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# Form .990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Form 990 (2014)

Cat No 11282Y

Department of the Treasury Internal Revenue Service Do not obtain a side of the service of the service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning April 1 2014, and ending 20 15 D Employer identification number Check if applicable C Name of organization MSU Bookstore, Inc. Doing business as Address change 81-0107430 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 125 Strand Union 406-994-2811 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Bozeman, Montana 59717 G Gross receipts \$ Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No Tom Stump, Chairman H(b) Are all subordinates included? Yes No If "No." attach a list (see instructions) ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527 Tax-exempt status 501(c)(3) msubookstore.org Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation 1965 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: to promote and foster the educational, intellectual, social and athletic interest of the student body and faculty of Montana State University. To provide textbooks, stationery and Activities & Governance other student supplies and commodities at the lowest cost consistent with the welfare of the store. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI. line 1b) 4 15500 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 134 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C) fine 12 7a 7a 0 Net unrelated business taxable income from Form 990-1; line 34 7b 0 Pnor Year Current Year S 8 Contributions and grants (Part VIII, line 1h). Revenue W I 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10 11779 5500 11 3040777 3308604 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3046327 3320383 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 91210 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1786806 1864695 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 990506 979278 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2777312 2935183 19 Revenue less expenses. Subtract line 18 from line 12 . 269015 385200 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7493581 7739786 21 Total liabilities (Part X, line 26) . . . 598760 459765 22 Net assets or fund balances. Subtract line 21 from line 20 6894821 7280021 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Digitally signed by Michael Steinmetz Michael Steinmetz Sign DN cn=Michael Steinmetz, o=MSU Boolatore, Inc., ou, email=steinmet@montana edu, c=US Here Date 2015 09 16 10 51 38 -06'00' Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check [] If self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

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

	Checklist of Required Schedules (continued)			y
04	D1111		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	,	1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>v</b> ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u>.                                     </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>\</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del></del>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del> </del>		+
_	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	00		<del>                                     </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>-</b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>''</del>		<del>                                     </del>
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┡
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>/</b> '''		<del> </del>
•	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organization have excess business holdings at any time during the year?	-		<del> </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		$\vdash$
				İ
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		l
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	and the state of t			
120	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		<del> </del>
12a b	· · · · · · · · · · · · · · · · · · ·	12a		
		-	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	<b></b>	├
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	₩
4-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1		[
_	100	4	1	1
C	Enter the amount of reserves on hand	ļ	<b> </b>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	l	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Schedule 0 contains a response or note to any line in this Part VI	See ins	for a struct	"No"
Secti	on A. Governing Body and Management			<u>. ⊔</u>
Secti	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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.		165	NO
b 2 3	Enter the number of voting members included in line 1a, above, who are independent . 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		1
4	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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	_	1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5	✓	<b>V</b>
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
8	stockholders, or persons other than the governing body?	7b		<b>√</b>
a b	The governing body?	8a 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ĺ	/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	<del>, ,</del>	7
40-	Delthe secondaries in a level of the secondaries of		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		$\Box$	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	<b>√</b>	
C 12	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
14	Did the organization have a written whistleblower policy?	13	<b>/</b>	├
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	✓	<del> </del>
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
16a	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?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	מטו		<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>.</b>	

Mark Frisby, 125 Strand Union, Bozeman, MT 59717-3160 (406) 994-2811

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Form	990	<i>(</i> 201	4

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

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

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

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

☐ Check this box if neither the organization nor	any related	d orga	aniz	atio	n co	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box, t	unles	s pe	Ition more rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Mark Frisby, General Manager										
c/o MSU Bookstore, Inc.	<b></b>			/				91210	0	
(2) Tom Stump, Chairman	-							01210		
c/o MSU Bookstore, Inc.				1				o	0	
(3) Kathleen Russo, President										
c/o MSU Bookstore, Inc.				1				i 0	0	(
(4) Jack Dockery										
c/o MSU Bookstore, Inc.				✓				o	l o	(
(5) Joe Feddock										
c/o MSU Bookstore, Inc.				✓				0	0	
(6) Marc Giullian										
c/o MSU Bookstore, Inc.				✓				0	0	
(7) Patrick Zimny							ļ			
c/o MSU Bookstore, Inc.				✓				0	0	
(8) Sarah Clinton										
c/o MSU Bookstore, Inc.				✓				0	0	
(9)										
(10)					1					
(11)										
(12)										
(13)				-	ļ. <u>.</u>		-			
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)					1			
	(A)	(B) Position (do not check more than or							(D)	(E)		(	(F)	
	Name and title	Average	box, ı	unles	s pe	rson	is both	an	Reportable	Reportab			mated	
		hours per week (list any		1		_	or/trust	<u> </u>	compensation from	compensation related	n trom		ount of ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흵흑	Former	the	organizatio		comp		on
		related organizations	夏호	芷	Ĕ	9	S S	ner	organization (W-2/1099-MISC)	(W-2/1099-M	AISC)		n the nization	า
		below dotted	[ 호흡	nai		Ş	# S		(** 2 1000 111100)				related	
		line)	uste	trus		8	Be					organ	ızatıon	IS
			ď	stee			Highest compensated employee							
					L.		8	_					_	
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(20)		<b></b>												
(21)							İ		1					
(22)		ļ												
(23)														
(24)														
(25)														
1b	Sub-total								91210					
C	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)							▶	91210					
2	Total number of individuals (including but	not limited	l to th	ose	list	ted	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	zation 🕨												
									•				Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvıdı	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	преі	nsatio	n a	nd other comp	ensation fr	om the			
	organization and related organizations													
	ındıvıdual											4		1
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J 1	for s	such person			5		1
Section	on B. Independent Contractors	· ·												
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more tha	ın \$100,	000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the orga	ınızatıd	on's t	ax
	year.													
	(A)								(B)		-	(C)		
	Name and business add	Iress							Description of s	ervices	С	ompens	ation	
										-				
													-	
-														
														_
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	limit	ed to	th	ose listed ab	ove) who				
	received more than \$100,000 of compens									,				

Part	VIII	Statement of Revenue		_		_
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants r Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$				
a Co		Total. Add lines 1a-1f ▶				
Program Service Revenue	2a b c	Business Code				
Š	d					
rogram	e f g	All other program service revenue .  Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	_			
	þ	Less: rental expenses	_			
	C	Rental income or (loss)	<del></del>		ļ	<del> </del>
	7a	Net rental income or (loss)				
	b	Less: cost or other basis and sales expenses				
	C	Gain or (loss) .	<del></del>		ļ	-
une	d 8a	Net gain or (loss)				
Other Rever		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
Ę	ь	Less: direct expenses b	┥			
O	L	Net income or (loss) from fundraising events . ▶				<del></del>
	9a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses b			ļ	
		Net income or (loss) from gaming activities <b>•</b> Gross sales of inventory, less returns and allowances <b>a</b> 1271233				
	b	Less: cost of goods sold b 947960	<b>–</b> 1		1	
		Net income or (loss) from sales of inventory ▶				
	Ť	Miscellaneous Revenue Business Code				
	11a	Discounts Earned	75872		1	
	ь		7,00,2	<u> </u>	<u> </u>	
	c		<del></del>			
	ď	All other revenue				
	e	Total. Add lines 11a–11d	75872		<u> </u>	
	12	Total revenue. See instructions	3320383	<u> </u>		

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		_		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	91210			i
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1342990 82842			
9	Other employee benefits	334713			
10	Payroll taxes	104150			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5500			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	33950			
13	Office expenses	89674			
14	Information technology				
15	Royalties				
16	Occupancy [	398295			
17	Travel	16575			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		<del></del>		
22 23	Depreciation, depletion, and amortization .	91377			
	Insurance	13299			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	credit card & other bank fees	223535			· · · · · · · · · · · · · · · · · · ·
b	membership & assn dues	14730			<del></del>
c	repairs & maintenance	60169			
d					
е	All other expenses	32174			
25	Total functional expenses. Add lines 1 through 24e	2935183			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if				

P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note	to any line in this Par	t X <u></u>		<u>.</u> . 🗆
			_		(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			24520	1	30920
	2	Savings and temporary cash investments		[	4419410	2	4242109
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			156625	4	164463
	5	Loans and other receivables from current and	forme	officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
		sponsoring organizations of section 501(c)(9) volume				}	
ι		organizations (see instructions) Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			2020499	8	2506657
	9	Prepaid expenses and deferred charges		<u> </u>	36272	9	31849
	10a	Land, buildings, and equipment: cost or		Ī			
		other basis. Complete Part VI of Schedule D	10a	1719570			
	ь	Less: accumulated depreciation	10b	955783	836255	10c	763787
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line	11 .	[		12	
	13	Investments-program-related. See Part IV, line	11 .	[		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	7493581	16	7739786
	17	Accounts payable and accrued expenses			598760	17	459765
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability. Complete	Part I\	of Schedule D .		21	
es	22	Loans and other payables to current and for				1	
Ħ		trustees, key employees, highest compen		~			<del></del>
Liabilities		disqualified persons. Complete Part II of Schedu				22	
	23	Secured mortgages and notes payable to unrela		-		23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		eli bara b	598760	26	<u>4</u> 59765
S		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		ck here ► 🗌 and		1 1	
ĕ		-		-	<del> </del>	27	
ala	27	Unrestricted net assets		-		28	
ã	28	Temporarily restricted net assets		<u> </u>	<del></del>	29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 9				29	
Ē		complete lines 30 through 34.	<del>,</del> сп	con liele > allu			
õ	20			}		30	<del></del>
ě	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea		F		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			269015		205204
et,	33	Total net assets or fund balances		<u></u>	6894821	1 1	385200 7280021
Ż	34	Total liabilities and net assets/fund balances			7493581	1	7280021
	<del>     </del>	Total nabilities and het assets/fully balances .	• •		/433361	, <del>, , ,</del>	

Peart XI   Reconciliation of Net Assets   Check if Schedule O contains a response or note to any line in this Part XI	Form 9	90 (2014)			Pa	ge <b>12</b>
1 Total revenue (must equal Part VIII, column (A), line 12).	Par	t XI Reconciliation of Net Assets				•
1 Total revenue (must equal Part VIII, column (A), line 12).		Check if Schedule O contains a response or note to any line in this Part XI				
Accounting method used to prepare the Form 990: \[Cash \according form a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis \[Consolidated basis \according Soth consolidated basis \according Soth consolidated and separate basis \(Cit \text{ Complianted Soth consolidated and separate basis} \(Cit \text{ Complianted Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Complianted Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Consolidated basis} \according Soth consolidated and separate basis} \(Cit \text{ Cit Soth consolidated basis} \(Cit \text{ Soth consolidated basis} \(Cit \text{ Soth consolidated basis} \) and soth consolidated and separate basis \(Cit \text{ Cit Soth consolidated basis} \(Cit \text{ Soth consolidated basis} \) and soth consolid	1				332	20383
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 6894827  Net unrealized gains (losses) on investments . 5  Donated services and use of facilities . 6  Donated services and use of facilities . 7  Prior period adjustments . 7  Prior period adjustments . 8  Other changes in net assets or fund balances (explain in Schedule C) . 9  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . 10  7280021  Part XII Financial Statements and Reporting . 10  Check if Schedule O contains a response or note to any line in this Part XII . 10  1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? . 2a ✓ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: 5 Separate basis Consolidated basis Both consolidated and separate basis before the vear were audited on a separate basis, consolidated basis Both consolidated and separate basis if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2	Total expenses (must equal Part IX, column (A), line 25)	2		293	35183
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990: Schedule O Cher If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 14 Accounting method used to prepare the Form 990: Schedule O Cher If the organization's financial statements compiled or reviewed by an independent accountant? 15 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 16 Separate basis Consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis 16 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  15 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	3	Revenue less expenses. Subtract line 2 from line 1	3			35200
Donated services and use of facilities   To Investment expenses   To	4		4		689	94821
Prior period adjustments	5	Net unrealized gains (losses) on investments	5			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Indicate the financial statements for the year were audited on a separate basis Consolidated basis Indicated by an independent accountant? If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	6	Donated services and use of facilities				
9 Other changes in net assets or fund balances (explain in Schedule O)	7	— · · · · · · · · · · · · · · · · · · ·	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.    Accounting method used to prepare the Form 990:   Cash   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?			-	_		
Table 2021    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No	•		9	_		
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		721	<u> 30021</u>
Accounting method used to prepare the Form 990: \[ Cash \] Accrual \[ Other \] If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	• •				
1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII		· · ·		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1		<del></del>	ł		,
Were the organization's financial statements compiled or reviewed by an independent accountant?			aın in			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?				J		
reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a			2a		<b>√</b> ,
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?			ed or			
b Were the organization's financial statements audited by an independent accountant?  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:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				1
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:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b		·		L	<u> </u>	'
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Þ			2b	<b>✓</b>	
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			on a			
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of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		.a.ah4	<b> </b>		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C			_		
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·		2C	<b>-</b>	
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?			anı nı	1		i
the Single Audit Act and OMB Circular A-133?	20		rth in	ļ		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b	Sa		1111 111	2-		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>.</b>	·	o the	3a		
	b			3h		
		The second of th			_ QQA	(201.4)

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

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Inspection Name of the organization Employer identification number MSU Bookstore, Inc. 81-0107430 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-9 support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No Montana State University (B) (C) (D) (E)

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Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·		r	<del></del>	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>		ļ	<u> </u>	
	on B. Total Support		1				
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
	on C. Computation of Public Suppor			14		144	
14	Public support percentage for 2014 (line		-			15	%
15 16a	Public support percentage from 2013 Scl 33 <sup>1</sup> /3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, o	
b	331/3% support test—2013. If the organicheck this box and stop here. The organicheck	nization did no	ot check a bo	x on line 13 o	r 16a, and line	e 15 is 33½%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- acts-and-circ	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd <b>stop here. I</b> as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m	013. If the orgation meets the neets the "fact	anization did n e "facts-and-c s-and-circums	ot check a bo ircumstances" stances" test. 1	x on line 13, 16 test, check the The organization	6a, 16b, or 17a his box and <b>st</b> on qualifies as a	and line  op here.  a publicly
	supported organization						▶ □

## Part III 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.)

Sacti	on A. Public Support	under the te	ists listed bei	ow, piease co	ompiete Fart	11.)	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(6) 2012	(4) 2013	(6) 2014	(i) rotal
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del> </del>			-	
	sold or services performed, or facilities						ł
	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					ŀ	
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	<del></del>					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .				ļ <del>.</del> .		
b	Amounts included on lines 2 and 3			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· •					<del> </del>	
С 8	Add lines 7a and 7b	i					
O	line 6.)						
Secti	on B. Total Support		<u> </u>	1	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	(4)	(,	(0, _0, _	(4, 2212		(7)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						1
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						ļ
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		<del>-</del>		<del> </del>		<del>                                     </del>
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		+	<del> </del>	<del> </del>		<del>                                     </del>
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourt	h, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	•			_		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8	B, column (f) c	divided by line	13, column (f))		15	%
16	Public support percentage from 2013 Sch					16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2014 (		• •	•		<del></del>	<u>%</u>
18	Investment income percentage from 2013						% and bas
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		_			_	
b	331/3% support tests—2013. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%.						
20	Private foundation. If the organization di		_				
<b>4</b> U	regregation is the organization of			.,			

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		<del>.,</del>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		<b>√</b>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	7
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		<b>✓</b>
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
_		6	<u> </u>	✓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	-	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		<b>✓</b>
Ü	If "Yes," complete Part I of Schedule L (Form 990).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		1
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	-	· /
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		<b>▼</b>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	30		-
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	ļ	1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

P	art l	V Supporting Organizations (continued)			
\ _				Yes	No
1	1	Has the organization accepted a gift or contribution from any of the following persons?			
	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
		below, the governing body of a supported organization?	11a		1
		A family member of a person described in (a) above?	11b		1
<u> </u>		A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	COLIC	on b. Type I Supporting Organizations		Yes	No
	1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		controlled the organization's activities. If the organization had more than one supported organization,			
		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			L
		organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
	2	Did the organization operate for the benefit of any supported organization other than the supported			
		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		<u> </u>	<u> </u>
=			2		
3	CULI(	on C. Type II Supporting Organizations		Yes	No
	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
	•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	ŀ	1	
		or management of the supporting organization was vested in the same persons that controlled or managed		-	
		the supported organization(s).	1		
S	ectic	on D. All Type III Supporting Organizations			
				Yes	No
	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•		organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		1
		organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	1
	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b></b>		-
	_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	[		
		the organization maintained a close and continuous working relationship with the supported organization(s).	2	1	
	3	By reason of the relationship described in (2), did the organization's supported organizations have a			
		significant voice in the organization's investment policies and in directing the use of the organization's			
		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_		supported organizations played in this regard.	3		1
S	ecti	on E. Type III Functionally-Integrated Supporting Organizations			
	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
	а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
	b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
	C	☑ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (some properties of the	see ins	structi	ons).
	2	Activities Test. Answer (a) and (b) below.		Yes	No
	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		those supported organizations and explain how these activities directly furthered their exempt purposes,			
		how the organization was responsive to those supported organizations, and how the organization determined	L	ļ	ļ
	_	that these activities constituted substantially all of its activities.	2a	1	<u> </u>
	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l	
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	A-	ļ	
	2		2b		/
)	3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<del> </del>	<del> </del>
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		<del>                                     </del>
	IJ	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	<b>†</b>	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970, <b>See</b>	instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	_	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	-	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	Щ,		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III support	ing organization (see
instructions).		•	•

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	·		Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
<u>C</u>				
d	Excess from 2013			
е	Excess from 2014			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
MSU Books	tore, Inc. was incorporated in 1965. Several purposes expressed in the Articles of Incorporation included: to promote and foster
educational	, intellectual, social and athletic interest of the student body and faculty of Montana State University; to provide text books,
stationary,	confectionery and other student supplies and commodities of whatsoever kind or description at the lowest cost consistent with
the welfare	of the store. 100% of the activities of MSU Bookstore, Inc. address this support.
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## **SCHEDULE D** (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Open to Public Inspection Employer identification number

<u>ISU</u> B	Bookstore, Inc.		81-0107430
Par	Organizations Maintaining Donor Adv		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor	advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
			· · · · · · · □ Yes □ No
Par	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
	•		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or te	rminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
_			<del></del>
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	n easements during the year
_	Amount of amount in an analysis in an	ating and enforcing concentration and	nomente during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation eas	sements during the year
	Does each conservation easement reported on line	2(d) above satisfy the requirements	of section 170/h\/4\/B\/\\
8	•		· · · · · · · · □ Yes □ No
^	In Part XIII, describe how the organization reports		<del>-</del> -
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		mancial statements that describes the
Par	t III Organizations Maintaining Collection		or Other Similar Assets
ıaı	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
h	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(i) Revenue included in Form 990, Part VIII, line 1	=	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of an		
-	following amounts required to be reported under s		
•	Revenue included in Form 990, Part VIII, line 1		
a			
b	ASSERTINGUEU III FUITI SSU, FAILA		30

Schodu	le D (Form 990) 2014								
Pari		Call	actions of	A≠ Llic	torios	I Troocures	- 0° O	thar Cimilar	Page 2
3	Using the organization's acquisition, a collection items (check all that apply):								
а	☐ Public exhibition			d	Пιο	an or exchan	ge prod	ırams	
b	☐ Scholarly research				☐ Ot				
c	Preservation for future generations			-					
4	Provide a description of the organizat XIII.		collections a	and expl	aın hov	v they further	the or	ganızatıon's ex	kempt purpose in Part
5	During the year, did the organization	solici	t or receive	donation	ns of a	rt, historical t	reasure	es, or other sir	milar
	assets to be sold to raise funds rather								
Part									
	Complete if the organization			' to For	m 990	. Part IV. line	9. or	reported an a	amount on Form
	990, Part X, line 21.					, ,			
1a	<del></del>	cust	odian or oth	er intern	nediary	for contribu	tions o	r other assets	not
	included on Form 990, Part X?								· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XII	I and comple	ete the fo	llowing	g table:			
			•		`	-			Amount
C	Beginning balance	•					10	С	
d	Additions during the year						10	d l	
е	Distributions during the year						10	е	
f	Ending balance						1	f	
2a	Did the organization include an amour	nt on I	Form 990, Pa	art X, line	e 21, fo	r escrow or c	ustodia	al account liabi	ılıty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XII	I. Check here	e if the e	xplana	tion has been	provid	led in Part XIII	
Par					•		<u> </u>		
	Complete if the organization	ansv	wered "Yes'	' to For	m 990	, Part IV, line	e 10.		
		(a) (	Current year	<b>(b)</b> Pr	or year	(c) Two year	rs back	(d) Three years t	pack (e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and				•				
	losses								
d	Grants or scholarships						_		
е	Other expenditures for facilities and					-			
	programs								
f	Administrative expenses								
g	End of year balance						_		
2	Provide the estimated percentage of the		rrent year en	d baland	ce (line	1g, column (a	a)) held	as:	
а	Board designated or quasi-endowmer			%					
b	Permanent endowment >	%							
С	Temporarily restricted endowment								
•	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e pos	session of th	ie organi	zation	that are neid	and a	aministerea toi	
	organization by:								Yes No
	(i) unrelated organizations								. 3a(i)
	• • • • • • • • • • • • • • • • • • • •								. 3a(ii)
b 4	If "Yes" to 3a(ii), are the related organi								. 3b
4 Por	Describe in Part XIII the intended uses			nis end	Jwner	it lunus.			
Fall	Land, Buildings, and Equip			' to East	m 000	Dort IV line	. 11.	Saa Earm OO	O Port V line 10
	Complete if the organization  Description of property	ansv			T				
	Description of property		(a) Cost or other (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)		(0) (0	st or other basis (other)		Accumulated depreciation	(d) Book value
	Land		-		<del> </del> -	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del> </del>	<del> </del>
		·	_				<b></b>		<del></del>

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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .

c Leasehold improvements

**d** Equipment

763787

763787

955783

Part VII	Investments — Other Securities.  Complete if the organization answ	vered "Ves" to For	m 990 Part IV line	a 11h See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	vered res to rom	(b) Book value	(c) Meth	od of valuation of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(^)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12 ) ▶	-		<u> </u>	
Part VIII	Investments – Program Related		000 5 . 11/ 11	44 0 5	
	Complete if the organization answ	vered "Yes" to For		l .	•
	(a) Description of investment		(b) Book value		nod of valuation of-year market value
(1)					
(2)					
_(3)					<del>-</del>
(4)					
(5)					_
(6)				<del> </del>	<del></del>
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			·	
Part IX	Other Assets.			<u> </u>	
FaitiA	Complete if the organization answ	vered "Ves" to For	m 990 Part IV lin	a 11d See Form	000 Part Y line 15
		Description	111 000, 1 art 14, 1111	110.000101111	(b) Book value
(1)	1-7	,			(-,
(2)					
(3)					• • • • • • • • • • • • • • • • • • • •
(4)					
(5)					
(6)					
(7)					
(8)		<u></u>			
(9)					
	ımn (b) must equal Form 990, Part X, co	l. (B) line 15.)		▶	
Part X	Other Liabilities.	<del></del>		·	
	Complete if the organization answ	vered "Yes" to For	m 990, Part IV. lin	e 11e or 11f. See	Form 990, Part X.
	line 25.		,,		,
1.	(a) Description of liability	(b) Book value			
(1) Federal is	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(6)					
(8)					
(9)			-		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	. <u></u>			
	r uncertain tax positions In Part XIII, provid	de the text of the footn	ote to the organizatio	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return.	•
1	Complete if the organization answered "Yes" to Form 990, for Total revenue, gains, and other support per audited financial statements			1	3320383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	3320383
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3320383
Part	•			er Heturn.	
	Complete if the organization answered "Yes" to Form 990, I Total expenses and losses per audited financial statements	art IV	7, line 12a.		
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		1	2935183
z a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
-	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.)		5	2935183
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
		•	*-***		

Schedule D (Fo	MII 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
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		· <del>-</del>

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

► Attach to Form 990 or 990-EZ. Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Open to Public Inspection

**Employer identification number** 

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

Schedule O (Form 990 or 990-EZ) (2014)	_ Pag	је <b>2</b>
Name of the organization	Employer identification number ·	
	<u> </u>	
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