUPP THE I TOTA ACAE CHRI COMI HUM, INFO PROC PROC EDUC DEPA PROC	ER PROGRAM SERVICE ORT CAMPUS PROJEC MSU BILLINGS ALUMNI L ACADEMIC PROGRAMS INC. STENSEN GRADUATE AN PERFORMANCE FURMATION TECHNOLOGISM FUND, VARIOUS GRAM FUND, SOCIAL A CATION PROGRAM FUN RTMENTS INCLUDING	TTS (\$126,078) ALUMN (/ATHLETICS FUND AD MS INCLUDE EXPENDIT LUDE EXPENDITURES AWARD FUND, CITY C (PARTMENT FUND, CO) ND, HEALTH ADMINIST SY STUDENT CLUB FUN FACULTY SCHOLARSH (WARENESS MARKETI) ND AND NORTHCUTT C LABORATORY EQUIPM COLLEGE THIS ALSO IN	II RELATION EXPENS DDITIONALLY, AN ALI TURES USED TO SUI FROM THE ART DEP OLLEGE 9/11 RESEA LLEGE OF BUSINESS FRATION FUND, HIS ID, MODERN LANGU IP/GRANT FUNDS, I IG FUND, TREASURI GALLERY FUND ADD ENT, AUTOMOTIVE:	PPORT THE MONTANA STATES INCLUDE EXPENDITURING SEATION FROM THE FOUL POOR FACULTY SCHOLARS ARTMENT FUND, BIOLOGIC RCH AWARD FUND, COX FOR DEPARTMENT FUND, AGES FUND, MUSIC DEPARTMENT E STATE SPELLING BEE FUND ITTONALLY, THERE WERE IN SUPPLIES AND AN AUTOMO	144,994) (Revenue \$ TE UNIVERSITY BILLINGS ALUMNI ASSOCI ES FOR THE ALUMNI PROGRAM FUND, AL NDATION'S OPERATING BUDGET IS INCLL SHIP OR UNDERWRITE ACADEMIC PROGI CAL SCIENCES FUND, CAIRNS PETERSON FELLOWSHIP FUND, COX INNOVATION AW IND, DISASTER PREPAREDNESS CONFERE IND, DEPARTMENTAL FUNDS FOR FIVE UNIVI- RIMENT FUND, MUSIC DEPARTMENT PIA FUND, PHYSICAL SCIENCES FUND, CIT NUMEROUS NON-CASH GIFTS PROVIDED UNIMEROUS NON-CASH GIFTS PROVIDED DBILE FOR THE CONSTRUCTION TRADES ENT PIANOS THERE WAS ALSO AN ALLOC	JUMNI EVENTS FUND, AND JOED IN THIS RAMS AT MSU BILLINGS I MUSIC FUND, FARD FUND, ENCE FUND, HEALTH AND ERSITY COLLEGES, NO FUND, NELLES NURSING COLLEGE NURSING TO VARIOUS UNIVERSITY AND AUTOMOTIVE
	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
					MNI PROGRAM FUND, ALU PERATING BUDGET IS INCL	MNI EVENTS FUND, AND THE MSU BILLIN UDED IN THIS TOTAL	IGS ALUMNI/ATHLETICS
	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	CAMF EXPE FUND	PUS PROJECTS INCLUE NDITURES FROM VARI	DE EXPENDITURES FOI IOUS ATHLETIC FUNDS FUND, TENNIS FACILI	S, CITY COLLEGE RE	OJECTS AT MONTANA STAT AL ESTATE ACQUISITION F	TE UNIVERSITY BILLINGS CAMPUS PROJE UND, JEFF EDGMOND RESOUCE CENTER ENCE FUND, THE FOUNDATION EXPANSION	CTS INCLUDE FUND, SOCCER FACILITY
			<u> </u>				
4d		er program service enses \$	es (Describe in Sc 235,697 ir	hedule O) ncluding grants o	of \$ 144	,994) (Revenue \$)
4e	Tota	I program service	expenses 🕨	2,310,291			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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^{\square}	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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)			
	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	Yes	
	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		No
	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		No
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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		No
	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		No
	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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2012)

GП	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c	U.	
	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	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	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	Yes	
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
	If "Yes," indicate the number of Forms 8282 filed during the year	\ \frac{1}{2}	103	
•	If it is, indicate the number of forms of the during the year. I is a second of the number of forms of the number of the number of forms of the number of th	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	l _		
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
j	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	L.		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	Ju		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	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)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	! 	l I No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110

Se	ection A. Governing Body and Management		.,	
	Fatority and a contract of the comment of the contract of the		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
			res	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	res	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 111a b 112a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1 (2)								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any volume	more t perso and	than o	ne l both	oox, an c	officer stee)		Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organization MISCO	-	(F) Estima imount o compens from t	ited f other sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
												+		
1b	Sub-Total			•				 -						
C	Total from continuation shee	•		Α.	•	•	•	•		120,831		0		7 240
	Total (add lines 1b and 1c) . Total number of individuals (ii			to the	nse l	iste.	d abov	e) w	ho receive		l .	٩		7,240
_	\$100,000 of reportable comp						u ubo v	٠, ١٠	110 1000170	a more cr				
													Yes	No
3	Did the organization list any f						emplo	yee	, or highes	t compen	sated employee			
_	on line 1a? If "Yes," complete						• .	•		• •		3		No
4	For any individual listed on lir organization and related orgai													
_	individual		•		•	•		•		• • •		4		No
5	Did any person listed on line : services rendered to the orga									anization	or individual for	5		No
											L			
1	Complete this table for your fi compensation from the organi	ve highest comp											tav vear	
		(A) Name and business		<u>u cion</u>	101	-	diciia	u1 y C	ar enamy		(B)	T	(C)
		ivanie and pusiness	auu1E55							Des	cription of services	1	Comper	isauUII
												\dashv		
												4		
2	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	thos	e list	ted above)	who rece	ıved more than	-		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V		Check if Schedu	f Revenue ule O contains a respor	nse to any question	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s g	1a	Federated camp	paigns 1a					
ant	b	Membership du	es 1b					
Gra mo	С	Fundraising eve	ents 1c	154,075				
fts, r A	d		rations 1d					
Gii iila		Government grants						
ns, Sirr	е	-						
ıtio er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,808,341				
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines	213,882				
Cont and (1a-1f \$. 1 . 1 . 1		1,962,416			
ت a	h	Total. Add lines	5 Id-II		1,302,410			
ne	•			Business Code				
Program Serwce Revenue	2a							
e R	b							
MC	C							
Ser	d							
an	e	A.H. a.b.b.a.r. r.						
ı,	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	3 2a – 2f					
	3		ome (including dividendar ar amounts)		478,730	478,730		
	4		tment of tax-exempt bond					
	5	Royalties		►				
			(ı) Real	(II) Personal				
	6a	Gross rents	661,320					
	Ь	Less rental expenses	93,381					
	c	Rental income or (loss)	567,939					
	d		me or (loss)		567,939	567,939		
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	5,411,887					
		than inventory Less cost or						
	b	other basıs and	4,603,783					
	c	sales expenses Gaın or (loss)	808,104					
	d	Net gaın or (los	s)		808,104	808,104		
	8a	Gross income fr						
ne		events (not incl \$154,	_					
Other Revenue		of contributions	reported on line 1c)					
Re		See Part IV, lin	e 18 a	244.070				
er	ь	Less direct exi	penses b	311,970 139,045				
oth	С		loss) from fundraising	, , , , , , , , , , , , , , , , , , ,	172,925			172,925
_	9a	Gross income fr	rom gaming activities					
		See Part IV, lin	e 19 a					
	ь	Less direct exi	penses b					
	С		· [loss) from gamıng actı [.]	vities				
	10a	Gross sales of i returns and allo						
			а					
	b		oods sold b					
	С	Net income or (Miscellaneous	loss) from sales of inve	Business Code				
	11a	MISCELLANEO		900099	38,006	38,006		
		REVENUE			·			
	b							
	C							
	d	All other revenu		<u> </u>				
	e 12	Total. Add lines			38,006			
	12	lotal revenue.	See Instructions .		4,028,120	1,892,779	0	172,925

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,932,160 1,932,160 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 119,991 30,168 42,217 47,606 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 459,553 183,760 129,623 146,170 Pension plan accruals and contributions (include section 401(k) 34,577 13,658 9,832 and 403(b) employer contributions) 11.087 46,309 Other employee benefits 18,292 13,168 14,849 10 46,596 18,405 13,250 14,941 11 Fees for services (non-employees) 16,476 830 Management 12,996 2,650 787 787 Legal Accounting 22,138 22,138 6,080 Professional fundraising services See Part IV, line 17 6,080 Investment management fees 104,251 104,251 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 18,239 18,239 Schedule O) Advertising and promotion . . 4,902 2,348 12 1,104 1,450 13 Office expenses 4,667 1,633 1,507 1,527 28,013 8,404 12,609 14 Information technology . . 7,000 15 Royalties . 36,000 36,000 16 Occupancy **17** 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 15,498 5,636 5,862 4,000 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 10,336 10,336 23 3,743 3.743 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) a FUNDRAISING PROGRAMS 53,480 20,700 3,260 29,520 PRINTING AND PUBLICATIO 51,982 27,000 12,982 12,000 DONOR RELATIONS 21,001 2,215 12,036 6,750 d POSTAGE 9,373 1,875 3,798 3,700 4,931 2,466 2,465 e All other expenses Total functional expenses. Add lines 1 through 24e 25 3,051,083 2,310,291 431,462 309,330 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 ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τX	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		1	
	2	Savings and temporary cash investments	966,327	2	1,126,128
	3	Pledges and grants receivable, net	1,221,100	3	1,041,100
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
82	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	10.850	8	4,567
	9		10,030	9	4,507
	10a	Prepaid expenses and deferred charges	3	9	
	ь	Less accumulated depreciation	1,884,833	100	1,801,400
	11	Investments—publicly traded securities	18,634,154	11	20,519,266
	12	Investments—other securities See Part IV, line 11	10,004,104	12	20,010,200
	13	Investments—program-related See Part IV, line 11		13	
		· ·		14	
	14	Intangible assets	254 604		200.040
	15	Other assets See Part IV, line 11	251,681	15	269,918
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,968,945	16	24,762,379
	17	Accounts payable and accrued expenses	480,191	17	449,793
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
\mathcal{L}	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>jā</u>		persons Complete Part II of Schedule L		22	
	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 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	1,997,630	25	2,172,062
	26	D			2,172,002
	26	Total liabilities. Add lines 17 through 25	2,477,821	26	2,021,000
φ S		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	4,333,902	27	4,526,621
<u>छ</u>	28	Temporarily restricted net assets	3,804,144	28	4,881,839
Fund Balance	29	Permanently restricted net assets	12,353,078	29	12,732,064
Ĕ	29	·	12,000,070	29	12,732,004
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
<u>.</u>	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$55	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	20,491,124	33	22,140,524
Net					
	34	Total liabilities and net assets/fund balances	22,968,945	34	24,762,379

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	28,120
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	51,083
3	Revenue less expenses Subtract line 2 from line 1	3		ç	977,037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			191,124
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		22,1	140,524
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3b		

Software ID: Software Version:

EIN: 81-0301477

Name: MONTANA STATE UNIVERSITY BILLINGS FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	s,Tru	uste	ees,	Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	dıre	than	o not one son i er an trus	box s bo d a tee)	, th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
MARILYNN MILLER PRESIDENT & CEO	40 00	х		х				120,831	0	7,240
JOEL GUTHALS IMMEDIATE PAST CHAIR	50	х		х				0	0	0
TIM SCHRUTH CHAIR	5 00	х		х				0	0	0
BOBBY ANNER-HUGHES VICE CHAIR	2 00	х		х				0	0	0
CURT STARR TREASURER	5 00	х		х				0	0	0
JOANNE SHERIDAN BOARD MEMBER	50	х						0	0	0
BERNIE HARRINGTON BOARD MEMBER	50	х						0	0	0
JERRY ANDERSON SECRETARY	2 00	х		х				0	0	0
NICK CLADIS BOARD MEMBER	50	х						0	0	0
RENEE COPPOCK BOARD MEMBER	50	х						0	0	0
FRANK CROSS BOARD MEMBER	50	х						0	0	0
MARK DAWSON BOARD MEMBER	50	х						0	0	0
KAY FOSTER BOARD MEMBER	50	х						0	0	0
DR ROLF GROSETH BOARD MEMBER	50	х						0	0	0
WAYNE HANSEN BOARD MEMBER	50	х						0	0	0
SHARON ILLE BOARD MEMBER	50	х						0	0	0
ALLAN KARELL BOARD MEMBER	50	х						0	0	0
DR STACY KLIPPENSTEIN BOARD MEMBER	50	х						0	0	0
CURT KOCHNER BOARD MEMBER	50	х						0	0	0
DEBBIE SINGER BOARD MEMBER	50	х						0	0	0
DR KURT TOENJES BOARD MEMBER	50	х						0	0	0
LARRY VAN ATTA BOARD MEMBER	50	х						0	0	0
STEVE WAHRLICH BOARD MEMBER	50	х						0	0	0
LORNE ARMER BOARD MEMBER	50	х						0	0	0
JEFF BERKE BOARD MEMBER	50	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	direct Individual or direct	than	o not n one son i er an trust	box s bot d a tee)	th	Former	(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
SHERRIL BURKE BOARD MEMBER	50	х						0	0	0
SHAUN COX BOARD MEMBER	50	х						0	0	0
VICKI FOSJORD BOARD MEMBER	50	х						0	0	0
SARAH BROCKEL BOARD MEMBER	50	х						0	0	0
KEITH HERMANSON BOARD MEMBER	50	х						0	0	0
MOLLY NICHOLSON BOARD MEMBER	50	х						0	0	0
KIRK PETERSON BOARD MEMBER	50	х						0	0	0
HEATHER ROSENFELD BOARD MEMBER	50	x						0	0	0

efile GRAPHIC print - DO NOT PROCESS

MONTANA STATE UNIVERSITY BILLINGS FOUNDATION

As Filed Data -

DLN: 93493045013114

Employer identification number

OMB No 1545-0047

Public Charity St

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

				,,	Yes	No	Yes	No	Yes	No		
				or IRC section (see instructions))	docume	T				T		
OI	ja i II∠¢	4 (1011		lines 1- 9 above	your gove	rnıng	suppor		in the U		Supp	,010
	uppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat		mone supp	•
(i)) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Dıd you	notify	(vi) Is	the	(vii) Am	ount of
h		Provide	e the follown	ng information about	the supporte	ed organizati	on(s)					
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	bove?				J(iii)	
				er of a person descri		_					g(ii)	
				governing body of th	•		_	•	` '		g(i)	
			ng persons? erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de:	scribed in (ii))	Yes	No
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			
•		check	this box					, , ,		III Suppor	cing organiz	- T
f			1509(a)(2)	received a written de	atermination	from the IPS	S that it is a "	Type I Typ	a II or Type	III suppor	tina orazniz	ation
-	'			on managers and otl								
e	_		Type I	b Type II c ox, I certify that the			=				-	
			•	bes the type of supp	or <u>tı</u> ng organı	ization and c	omplete line	s 11e th <u>ro</u> u	gh 11h			
11	Г			ganized and operated ly supported organiz								
10	\sqcap	Anorga	anızatıon org	ganızed and operated	dexclusively	to test for p	ublic safety	See sectio	1 509(a)(4).			
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Pai	tIII)			
				oss investment inco	•	-			• •			
	•	=		ities related to its ex			* *		•	-	-	
9	Ė		•	at normally receives	. , . , .	, , ,	•	•	outions, mem	bership fee	s, and gros	s
8	Г			on 170(b)(1)(A)(vi). described in sectior			nplete Part II)				
7	굣			at normally receives			support from	a governme	ntal unit or f	rom the ger	neral public	
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).			
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
5	Γ	•	•	erated for the benefi	t of a college	or universit	y owned or o	perated by a	governmen	tal unıt des	cribed in	
4	,			n organization operat ty, and state	tea in conjun	CLION WILL A	nospital desc	indea in sec	:tion 170(b)((1)(A)(III).	Enter the	
3	<u> </u>			perative hospital se						/4\/A\/:::\		
2				I in section 170(b)(1				4-6413443				
1			•	on of churches, or as				ection 170(l	o)(1)(A)(i).			
he o	rganız	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one b	ox)			
Par				blic Charity Sta						nstruction	s.	
									81-03014	477		

instructions

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

	Part III. If the organiza	tion fails to qua	alify under the	tests listed bel	ow, please com	piete Pa	rt III.)	
	ection A. Public Support	1	1		 			
Laid	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,773,951	1,833,566	1,919,102	1,998,376	1	.,962,416	9,487,411
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge	33,636	23,522	16,966	5			74,124
4	Total. Add lines 1 through 3	1,807,587	1,857,088	1,936,068	1,998,376	1	.,962,416	9,561,535
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							9,561,535
	line 4						L	9,301,333
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
7	A mounts from line 4	1,807,587	1,857,088	1,936,068	1,998,376	1,	,962,416	9,561,535
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,084,794	1,048,919	1,065,666	1,000,649	1,	,046,669	5,246,697
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)	93,398	52,144	119,207	100,357		97,242	462,348
11	Total support (Add lines 7 through 10)							15,270,580
12	Gross receipts from related activition		•			12		
13	First five years. If the Form 990 is	_						ation, check
	this box and stop here ection C. Computation of Pub			<u> </u>	· · · · · · · · · · ·			
14	Public support percentage for 2012			11 column (f))		14		62.610.0/
15	Public support percentage for 2011		•			-		62 610 %
	11 1	,	,		14 22	15	- - - -	63 240 %
ь	33 1/3% support test—2012. If the cand stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	lifies as a publicl organization did r n qualifies as a pu – 2012. If the orga tion meets the "fa	y supported orga not check a box o iblicly supported anization did not o acts-and-circums	nization n line 13 or 16a, organization theck a box on lin tances" test, che	and line 15 is 33 ne 13, 16a, or 16t eck this box and s	1/3% or r o, and line top here .	nore, che e 14 . Explain	ck this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization Private foundation. If the organizat	iization meets the tion meets the "fa	e "facts-and-circu acts-and-circums	ımstances" test, tances" test Th	, check this box ar e organization qua	nd stop h Ilifies as	ere. a publicly	′ ▶⊏

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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 organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493045013114

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Inspection Employer identification number Name of the organization MONTANA STATE UNIVERSITY BILLINGS FOUNDATION 81-0301477 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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? 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? Part II 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 Protection of natural habitat Preservation of a certified historic structure 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 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 historic structure listed in the National Register 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- 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)(i) and section 170(h)(4)(B)(II)?
- 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

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

- 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
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 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

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

Revenues included in Form 990, Part VIII, line 1

للتند	Organizations Maintaining Co	HECHOIIS OF ALL	, IIIS		 	sures, or c	, tile	i Sillillai AS.	3C 63 (CC	<u>ontinuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of the f	ollowing that	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan or ex	xchange prog	rams			
b	Scholarly research		e	Γ	Other					
c	▼ Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın how	the [,]	y further th	e organızatıoı	ı's ex	empt purpose II	า	
5	During the year, did the organization solicit							nılar	_	_
	assets to be sold to raise funds rather than								Yes	│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ion answere	ea Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng t	able	-				
						-		Am	ount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									ļ
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year							/- \	aara baali
1a	Beginning of year balance	16,782,868	(D)P	rior y	761,740	13,659,96	_	12,353,530		ears back 14,716,268
b	Contributions	461,875			528,947	737,890	_	698,008		570,973
c	Net investment earnings, gains, and losses	,			,	<u>, </u>		<u> </u>		
		1,823,679			31,176	2,805,502	+-	1,357,138		-2,308,213
d	Grants or scholarships	402,634		•	385,386	353,123	3	443,406		414,916
е	Other expenditures for facilities and programs	99,187			76,268	88,49	2	96,578		84,842
f	Administrative expenses	179,262			177,341			208,729		125,740
g	End of year balance	18,387,339		16,	782,868	16,761,74		13,659,963	:	12,353,530
2	Provide the estimated percentage of the cur	rent year end baland	e (line	e 1g,	column (a)) held as				
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment ►									
c	Temporarily restricted endowment 🕨									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
2-							٠. ـ ع ـ ـ	the		
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon t	hat a	are held and	d admınıstere	a for			
<i>3</i> a	organization by	•		hat a	are held and	d administere	a for	7-4	Yes	No
<i>3</i> a	organization by (i) unrelated organizations				are held and	d administere	a for •	3a(i)	No
	organization by (i) unrelated organizations					d administere	a for	3a(3b	i) i)	
	organization by (i) unrelated organizations	ns listed as required	 d on S	ched	ule R?	d administere		3a(i	i) i)	No
b 4	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	ched ent fu	ule R? . unds , line 10.			3a(i	i) i)	No
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ns listed as required ne organization's en	d on S	ched ent fu rt X	ule R?			3a(i	i) i)	No
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	ched ent fu rt X	ule R? . unds , line 10. Cost or othe	(b)Cost or obasis (oth		3a(i	i) i)	No No
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	ched ent fu rt X	ule R? . unds , line 10. Cost or othe	er (b)Cost or obasis (oth	other	3a(i	(d) Bo	No No ook value
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	ched ent fu rt X	ule R? . unds , line 10. Cost or othe	er (b)Cost or obasis (oth	other er)	3a(i	(d) Bo	No No No ook value
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	ched ent fu rt X	ule R? . unds , line 10. Cost or othe	(b)Cost or of basis (oth	other er)	3a(i	(d) Bo	No No No ook value
b 4 Par 1a b c d e	organization by (i) unrelated organizations	ns listed as required ne organization's en ent. See Form 99	d on S dowme 0, Pa	chedent for X (a)	ule R? . unds , line 10.) Cost or othe is (investmen	(b)Cost or or basis (oth	other er) 7,000	(c) Accumulated depreciation	(d) Bo	No No No No No No No No No No 17,000

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12.</u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o tilel		
	+ +	
	+ +	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	P	
	o Form 000 Part V June 15	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+	Cost or end-of-year market value
	+	
	+	
	+	
	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li		
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Described to the second seco	ne 15. ption 5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Description (a) Description (a) Description (a) Description (b) Description (b) Must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, In (a) Described to the second seco	ne 15. ption 5.)	
Part IX Other Assets. See Form 990, Part X, In (a) Description (a) Description (a) Description (a) Description (b) Description (b) Must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Part IX Other Assets. See Form 990, Part X, In (a) Described to the control of th	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE ASSETS HELD IN TRUST	748,389 1,423,673	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes STUDENT SCHOLARSHIP PAYABLE	5.) X, line 25. (b) Book value	

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Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,700,483
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	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............2d]	
e	Add lines 2a through 2d	2e	672,363
3	Subtract line 2e from line 1	3	4,028,120
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,028,120
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	3,051,083
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,051,083
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,051,083

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE FOUNDATION OWNS TWO MINOR ART COLLECTIONS WHICH ARE PERIODICALLY DISPLAYED AT THE NORTHCUTT STEELE GALLERY, THE UNIVERSITY'S ART GALLERY MAINTAINED BY STUDENTS AND FACULTY OF THE UNIVERSITY'S ART DEPARTMENT ADDITIONALLY, PIECES OF THE COLLECTIONS ARE DISPLAYED AT OTHER LOCATIONS ACROSS THE CAMPUS ONE OF THE COLLECTIONS IS SLOWLY BEING LIQUIDATED (ONE PIECE IS BEING SOLD ANNUALY AT A SPECIFIC FUNDRAISING EVENT) WITH THE PROCEEDS BEING USED TO FUND A SCHOLARSHIP ENDOWMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO ASSIST THE FOUNDATION IN ITS MISSION IN SUPPORT OF MONTANA STATE UNIVERITY BILLINGS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS DEEMED NOT TO BE A PRIVATE FOUNDATION MANAGEMENT ASSERTS THAT NO UNCERTAIN TAX LIABILITIES OR POSITIONS EXIST FOR THE YEARS ENDING JUNE 30, 2013 AND 2012 THE YEARS OF JUNE 30, 2010 THROUGH JUNE 30, 2013 REMAIN OPEN AND SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES

Department of the Treasury

Internal Revenue Service

DLN: 93493045013114

OMB No 1545-0047

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number Name of the organization MONTANA STATE UNIVERSITY BILLINGS FOUNDATION 81-0301477 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		more than \$15,000 of fundr events with gross receipts g		ons and gross meening	3 011 1 01111 330 EZ, III	ics I and ob. List
			(a) Event #1 WINE FESTIVAL	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
Revenue	1	Gross receipts	466,045	j		466,045
æ	2	Less Contributions	154,075	;		154,075
<u>~</u>	3	Gross income (line 1 minus line 2)	311,970)		311,970
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
鲎	7	Food and beverages .				
Drea	8	Entertainment				
ā	9	Other direct expenses .	139,045	;		139,045
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(139,045)
	11	Net income summary Combine li	ne 3, column (d), and line	10		172,925
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Teg Teg	4	Rent/facility costs				_
ā	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	│ Yes │ No	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Ist	ter the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	n of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493045013114

pen to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization MONTANA STATE UNIVERSITY BILLINGS FOUNDATION 81-0301477 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applicable valuation non-cash assistance or assistance organization grant cash or government assistance (book, FMV, appraisal, other) (1) MSU BILLINGS 81-6001642 501(C)(3) 1,417,758 STUDENT 1500 UNIVERSITY DRIVE **SCHOLARSHIPS** BILLINGS, MT 59101 (2) MSU BILLINGS 81-6001642 501(C)(3) 210,041 ACADEMIC 1500 UNIVERSITY DRIVE PROGRAMS BILLINGS, MT 59101 (3) MSU BILLINGS 81-6001642 501(C)(3) 126,078 **CAMPUS PROJECTS** 1500 UNIVERSITY DRIVE AND ALUMNI RELATIONS BILLINGS, MT 59101 (4) MSU BILLINGS 81-6001642 501(C)(3) 159.367 CAMPUSAND 1500 UNIVERSITY DRIVE COMMUNITY BILLINGS, MT 59101 OUTREACH (5) MSU BILLINGS 81-6001642 501(C)(3) 18,916 **ALUMNI RELATIONS** 1500 UNIVERSITY DRIVE BILLINGS, MT 59101

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

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	22
	Part III can be duplicated if additional space is needed.	

(a) Type o	f grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 IN SUMMARY, THE FOUNDATION UTILIZED THE FOLLOWING PROCEDURES FOR MONITORING ITS GRANTS AND OTHER DONOR-RESTRICTED FUNDS IN THE UNITED STATES THE FIRST STEP IS TO DOCUMENT THE FUND CRITERIA ON THE APPROPRIATE FOUNDATION RESTRICTED ACCOUNT OR SCHOLARSHIP CRITERIA FORM THE FORMS ARE DESIGNED TO INCORPORATE THE DONOR AND/OR GRANT MAKER INPUT AS TO THE FUND PURPOSE AND OTHER PERTINENT OBJECTIVES THE FORM AUTHORIZES APPROPRIATE UNIVERSITY LEADERS TO UTILIZE THE FUNDS TO ACCOMPLISH THIS OBJECTIVE ONCE THE FUNDS ARE ESTABLISHED, PAYMENTS FROM RESTRICTED FUNDS AND/OR GRANTS ARE AUTHORIZED BY THE SPECIFIC UNIVERSITY FUND CONTROLLER AND APPROVED BY THE FOUNDATION'S PRESIDENT/CEO AS A MATTER OF STEWARDSHIP AND ACCOUNTABILITY, THE FOUNDATION REPORTS TO DONORS ONCE THE FUNDS HAVE BEEN UTILIZED WITH SCHOLARSHIP DONORS, THIS INCLUDES INFORMING DONORS OF SCHOLARSHIP RECEIPIENTS WITH OTHER GRANTS OR FUNDS, STEWARDSHIP IS TAILORED TO THE DONOR AND THE TYPE OF FUNDS INVOLVED
		Schedule I (Form 990) 2012

DLN: 93493045013114

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Open to Public Inspection

Internal Revenue Service Name of the organization MONTANA STATE UNIVERSITY BILLINGS FOUNDATION **Employer identification number** 81-0301477

Pa	Types of Property				81-0301477		
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of dete noncash contribution		ts
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
_	goods						
7							
_	Intellectual property						
9	Securities—Publicly traded .	X	6	49,880	FMV		
_	Securities—Closely held stock .		•	15/000			
	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic						
14	structures						
15	Real estate—Residential .						
16	Real estate—Commercial						
	Real estate—O ther						
	Collectibles	X	2	37,475	OPINION OF EXPERT	S	
	Food inventory						
	Drugs and medical supplies .						
	Taxıdermy						
	Scientific specimens						
	Archeological artifacts						
	AUTO PARTS AND						
25	Other► (EQUIPMENT)	X	3	65,523	SELLING PRICE		
	BOOKS AND OTHER ACADEMIC						
26	Other► (MATERIALS) DONOR	X	10	54,471	SELLING PRICE		
27	Other ► (CULTIVATION)	Х	40	5,324	SELLING PRICE		
	OFFICE						
	Other► (EQUIPMENT)	X	3	·	SELLING PRICE		
29	Number of Forms 8283 received for which the organization comple				29		2
302	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it	Yes	No
500	must hold for at least three year						
	for exempt purposes for the enti				30)a	No
h	If "Yes," describe the arrangement			· · · · · ·	3	~	
31	Does the organization have a gif			review of any non-standard	contributions? 3	1 Yes	
	Does the organization hire or us	•		•			
J20	contributions?	· · ·	· · · · · · · · ·		32	2a	No
b	If "Yes," describe in Part II						
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,		

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

Identifier	Return Reference	Explanation				
THIRD PARTY USE	· · · · · · - , · ·				S GIFTS BASEI DRGANIZATION	

Schedule M (Form 990) (2012)

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DLN: 93493045013114

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION

81-0301477

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED AN ELECTRONIC COPY OF THE FORM 990 WITH ALL SUPPORTING ATTACHMENTS WAS E-MAILED TO ALL FOUNDATION TRUSTEES PRIOR TO SUBMISSION TO THE IRS ADDITIONALLY, FOUNDATION PERSONNEL WORKED CLOSELY WITH THE TREASURER OF THE BOARD OF TRUSTEES TO PREPARE THE DOCUMENT A DRAFT FORM 990 WAS THEN REVIEWED BY THE FOUNDATION'S FISCAL AFFAIRS COMMITTEE.
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE START OF EACH FISCAL YEAR, ALL FOUNDATION TRUSTEES, OFFICERS AND KEY VOLUNTEERS COMPLETE THE FOUNDATION'S CONFLICT OF INTEREST POLICY FORM, WHERE THEY DISCLOSE ANY POTENTIAL CONFLICTS THROUGHOUT THE YEAR, NEW VOLUNTEERS COMPLETE THE SAME FORM AS THEY RECIEVE ORIENTATION FOR THEIR SPECIFIC VOLUNTARY ROLE. WHEN CONFLICTS ARE DISCLOSED, APPROPRIATE FOUNDATION LEADERS REVIEW EACH CONFLICT INDIVIDUALLY, TO DETERMINE THE APPROPRIATE MANNER TO ADDRESS THE SITUATION
	FORM 990, PART VI, SECTION B, LINE 15A	THE FOUNDATION'S TRUSTEES ARE RESPONSIBLE FOR HIRING THE PRESIDENT/CEO TO MANAGE THE FOUNDATION'S AFFAIRS THE EXECUTIVE COMMITTEE EVALUATES THE PRESIDENT/CEO AT LEAST EVERY THREE YEARS WITH EXPECTATIONS DOCUMENTED IN A THREE-YEAR EMPLOY MENT CONTRACT INCORPORATED INTO THE CONTRACT IS THE PRESIDENT/CEO SALARY, WHICH WAS NEGOTIATED BY INDEPENDENT TRUSTEES, INFORMED LOCAL AND REGIONAL SALARY TRENDS OF SIMILAR NON-PROFIT EXECUTIVES
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION FILES THEIR FORM 990 ONLINE SO THAT IT IS AVAILABLE TO THE PUBLIC ON THE IRS WEBSITE ADDITIONALLY, THE FOUNDATION PROVIDES ALL PUBLIC DOCUMENTS UPON REQUEST