DLN: 93493150004163

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

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

Open to Public Inspection

2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3: Deplicable ange Doing Business As				
ange Doing Business As		Fmplover	identification number	
Doing Business As	[]	20-2591		
		20-2391	401	
Number and street (or P O box if mail is not delivered to street address) Room/sur 67 WEST KAGY STE B	te E	Telephone		
City or town, state or country, and ZIP + 4 BOZEMAN, MT 59715		(406)21	9-0508	
pending BOZEMAN, MT 59/15	G	Gross recei	pts \$ 473,128	
F Name and address of principal officer	H(a) Is this a			
CARL GRAHAM 67 WEST KAGY STE B	affiliates	; ?	Γ Yes Γ No	
BOZEMAN,MT 59715	H(b) Are all a	ffiliates ir	ncluded?	
nt status	If"No,"	attach a I	ist (see instructions)	
	H(c) Group e	xemption	number ►	
	L Year of forma	tion 2005	M State of legal domicile MT	
•				
O DO SO FROM THE PERSPECTIVE THAT POLICIES BASED UPON FREE M	IARKETS, LIMIT			
Check this box 🔭 if the organization discontinued its operations or disposed o	f more than 25%	of its ne	t assets	
Number of voting members of the governing body (Part VI, line 1a)		ı	3 7	
		.	4 5	
otal number of individuals employed in calendar year 2012 (Part V, line 2a) .		. [5 5	
· · · · · · · · · · · · · · · · · · ·		-	6 7	
, , , , , , , , , , , , , , , , , , , ,		_	7a 0	
Net unrelated business taxable income from Form 990-1, line 34	1		7b 0 Current Year	
Contributions and grants (Part VIII. line 1h)	FIIOI		+	
Program service revenue (Part VIII, line 2g)		1,340		
Investment income (Part VIII, column (A), lines 3, 4, and 7d)		598	271	
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		C	0	
		251,487	473,128	
Grants and similar amounts paid (Part IX, column (A), lines 1–3)		C	0	
Benefits paid to or for members (Part IX, column (A), line 4)		C	0	
		235,117	240,481	
Professional fundraising fees (Part IX, column (A), line 11e)		+		
Total fundraising expenses (Part IX, column (D), line 25) ►75,024				
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,440	224,343	
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		436,855		
Revenue less expenses Subtract line 18 from line 12		-185,368	-32,982	
	Beginning of			
	Year	r	End of Year	
Total assets (Part X, line 16)	Yea	116,260		
Total assets (Part X, line 16)			67,585	
	pt status	anization	anization	

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

✓ Yes ☐ No

4e Total program service expenses ► 335,858

(Expenses \$

including grants of \$

) (Revenue \$

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part \sqrt{E}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than $$5,000$ of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	(2.2.1.2.1
		F.	orm 99 0	(2012)

	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 11			-110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	· · · · · · · · · · · · · · · · · · ·	1		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CARL GRAHAM 67 WEST KAGY STE B BOZEMAN, MT (406) 219-0508

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a dir	one bot	not box h ar or/tr	office	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		trustee r	Institutional Trustee),ee	Highest compensated employee				
(1) CARL GRAHAM PRESIDENT	40 00	х		х				97,647	0	0
(2) LISA HAZLETT	0 00	х						0	0	0
DIRECTOR (3) SAM STALEY	0 00									
CHAIRMAN		х		х				0	0	0
(4) DAVID KEENE	0 00									
DIRECTOR		Х						0	0	0
(5) WILLIAM WILSON TREASURER	0 00	х						0	0	0
(6) HARRY HYATT	0 00	х						0	0	0
(7) CHRIS HELLAND	0 00	х						0	0	0
DIRECTOR										
										Form 990 (2012)

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

	(A) Name and Title	(B) Average			(D Repor				(F) Estima	ted				
		hours per week (list	more t				unless officer		comper from		compensation from related		mount of	
		any hours for related	and		cto	r/trus	stee)		organıza	ation (W- organizations (V -MISC) 2/1099-MISC		'-	from t	he
		organizations	Individual trustee or director] 	Office	Æ,		Former	2/1099	-M15C)	2/1099-M15C)		rganızatı relate	:d
		below dotted line)	8 G	Institutional Trustee	≚	employee		ner l					organıza	tions
			호파) Joye	® S							
			<u> </u>	Trus		Ď	말							
				e e			Highest compensated employee							
												+		
												+		
												-		
												-		
												_		
1b	Sub-Total			٠.	<u>. </u>			>				+		
С	Total from continuation sheet	s to Part VII, S	ection A	١.				►						
d	Total (add lines 1b and 1c) .							•		97,647		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S								or highes	t compen	sated employee			
4	For any individual listed on line								d other cor	mnencatu	on from the	3		No_
7	organization and related organ													
_	Individual			 		• • • •						4		No
5	Did any person listed on line 1 services rendered to the organ									anization • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tax vear	
		(A)	-	4 (1011	101		- Grend	., ye	ar chang		(B)	1	(C)	
	<u> </u>	lame and business	address							Des	cription of services	_	Compen	sation
												7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

Form 99								Page 9
Part V	/ ##1	Statement of Rev Check if Schedule O c		nse to any question	in this Part VIII			Г
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
χŞ	1a	Federated campaigns	1a					
ant	ь	Membership dues .	1b					
<u>ي</u> ور	c	Fundraising events .	1c					
£, ∀	d	Related organizations						
<u>≅</u>								
ığ.	е	Government grants (contri	butions) 1e					
÷ ÷	f	All other contributions, gifts similar amounts not include	s, grants, and 1f	469,727				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions inclu						
a d		1a-1f \$		-				
_2 ಕ	h	Total. Add lines 1a-11	f	· · · · •	469,727			
<u> </u>				Business Code				
nue.	2a	FORUM INCOME		900099	3,130	3,130		
<u>₹</u>	ь							
93	С							
₹	d							
e 6	е							
Program Service Revenue	f	All other program serv	vice revenue					
£	g	Total. Add lines 2a-2	f		3,130			
	3	Investment income (ii						
		and other similar amo	unts)	▶	271			271
	4	Income from investment of	f tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
	-	Gross rents	(ı) Real	(II) Personal				
	6a b	Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental income or (<u> </u>				
		Gross amount (1) \$	Securities	(II) Other				
	7a	from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d	Net gain or (loss) .						
		Gross income from fur	ı					
e		events (not including	raraising					
듄		\$ of contributions report	ted on line 1c)					
ě		See Part IV, line 18						
<u>-</u>			а					
Other Revenue		Less direct expenses		L				
•	C	Net income or (loss) f		events p -				
	94	Gross income from ga See Part IV, line 19						
			a					
	ь	Less direct expenses	ı					
	С	Net income or (loss) f		vities 				
	10a	Gross sales of inventor						
		a ansmande	a					
	ь	Less cost of goods so	old b					
	С	Net income or (loss) f		entory 🛌				
		Miscellaneous Reve	nue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .	[
	е	Total. Add lines 11a-	11d					
	12	Total revenue. See In	structions	· · · · •	473,128	3,130	0	271

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u></u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,647	52,978	32,800	11,869
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	122,429	112,513	5,204	4,712
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,405	12,473	6,743	1,189
11	Fees for services (non-employees)				
а	Management				
b	Legal	-6,070	-6,070		
C	Accounting	8,196		8,196	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	41,286			41,286
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,071	105,455	6,478	138
12	Advertising and promotion	321	,	321	
13	Office expenses	7,828	5,179	2,649	
14	Information technology				
15	Royalties				
16	Occupancy	20,844	7,065	13,779	
17	Travel	32,127	25,293	5,330	1,504
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,363		2,363	
23	Insurance	1,090		1,090	
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	PRINTING AND COPYING	19,700	5,005	845	13,850
b	TELEPHONE AND COMMUNICA	11,635	4,867	6,768	
c	SPECIAL EVENTS	9,464	9,464		
d	MISCELLANEOUS	1,756	858	422	476
е	All other expenses	3,018	778	2,240	
25	Total functional expenses. Add lines 1 through 24e	506,110	335,858	95,228	75,024
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet	
	01 1 60 1 1 1 0	

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			110,770	1	63,038
	2	Savings and temporary cash investments		•		2	
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net			361	4	616
	5	Loans and other receivables from current and former officers, direcemployees, and highest compensated employees. Complete Part Schedule L	II of			5	
assets	6	Loans and other receivables from other disqualified persons (as defended in section 4958(c)(3)(B), and con and sponsoring organizations of section $501(c)(9)$ voluntary emplorganizations (see instructions) Complete Part II of Schedule L	trıbutır	ig employers		6	
Š	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,022			
	ь	Less accumulated depreciation	10b	8,416	5,129	10 c	3,606
	11	Investments—publicly traded securities	<u> </u>			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			0	15	325
	16	Total assets. Add lines 1 through 15 (must equal line 34)			116,260	16	67,585
	17	Accounts payable and accrued expenses			31,969	17	16,276
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
100	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	, truste				
Liabili		persons Complete Part II of Schedule L		•		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X	ofSch	iedule			
		D			24.000	25	10.070
	26	Total liabilities. Add lines 17 through 25			31,969	26	16,276
A D		Organizations that follow SFAS 117 (ASC 958), check here ► \$\sqrt{2}\$ a lines 27 through 29, and lines 33 and 34.	ana con	npiete			
<u> </u>	27	Unrestricted net assets			17,472	27	-9,691
<u></u>	28	Temporarily restricted net assets	•	-	66,819	28	61,000
	29	Permanently restricted net assets	•	<u>.</u>	25,510	29	2.,230
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.		and			
0	30	Capital stock or trust principal, or current funds		_		30	
Į,	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ž.	32	Retained earnings, endowment, accumulated income, or other fund				32	
ž Š	33	Total net assets or fund balances		,	84,291	33	51,309
2	34	Total liabilities and net assets/fund balances			116,260		67,585

				<u>'</u>	age ==
Par	Reconcilliation of Net Assets Check If Schedule O contains a response to any question in this Part XI	<u> </u>			<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1			73,128
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	506,110
3	Revenue less expenses Subtract line 2 from line 1				
		3			-32,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			84,291
5	Net unrealized gains (losses) on investments				
		5			
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	$\dot{-}$			
	,	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			51,309
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1			
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	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493150004163

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

THE MONTANA POLICY INSTITUTE INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									20-259:		
Pai				blic Charity Sta				•	<u> </u>	instruction	ns.
The o	rganı			te foundation becaus			= -				
1	<u>_</u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	<u> </u>	A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	dule E)				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).		
4	Γ			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
_	_			ty, and state	+ - f = 11						
5	ļ	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			(A)(iv). (Complete P	-			470(1)	(4)(4)(
6				local government or						ć	
7	굣			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part	II)			
9	Ė		· ·	at normally receives			-	-	ibutions me	mbershin fe	es and dross
_	•			ities related to its e							
				oss investment inco							
				ganızatıon after June						ı tax/nom	Jasinesses
10	_	-	-	ganized and operated	-			-	-		
11	<u>'</u>	_		ganized and operated							t the nurneses of
11	,			ly supported organiz							
				bes the type of supp							
		a	Type I	b	Type II	I - Functio	nally integrat	ed d	Type III - I	Non-functioi	nally integrated
е	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly suppor	ted organız	ations descr	ıbed ın sectı	on 509(a)(1) or
f			1509(a)(2)	received a written de	otormination	from the II	DC that it ic s	Typo I Ty	no II or Tyn	o III cuppo	rting organization
•			this box	received a writteri d	ecemmation	i iioiii tile Ii	(3 that it is a	турет, гу	pe II, or 1 yp	e III suppo	
g				2006, has the organ	ızatıon acce _l	pted any gif	t or contribu	tion from an	y of the		,
			ng persons?								
				irectly or indirectly o				h persons d	escribed in (Yes No
		and (111) below, the	governing body of th	ne supported	organizatio	n?			11	lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the follown	ng information about	the support	ed organıza	tıon(s)				
				T	•						
_) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of
	uppoi			organization	organizat		the organ		organiza		monetary
Oi	ganiz	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) suppo	'	col (i) or in the		support
				or IRC section	docume	_	Зарр) (·	"" ""		
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
						 	+	+	+	+	
							+				
											1

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 377,577 239,676 560,713 250,049 472,858 1,900,873 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 377,577 239,676 560,713 250,049 472,858 1,900,873 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 21,851 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 1,879,022 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 250,049 377,577 239,676 560,713 472,858 1,900,873 Amounts from line 4 Gross income from interest, dividends, payments received on 2,205 1,769 1,038 598 271 5,881 securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 716 716 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 1,907,470 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 98 510 % Public support percentage for 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493150004163

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE MONTANA POLICY INSTITUTE INC 20-2591461 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

	hedule C (Form 990 or 990-EZ) 2012 art II-A Complete if the organization under section 501(h)).	n is exempt under	section 501(d	c)(3) and file	ed Form 5768	Page 2 (election
	Check If the filing organization belongs to expenses, and share of excess lobl Check If the filing organization checked bo	bying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying I (The term "expenditures" means a		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)			(
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)			(
f	Lobbying nontaxable amount Enter the amount columns		(
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	. ,			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)			(
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er-0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file I	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t		ection do not	have to com		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c))(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93493150004163

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Supplemental Financial Statements

Open to Public

CITIC	F Attach to For	m 990. F See Separate instructions.		Inspection
	me of the organization E MONTANA POLICY INSTITUTE INC			oloyer identification number
	W.T. Ousselland Maintelile Dec. 11	iland Friede at Other Other		2591461
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	rsed Yes No
,	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of a Preservation of a	certifie	rically important land area d historic structure n of a conservation
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	juired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year ►	, , ,	,	J J
ŀ	Number of states where property subject to conservat	ion easement is located ►		
•	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (during the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durın	g the year
	▶ \$			
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı) Yes No
•	In Part XIII, describe how the organization reports coil balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		•
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	, or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		► \$
				· Ŧ

b Assets included in Form 990, Part X

Par	TITLE Organizations Maintaining Co	<u>llections of Art</u>	t, His	stor	cal Tr	<u>reasur</u>	<u>es, or O</u>	<u>ther</u>	Similar As	sets ((continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	ire a s	significant use	ofits	
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of ar	rt, his	torical	treasur	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than t									☐ Yes	☐ No
Par	Part IV, line 9, or reported an an						answere	d "Y∈	es" to Form 9	990, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	table		_				
								_	Ar	nount	
с	Beginning balance							1c			
d	Additions during the year						F	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?)						┌ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here If the	expla	anatı	on has	been pro	vided in P	art X	III		<u>. Г</u>
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year	(Б)Prior	year	b (c) I w	o years back	(a) i	hree years back	(e)Four	years back
ь	Contributions							<u> </u>			
c	Net investment earnings, gains, and losses							\vdash			
								<u> </u>			
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses							 			
g g	End of year balance							 			
2	Provide the estimated percentage of the curr	ent vear end halan	ce (lir	ne 1 o	colum	n (a)) he	eld as				
a	Board designated or quasi-endowment	ent year end baran	CC (III	ic ig	, colum	(u // iic	214 45				
	•										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are hel	d and ad	ministered	1 for t	ne	Ye	s No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization	•							3	b	
4	Describe in Part XIII the intended uses of th										
Par	TE VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa	_	, line :		(b)Cost or	other	(c) Accumulate	ed (4)) Book value
	Description of property					estment)	basis (oth		depreciation) BOOK Value
1a	Land		•								
	Buildings		•								
С	Leasehold improvements		•								
	Equipment		•	\vdash			1.	2,022	8	416	3,606
			•		(D) (10())	<u> </u>		L		
Iota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part .	x, colu	ımn (B), line	10(c).)	<u> </u>		<u> </u>		3,606

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
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)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

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

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DLN: 93493150004163

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

Inspection

	e of the organization	TUTE INC					Employer iden	tification number
IHE	MONTANA POLICY INSTI	TUTEINC					20-2591461	
Pa	rt I Fundraising Act	t ivities. Complete	e if the oi	ganızatı	on answered "Yes" t	o Form	990, Part IV,	line 17.
1	Indicate whether the organ	nization raised funds	through ar	ny of the f	ollowing activities Che	ck all th	nat apply	
а	Mail solicitations			е	Solicitation of non-	-govern	ment grants	
b	☐ Internet and email soli	citations		f	Solicitation of gove	ernment	grants	
c	Phone solicitations			g	Special fundraising	g events	5	
d	In-person solicitations	5						
2a	Did the organization have a or key employees listed in							Γ _{Yes} Γ _N
b	If "Yes," list the ten highes to be compensated at leas			undraiser	s) pursuant to agreeme	nts und	er which the fun	draiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
	HAZLETT CONSULTING INC PO BOX 380060	DATABASE MANAGEMENT		No	0		39,942	-39,942
	JACKSONVILLE, FL 32205						·	
	SOFTERWARE INC 132 WELSH ROAD SUITE 140	DATABASE MANAGEMENT		No	0		1,344	-1,344
	HORSHAM, PA 19044							
Tota	<u> </u>			>			41,286	-41,286
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notıfı	ed it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundra events with gross receipts gi	aising event contribu							
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
als.			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts								
ξeV6	2	Less Contributions								
<u></u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
ın.	5	Noncash prizes								
agus Be	6	Rent/facility costs								
Expenses	7	Food and beverages .								
Direct	8	Entertainment								
ā	9	Other direct expenses .								
	10	Direct expense summary Add line	es 4 through 9 ın colum	nn (d)		()				
	11	Net income summary Combine lir								
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		d "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
<u>₩</u>	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Drea	5	Other direct expenses								
	6	Volunteerlabor	│ Yes │ No	☐ Yes	☐ Yes	_				
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)	🛌					
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌					
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?									
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain								

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

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DLN: 93493150004163

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2012

Open to Public Inspection

Name of the organ		INC							1ploye 1-259:	r ident if	ication	number	r	
Part I Excess								ganıza	tions	only).				
Complet 1 (a) Name o					n Form 990, F ip between dis		25a or 25b, or (c) Descri					d) Corre	ected?	
1 (,					nd organizati		(-,					es	No	
2 Enter the amount 4958 3 Enter the amount 1								yearı	ınder s •	section \$ -				
Comp	lete if the	organiza		ed "Yes"			, line 38a, or Fo	orm 99	0, Par	t IV, lın	e 26, oı	r ıf the		
(a) Name of interested person	(b) Relativith orga		(c) Purpose of Ioan	(d) Loan to or from the organization?		(e)Origin principa amount	l due			A ppro	(h) Approved by board or committee?		(i)Written agreement?	
				То	From			Yes	No	Yes	No	Yes	No	
												_		
												_		
												-		
												_		
-										<u> </u>		٦		
Total Part III Gran i	ts or As	sistan	ce Benefit	ting Ir	terested F	Persons.								
(a) Name of interested person (b) Relation interested		nization ans ationship bet ted person ar organization	and the				of assistance		(e)	(e) Purpose of assistance				
							_							

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) HAZLETT CONSULTING	LISA HAZLETT IS A MEMBER OF THE BOARD OF DIRECTORS		HAZLETT CONSULTING PROVIDES CONTRACT DONOR DATABASE MANAGEMENT FOR THE ORGANIZATION		No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schodula I (Form 000 or 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493150004163

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number		
THE MONTANA POLICY INSTITUTE INC			
	20-2591461		

Identifier	Return Reference	Explanation				
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO BEING SIGNED				
	FORM 990, PART VI, SECTION B, LINE 12C	PERIODIC REVIEWS ARE CONDUCTED TO DETERMINE WHETHER THE CONFLICT OF INTEREST POLICY IS BEING FOLLOWED AS INTENDED				
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REQUIRES THAT A SALARY STUDY BE PERFORMED				
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST				
OTHER FEES	FORM 990, PART IX, LINE 11G	OUTSIDE CONTRACT SERVICES PROGRAM SERVICE EXPENSES 105,455 MANAGEMENT AND GENERAL EXPENSES 6,478 FUNDRAISING EXPENSES 138 TOTAL EXPENSES 112,071				
	FORM 990, PART XI, LINE 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THERE IS NO CHANGE IN THIS PROCESS FROM THE PREVIOUS YEAR				

DLN: 93493150004163 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) ► See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates Identifying number Name(s) shown on return **FORM 990 PAGE 10** THE MONTANA POLICY INSTITUTE INC 20-2591461 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 500,000 Total cost of section 179 property placed in service (see instructions) · · · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 - If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 · · · 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 2.237 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .__. Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property deduction period service only—see instructions) 19a 3-year property **b** 5-year property 839 5 0 НΥ S/L 126 **c** 7-year property **d** 10-year property **e** 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MMS/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real property ΜМ Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c40-year 40 yrs ММ S/L **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 2,363 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Form 4562 (2012) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Elected Basis for depreciation Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) period deduction service basis Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization Code A mortizable A mortization for Description of costs amortization period or this year amount section begins percentage

42 A mortization of costs that begins during your 2012 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2012 tax year

43

44