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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A	For th	ne 2012 c	calendar year, or tax year beginning		and er	nding	_		
В	Check if applicab	ole	C Name of organization				D Emp	loyer id	entification number
┝	Addr	ess change					_		45446
느	Name	e change	OAK EDUCATION FOUNDATION INC			15			47112
F		l return	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	l	phone n	
Ļ	Term	inated	PO BOX 2532			<u></u>			37-7677
Ļ		nded return	City or town, state or country, and ZIP + 4				F Gro	up Exem	ption
L		ation pending	BARTLESVILLE, OK 74005				_	nber 돈	
		nting Meth					H Che	ck 🔼	X If the organization is not
		te: 🕨 <u>N</u>					requ	ured to a	attach Schedule B
J	Tax-ex	empt stat	us (check only one) $- \mathbb{X} 501(c)(3) = 501(c)() \blacktriangleleft$ (insert n	o.)	947(a)(1)	or 527	(For	m 990, 9	990-EZ, or 990-PF).
K	Check		if the organization is not a section 509(a)(3) supporting organization or a	section 52	27 organiz	ation and its g	jross re	ceipts ar	e normally not more than
	\$50,00	0. A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postca	rd) may bo	e required	(see instruction	ons). Bu	it if the c	organization chooses to file
	a returi	n, be sure	to file a complete return.						
L	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,0	00 or mor	e, or if tot	al assets (Part	ill,		
	line 25,		B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					▶ \$	110,588.
P	art I	J Reve	enue, Expenses, and Changes in Net Assets or Fi	und Bai	lances	(see the instru	uctions	for Part	l)
		Check	if the organization used Schedule O to respond to any question in this Pa	rt I					X
	1	Contribut	tions, gifts, grants, and similar amounts received					1	110,492.
	2	Program	service revenue including government fees and contracts					2	
en En En	3	Members	ship dues and assessments				ĺ	3	
Š	4	Investme	ent income	SEE S	CHEL	ULE O	ĺ	4	96.
a	5a	Gross an	nount from sale of assets other than inventory	5a			Ī		
∌	b	Less: cos	st or other basis and sales expenses	5b					
W A K	C	Gain or (I	loss) from sale of assets other than inventory (Subtract line 5b from line 5	ia)				5c	
Š	6		and fundraising events	, ,					
~o	a	Gross ind	come from gaming (attach Schedule G if greater than						
SCAR Revenue		\$15,000)		6a					
28	b		come from fundraising events (not including \$	of co	ntribution	is			
₹ Œ			draising events reported on line 1) (attach Schedule G if the sum of such						
Č			come and contributions exceeds \$15,000)	6ь					
Ŋ	C		ect expenses from gaming and fundraising events	6c		•			
	đ		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	line 6c)			6d	
	7 a		les of inventory, less returns and allowances	7a	1		. [
			st of goods sold	7b					
	С	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-				7c	
	8		renue (describe in Schedule O)			•	· [8	" "
	9	Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶	9	110,588.
	10	Grants ar	nd similar amounts paloviis in Schedule ()	SEE S	CHEL	ULE Q		10	89,000.
	11	Benefits i	hald to of formembers				[11	
ç	12	Salaries,	dther compensation, and employee benefits					12	
nse	13	Professio	onal Bees and lotter payments to independent contractors				Ī	13	965.
Expenses	14		cy fent, utilities, and maintenance				Ī	14	
ú	15		publications, postage, and shipping				Ī	15	
	16			SEE S	CHEL	ULE O	Ì	16	666.
	17		penses. Add lines 10 through 16			-	▶	17	90,631.
	18		r (deficit) for the year (Subtract line 17 from line 9)					18	19,957.
Net Assets	19		is or fund balances at beginning of year (from line 27, column (A))		•		ļ	$\neg \uparrow$	
Ass			ree with end-of-year figure reported on prior year's return)				ĺ	19	28,876.
e i	20		anges in net assets or fund balances (explain in Schedule O)				İ	20	0.
Z	21		ts or fund balances at end of year. Combine lines 18 through 20				▶	21	48,833.
LH	A For	-	rk Reduction Act Notice, see the separate instructions.						Form 990-EZ (2012)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		<u> X</u>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36	ļ	x
37 a	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0		
•••	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	,	1	
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
ū	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ļ	
•	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filled OK		1	
	The organization's books are in care of ► MARK WILBURN Telephone no. ► 918-33	7-7	677	
	Located at ▶ PO BOX 2532, BARTLESVILLE, OK ZIP+4 ▶ 7			
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			$\overline{}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / 3		لـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year . 43	N/A	<u> </u>	
			Vec	No
44.5	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	r	163	140
44 8	Form 990-EZ	44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	770	_	1
U	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	· · · •		T-
•	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form (100-F7	(2012)

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Form 990	-EZ (2	OAK EDUC	ATION F	OUNDATION	INC			30-054'	7112		Page 4
		ganization engage, directly or	ındırectly, ın po	litical campaign activiti	es on behalf of or I	n oppositio	n to candidates for p	ublic office?	46	Yes	No X
Part \		Section 501(c)(3) org	anizations	only					1 40	<u> </u>	
	_	All section 501(c)(3) organi			-49b and 52. and	d complet	e the tables for line	es 50 and 51			
		Check if the organization i		•							
				<u> </u>			<u> </u>			Yes	No
47 Did	the or	ganization engage in lobbying	activities or hav	e a section 501(h) elec	ction in effect durin	g the tax v	ear? If "Yes," complet	e Sch. C, Part I	47		X
		inization a school as describe						·	48		X
		ganization make any transfers					·		49a		Х
b If"Y	es," wa	as the related organization a s	section 527 orga	nızatıon?					49b		
50 Con	nplete	this table for the organization	's five highest co	ompensated employee:	s (other than office	rs, director	s, trustees and key e	mployees) who	each re	cerved	more
thar	<u> \$100</u>	,000 of compensation from t	he organization.	If there is none, enter "	None."			,			
		(a) Name and title of	each employee		(b) Average		(C) Reportable	(d) Health bene		e) Estim	
		paid more than	\$100,000		per week dev		compensation (Forms W-2/1099-MISC)	employee bene plans, and defer	_{fit} am	ount of	
			NON	IE	positio	n 		compensation		mpens	ation
					_				- 1		
								ļ	\perp		
	_				_						
									_		
		 									
								ļ			
		 									
							<u></u>				
51 Con	nplete anızatıd	ber of other employees paid of this table for the organization on. If there is none, enter "No	's five highest cone." NON	IE	ent contractors who			· · · · · · · · · · · · · · · · · · ·			
(a) wan	ie anu	address of each independen	t contractor pard	i more man \$ 100,000		(b) Type	OI SELVICE	<u></u>) Comp	ensano	<u>'' </u>
		 									
						-					
	 . .										
				•				-			
 											
d Tota	al num	ber of other independent con	tractors each red	cerving over \$100 000	1		•				
		ganization complete Schedule		• , ,	vations and 4947(a	\(1) nonex	emnt			_	
		trusts must attach a complet		chon oo noono organiz	2410113 4114 4547 (4	/(1) 110110A	ompt	•	χv	es F	No
Under pena	ilties of	perjury, I declare that I have exami parer (other than officer) is based or	ined this return, inc	luding accompanying sche	dules and statements	and to the b	est of my knowledge and	d belief, it is true,			
Deciaration	OI Prep	M C L.	1 : O	willon preparer has any kilo	wiedge			2-13	-13		
Sign		Signature of officer	سمىر					Date		-	
Here		MARK WILBURN	. SECRE	TARY/TREAS	SURER						
		Type or print name and title	., 530112		7011211						
		Print/Type preparer's name		Preparer's signature		Date	Check	ıf PTIN	-		
Paid		, ,					self- emplo	yed			
Prepai	rer	THAD KENT		Thad Kin	1	2-7-	13 ·	PO	395	763	
Use O		Firm's name ► BRYAN	, LITTL	E, HALEY 8	KENT P	C	Firm's FII	v ► 73-0			
	-). BOX 2			<u>~</u>	Phone no	1010			33
		·		E, OK 7400	5-2306			. ,,,,,,	,		
May the I	RS die	cuss this return with the prep							XY	es	No
maj tilo i		and rotain wan the prop		oco mon conomo		-	- · = ·				(2012)

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			CATION FOUND						3	0-0547	112	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospr	tal service organization o	described	in ection	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
	city, and stat	e:										
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗌	A federal, sta	ite, or local governm	ent or governmental und	t described	d in sectio	n 170(b)(1	1)(A)(v).					
7 X	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). (Comple	te Part II)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershij	p fees, a	nd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nizatıon	after June 3	30, 197	' 5.
	See section	509(a)(2). (Complete	Part III)									
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	4).				
11	An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se o	ction 509 (a	a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h						
	a Type	ı b ∟ ⊤չ	ype ii c Ll Ty	ype III - Fu	nctionally i	ıntegrated	C	з 📖 Тур	e III - No	n-functional	ly inteç	grated
e 📖	-		at the organization is not									ת
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions desc	cribed ın s	ection 509	9(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atrtisa Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check th	ns box									
9	_		organization accepted ar									т
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	iii) below	,	Yes	No
	the gove	erning body of the si	upported organization?			•				11g(i)	<u> </u>	
	(ii) A famıly	member of a persor	n described in (i) above?	• • • •						11g(ii)		—
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?			•		11g(iii)		L
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
		 	т			· · · ·						
(i) Name	of supported	(ii) EIN	() P o o . o . ga a		organization			(vi) Is organization	the on in col.	(vii) Amoun	t of mor	netary
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?			(i) organiz U.S	ed in the	sup	port	
			(see instructions))	i					,			
				Yes	No	Yes	No	Yes	No			
					_	 		-				
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							1					
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_]					
Total		L	<u>.</u>			<u> </u>	1					
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions for	or				Schedul	e A (For	m 990 or 99	30-EZ)	2012

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 OAK EDUCATION FOUNDATION INC

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")		62,731.	64,818.	92,447.	110,492.	330,488.
2	Tax revenues levied for the organ-						
	ızation'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		62,731.	64,818.	92,447.	110,492.	330,488.
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)						222 422
	Public support. Subtract line 5 from line 4		i				330,488.
	ction B. Total Support	4) 0000	# > 0000	4) 0040	4 13 0044	(.) 0010	(O Takal
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009 62,731.	(c) 2010 64,818.	(d) 2011 92,447.	(e) 2012 110, 492.	(f) Total 330,488.
	Amounts from line 4		04,731.	04,010.	34,441.	110,494.	330,400.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			114.	156.	96.	366.
_	and income from similar sources			114.	120.	30.	300.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						:
	or loss from the sale of capital						
	assets (Explain in Part IV)						330,854.
	Total support. Add lines 7 through 10	ata (aga inatmustu				12	330,034.
	Gross receipts from related activities, First five years, If the Form 990 is for	•		 Lifewith or fifth to:	tugar as a sactio		
13	organization, check this box and stor	•	s inst, second, triiit	a, iourtii, or intii ta.	A year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage			·············	
	Public support percentage for 2012 (olumn (fl)		14	99.89 %
	Public support percentage from 2011	• • •	•		·	15	99.88 %
	33 1/3% support test - 2012. If the d		•	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	•					$\triangleright \mathbf{X}$
b	33 1/3% support test - 2011. If the				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual					•	ightharpoons
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ınd see instruction	<u>s</u> ▶□
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

16 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 96	Sec	ction A. Public Support						
membrantip fees received. (Do not include any runsual grants?) 2. Gross receipts from admissions, membrandies 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 level for the organization or sentent and either part to or expended on its behalf. 5. The value of services or facilities furnished by a governmental unit to the organization without charge. 6. Total. Add inse? I through 5. 7.a Amounts included on lines 1, 2, and 3. received from dequalified persons. In the organization without charge. 6. Total. Add inse? I through 5. 7.a Amounts included on lines 1, 2, and 3. received from dequalified persons. In the organization without on the sequence of the organization organization organization. 5. Public support percentage for 2012 (line to organization of the organization qualifies as a publicly supported organization organization organization organifies as a publicly supported organization organ	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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	t	33 1/3% support tests - 2011. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anizatıon qualıfies	as a publicly sup	ported organization	. ▶∐
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	nstructions	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

OAK EDUCATION FOUNDATION INC

Employer identification number

OAR EDUCATION FOUNDATION INC	30-034/112
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	96.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: EDUCATION	
GRANTEE NAME: BARTLESVILLE PUBLIC SCHOOL FOUNDATION	
DATE OF GIFT: 12/31/12	
AMOUNT GIVEN:	10,000.
ACTIVITY CLASSIFICATION: EDUCATION	
GRANTEE NAME: LAWRENCE PUBLIC SCHOOL FOUNDATION	
DATE OF GIFT: 12/31/12	
AMOUNT GIVEN:	15,000.
ACTIVITY CLASSIFICATION: EDUCATION	
GRANTEE NAME: FAYETTEVILLE PUBLIC EDUCATION FOUNDATION	
DATE OF GIFT: 12/31/12	·····
AMOUNT GIVEN:	32,000.
ACTIVITY CLASSIFICATION: EDUCATION	
GRANTEE NAME: NORTHWEST ARKANSAS COMMUNITY FOUNDATION	
DATE OF GIFT: 12/31/12	
AMOUNT GIVEN:	32,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	89,000.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schede 1322211 01-04-13	ule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

OAK EDUCATION FOUNDATION INC

Employer identification number 30-0547112

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:
DESCRIPTION OF OTHER EXPENSES: AMOUNT:
PO BOX RENTAL 156.
<u>MEALS</u> 277.
ANNUAL MEETING 233.
TOTAL TO FORM 990-EZ, LINE 16 666.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FURTHER EDUCATION AND
EDUCATIONAL ENDEAVORS BY FINANCIALLY SUPPORTING PUBLIC SCHOOL
FOUNDATIONS IN THE AREA.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ACHIEVEMENTS OF THE OAK EDUCATION FOUNDATION ARE TO
MAKE DONATIONS TO HELP FUND PUBLIC SCHOOL FOUNDATIONS.
THESE PUBLIC SCHOOL FOUNDATIONS IN TURN, BRING IN EXPERTS
IN EDUCATION INTO SCHOOL SYSTEMS FOR TEACHER TRAINING AND STUDENT
EDUCATION, WHICH BENIFITS STUDENTS IN THE AREA PUBLIC SCHOOL SYSTEMS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

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