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## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2012

Internal Revenue Service

Department of the Treasury

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

Open to Public Inspection

			, and en	aing			, 20					
B CI	heck if pplicable	C Name of organization STILLWATER PUBLIC EDUCATI	ON	D Emp			ion number					
1 '	ddress cha	Doing Business As FOUNDATION			73-	1267	401					
N	ame chan	Number and street (or P O box if mail is not delivered to street address)  Room/Su	uite	E Teler	phone nu	ımber						
In	ııtıal retum	314 SOUTH LEWIS	]	,			-6300					
٦ ر	erminated	City, town or post office, state and ZIP code		G Gross	nte S	<u> </u>	106447					
<sub>A</sub> ,	mended re	stum   STILLWATER OK 74074	l		ls this a							
<b>ا</b> ∧	pplication	F Name and address of principal officer			for affilia	•	Yes 🛛 N					
pe	ending	Trains and dadieds of principal emost	İ		Are all affilia							
I Ta	ay-eyen	ppt status     501(c)(3)	527	` ' 1	lf "No", atta	ch a list	Yes N					
	ebsite:		327		(see instruc	•						
				<del>- ` ' -</del>	Group exen	<del></del>						
_	rm of orga	Inization   Corporation   Trust   Association   Other ► L	Year of form	nation		Nt State	of legal domicile OK					
. F 6												
l	Briefly describe the organization's mission or most significant activities     PROVIDES FUNDING TO PUBLIC SCHOOL PROJECTS WHICH THE SCHOOL											
g l												
ğ	ח	DISTRICT IS UNABLE TO FUND										
듩	_											
Activities & Governance		neck this box 🕨 🔲 if the organization discontinued its operations or disposed of m										
9	3 N	umber of voting members of the governing body (Part VI, line 1a)				3	22					
S	4 N	umber of independent voting members of the governing body (Part VI, line 1b) $\dots$				4	22					
Ě	5 To	otal number of individuals employed in calendar year 2012 (Part V, line 2a)				5	1					
5	6 To	otal number of volunteers (estimate if necessary)				6	27					
۱ ۲	7a T	otal unrelated business revenue from Part VIII, column (C), line 12				7a						
- }		et unrelated business taxable income from Form 990-T, line 34				7b						
1		SERENEU		Prior	Year		Current Year					
<b>.</b>	8 C	ontributions and grants (Part VIII, line 1h)	181		5751	9.	56191					
2		regram applies royanya (Part VIII. line 2n)	191									
Kevenue		vestment income (Part VIII, column (A), lines 3, 4, and $\frac{70}{4}$	121		1097	0.	10403					
ž		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 179c, and 11e)	<b>□</b> \ <del>+</del> \		2972		30667					
Í		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A) (154) 2)	1		9821		97261					
$\dashv$		rants and similar amounts paid (Part IX, column (A), lines 1-3)	<del></del>	26586.			19592					
ì		Benefits paid to or for members (Part IX, column (A), line 4)										
.		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1679	<del>2   -</del>	16793					
se		rofessional fundraising fees (Part IX, column (A), line 11e)			10/5	<del>-   -</del>	10755					
Expenses		4400				<del> </del>						
֡֡֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞		* * * * * * * * * * * * * * * * * * * *	_		1597	6	25984					
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_		5935		62369					
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			3885		34892					
	19 R	evenue less expenses Subtract line 18 from line 12	   <b>R</b> A	ainnina								
Net Assets or Fund Balances					of Curr		End of Year					
Sen		otal assets (Part X, line 16)	·· ··├ <u></u>		3165		778186					
ᇐ		otal liabilities (Part X, line 26)			72		712					
		et assets or fund balances Subtract line 21 from line 20		/	3093	1.	777474					
Pa	irt II	Signature Block										
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, and		-	-							
and b	ellet, it is t	rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer	parer has ar	y knowled			<del></del>					
_												
Sig		Signature of office			Date	e _	0 12					
He	re	1 Junio shamas				<u>5</u> -	<u>.1-13</u>					
		Type or print name and title Debbie Thomas, Treasure	er_									
		Print /Type preparer's name Preparer's signature D	ate, /	,	Check	if	PTIN					
Paid	d		. 412	าไเว	self-em	nployed	P00641369					
		MEGAN M STONE MOGAN M. Strate	, ,,, =	/ / / / /								
Pre	parer	200022	<u></u>	Fim		<del></del>	1346562					
		Firm's name ▶ DUGGER & CO CPAS P®	<u> </u>		n's EIN▶	<del></del>						
Pre	parer	Firm's name ► DUGGER & CO CPAS PC  Firm's address ► POB 1713		Pho	n's EIN⊳ one no	73-	1346562					
Pre <sub>l</sub> Use	parer Only	Firm's name ▶ DUGGER & CO CPAS P®		Pho	n's EIN▶	73 <del>-</del> 2-39	1346562					

4d	Other program services (Describe in	Schedule O )		
	(Expenses \$	including grants of \$	)(Revenue \$	)
4e	Total program service expenses▶	40046.		
BCA				Form <b>990</b> (2012)

Par	IV Checklist of Required Schedules			· ugu v
		Т	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		
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	İ	,	
	Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	1		ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete			ļ,
_	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114	<del></del>	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	115		<u> </u>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		71
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate or consolidated infancial 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		X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		_ <u>^</u>
124	Schedule D, Parts XI, and XII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if	124		-
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
J	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
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, Part II and IV	15		X
16		15		<del>  ^</del>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		X
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV.	10	-	<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	<del> </del>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
_ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	00/	10015
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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	1		
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
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		X
þ	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		X
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del></del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		4	1
а		28a	<del>.</del>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	206	-	Х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
·		00-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
•4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	Χ	
ВСА		1		(2012)

# Form 990 (2012) STILLWATER PUBLIC EDUCATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u> .	<u></u>	<u></u> .П
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendor	s and reporta	ible			ĺ
	gaming (gambling) winnings to prize winners?			. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			
	Statements, filed for the calendar year ending with or within the year covered by this return $$ .		1	3-1-		250.75
þ	If at least one is reported on line 2a, did the organization file all required federal employment			. 2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			·		
	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a		X
	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 of					
_	a financial account in a foreign country (such as a bank account, securities account, or other	financial acc	ount)?	. 4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank ar					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, a					
_	organization solicit any contributions that were not tax deductible as charitable contributions?			. 6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such or	ontributions (	or	١		
7	gifts were not tax deductible?	• • • • • • • • • • • • • • • • • • • •		6b	والمنازع المناز	
′,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a c	ndlu for acco	la.			
•	and services provided to the payor?			. 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wi			10		<del>                                     </del>
_	required to file Form 8282?			. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					20.00
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal i		·	. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	. 7f		X		
g	If the organization rec'd a contribution of qualified intellectual property, did the organization fi	as required?	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	file a				
	Form 1098-C?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) sup	porting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a spe		,			
	have excess business holdings at any time during the year?			. 8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		· · · · · · · · · · · · · · · · · · ·	. <u>9a</u>		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		• • • • • • • • • • • • • • • • • • • •	. 9b		X
10	Section 501(c)(7) organizations. Enter	ı				
a		0a				
b	, , , , , , , , , , , , , , , , , , , ,	0ь				
11	Section 501(c)(12) organizations. Enter:	. 1				
a	<u> </u>	1a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	41.		.,.		
42-	· · · · · · · · · · · · · · · · · · ·	1b	440	40-		X
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	1	41 %	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1	ZD				7-1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		X
a	Note. See the instructions for additional information the organization must report on Schedu		• • • • • • • • • • • • • • • • • • • •	I 3a		
h	Enter the amount of reserves the organization is required to maintain by the states in which	v.				
J	the organization is licensed to issue qualified health plans	3b				
c	· · · · · · · · · · · · · · · · · ·	3c		$\dashv$		
	Did the organization receive any payments for indoor tanning services during the tax year?	<del></del> .1		. 14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in			14b	<b></b> -	† <u></u>
BCA	US990\$\$5				orm <b>99</b>	0 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI........ Section A. Governing Body and Management 22 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 22 b Enter the number of voting members included in line 1a, above, who are independent ...... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?........ 5 Did the organization have members or stockholders? ... .. ..... 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? ..... 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No", go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ describe in Schedule O how this was done ....... 12c X 13 13 X Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official ...... 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? ........... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .......... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup OKSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of 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 20 organization ▶DEBBIE THOMAS 4719 S HUN STILLWATER OK 74074 405-742-6200

#### 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 .....

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average	<del></del>					h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organiza- tions below)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)KIM STROM		١ ا								•
PRESIDENT		X		X			<u> </u>	00	0	0
(2) JULANE WHIPPLE		ا ا		Į.	l					•
PRES-ELECT		X		X	<u> </u>	<u> </u>		0	0	00
(3) POLLY CRAWLEY			ı	ļ,	ļ	ļ				0
SECRETARY		X		X	ļ		<u> </u>	0	0	00
(4) DEBBIE THOMAS		.,		N.7	ļ		ļ			0
TREASURER		Х		X_	_	<del> </del>	<b>├</b> —	0	00	00
(5)COLLETT CAMPBE TRUSTEE		X			ļ	l	ļ	0	0	0
(6)MIKE LAUVETZ				-		<del> </del> -	<b> </b>	<u> </u>	<del> </del>	
TRUSTEE		Х		ļ	ļ	ļ		0	0	0
(7)ROB WILLIAMS				╁	-		+-	<del> </del>	<del> </del> -	
TRUSTEE		Х						0	0	0
(8)CASEY ASHLEY		<u> </u>		┼-	<del> </del>		╁-	<del> </del>	<del> </del>	<u> </u>
TRUSTEE		X			į	Ì		0	0	0
(9)CHRIS BATCHELD		<u>^</u> _	-	╁╌	<u> </u>	├─~	╁╌	<del> </del>		<del> </del>
TRUSTEE		X						0	0	0
(10)TRICIA CARPENT		1-1		+ -	┢╌	├	╁	<del> </del>	<del> </del>	<del> </del>
TRUSTEE		X	l		l	1		0	0	0
(11)KEVIN FOWLER	<del> </del> -	<del>  ^``</del> -	<del></del>	╁─	╁╌	┼	+	<del>                                     </del>	<del> </del>	<del></del>
TRUSTEE	<del></del>	X	l			ļ		0	0	0
(12)STACI JAHANSHA		<del>  ^`</del>	-	╁	一	<del> </del>	+	<del>                                     </del>	<del> </del>	<u>-</u>
TRUSTEE		X					1	0	0	0
(13)BRANDON MEYER		<del> </del>	$\vdash$	†	T	<del>                                     </del>	$\dagger$	<del> </del>	<del>                                     </del>	
TRUSTEE		X						0	0	0
(14)CORY WILLIAMS		<del> </del>	$\vdash$	t	T	† <del></del>	+-	<del>                                     </del>	†	
TRUSTEE		X			[			0	0	0
200		1	Ь	<del></del>	1			<del></del>	<del></del>	Form 990 (2012

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)							_					
		/do n		Posit		than				-			
(A)	(B)	box, ι	ınless	per	son	than our	h ar	ון (ט)	(E)		(	(F)	
Name and title	Average	<del></del>	r and	a dı	recto	or/trust	tee	=	Reportable		Estr	mated	į
	hours per	Individual trustee or director	ins	읓	Ke	en H	ᇗ	compensation	compensation			ount of	f
	week	투행	Institutional trustee	Officer	Key employee	등등	Former	from	from related		0	ther	
	(list any hours for	[ 중투	Ö		ηgα	e g	¬	tne	organizations	1	•	ensatı	on
	related	ָרָ בָּיֵר <u> </u>	al tr		bye	Į		organization	(W-2/1099-MISC	' I		n the	
	organiza- tions	stee	uste		æ	l eg	1	(W-2/1099-MISC)			•	nızatio	
	below)	i	ě			Highest compensated employee	l					relate	
(15)GRETCHEN BRATT		-		-	_	<u> </u>	-	<del> </del>		—-°	rgar	izatio	ns
TRUSTEE	}	X					1	0	0	ļ		0	
(16)LARRY GREEN					<u> </u>		╁╴	<del> </del> -	<u>-</u>	+			
TRUSTEE	1	X				Ì		0	l o	1		0	
(17)DAVE HIGGINS	<del>                                     </del>			<del>                                     </del>	-	-	†	† <u>-</u>	<u> </u>	+			
TRUSTEE	1	Х						0	0			0	
(18)JEFF MILLER				<u> </u>			T	1		<b>-</b>			
TRUSTEE	1	X		ļ				0	0			0	
(19)LANCE MILLIS													
TRUSTEE	<u> </u>	X		L			1	0	0			0	_
(20)CHRISTINE ORMS													
TRUSTEE X 0 0									0				
(21) JOHN POLONCHEC									^				
TRUSTEE X 0 0									0				
(22)CAROLYN WALSTA							1		^				
TRUSTEE X 0 0 (23)JENIFER BARTLE							+		0				
EXEC DIRECTOR	1				X	X		15600.	0			0	
(24)	<del> </del>	<del> </del>		┢	<u>^</u>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	╁╴	13000.		-}			
(24)	1												
(25)	<u> </u>	<u> </u>	<u> </u>	T	$\vdash$	-	†-	<del> </del>		_			
	1	1		1	1		1						
1b Sub-total							. ▶	15600.	0		0		
c Total from continuation sheets to Part	VII, Sectio	n A					. ▶	0	0	0			
d Total (add lines 1b and 1c)		<u></u>	<u></u>	<u></u>			. ▶	15600.	0			0	
2 Total number of individuals (including but	not limited	to tho	se list	ed a	bove	e) who	о ге	ceived more than \$10	0,000 of reportable	e comp	ensa	ation	
from the organization >								<del>,</del>					
										_	4	Yes	No
3 Did the organization list any former office				-	•	-		•		-	-		V
employee on line 1a? If "Yes," complete S										····-	3		X
4 For any individual listed on line 1a, is the stee organization and related organizations								•		li			ĺ
individual	•						•		Cn	-	4		X
5 Did any person listed on line 1a receive or									ividual for	····-	<del>*</del>		<u> </u>
services rendered to the organization? If "										-	5		X
Section B. Independent Contractors	100, 0011	<del>pioto c</del>	<u> </u>			<u> </u>	<del>po</del> i.			:,			
Complete this table for your five highest c	ompensate	ed inde	epend	ent o	contr	ractors	s th	at received more than	\$100,000 of	_			
compensation from the organization Rep	•		-							ах уеаг			
(A)							Т	(B)			((	;)	
Name and busine	ss address	<b>.</b>					_	Description of	services	Co		nsatio	n
NONE													
							$\perp$						
							$\perp$						
	<del></del>					<del></del>	4	<del> </del>					<del></del>
2 Total number of independent contractors \$100,000 in compensation from the organ		on Jua	i iimite	eu to	tno	se list	ed i	above) who received	rnore than				

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Related or Total revenue Unrelated Revenue exempt business excluded from tax function revenue under sections 512, 513, or 514 гечелие fts, Grants Amounts Federated campaigns .. ... 1a Membership dues ....... 1b Contributions, Gifts, and Other Similar An Fundraising events ..... 1c Related organizations ..... 1d Government grants (contributions) 1e All other contributions, arts. grants, and similar amounts 1f 56191. Noncash contributions included in lines 1a-1f 56191. Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue .... Total. Add lines 2a-2f Investment income (including dividends, interest, and 5904. 5904. other similar amounts) ..... ▶ Income from investment of tax-exempt bond proceeds ...... 5 Royalties..... (i) Real (ii) Personal 6a Gross rents .... b Less rental expenses d Net rental income or (loss) ...... .... ▶ Gross amount from (i) Securities (II) Other sales of assets other than inventory Less cost or other basis and sales expenses 4499. c Gain or (loss) ... 4499. 4499. 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 39853. See Part IV, line 18 .....a 9186. b Less direct expenses ... . ....b 30667. c Net income or (loss) from fundraising events . . . . . ▶ 9a Gross income from gaming activities See Part IV, line 19 ..a b Less, direct expenses ......b c Net income or (loss) from gaming activities. . . . . . ▶ 10a Gross sales of inventory, less returns and allowances .... ...a b Less cost of goods sold . ...b c Net income or (loss) from sales of inventory......▶ Miscellaneous Revenue 11a d All other revenue ..... e Total. Add lines 11a-11d 12 Total revenue 97261. 10403. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 19592. 19592. Organizations in the US See Part IV, line 21.... 2 Grants and other assistance to individuals in Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..... Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ...... ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ...... 15600 7800. 3900. 3900. Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits ..... . 1193. 597. 298. 298. 10 Payroll taxes Fees for services (non-employees) 11 Management b Legai 5354. 5354. С Accounting ....... d Lobbying Prof fundraising services See Part IV, line 17 .. . 1710 1710. Investment management fees Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O).. 12 Advertising and promotion ...... 13 14 Information technology 15 ..... ..... .... ... ... ... ... ... 16 Occupancy 17 Travel .. ..... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ..... 19 Conferences, conventions, and meetings ........ 20 Interest ...... Payments to affiliates ..... 21 475. 475. 22 Depreciation, depletion, and amortization 3072. 3072. 23 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) 1253. SEE STMT 1830. b 701.d 11589. All other expenses..... e 62369. 40046. 18125. 4198. Total functional expenses. Add lines 1 through 24e 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)

				(A) Beginning of year		(B) End of year
$\neg \tau$	1	Cash - non-interest-bearing		64945.	1	110602.
	2	Savings and temporary cash investments	<b>⊢</b>	665489.	2	666842.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	<b>-</b>		4	
ı	5	Loans & other receivables from current and former off	<del></del>			
		key employees, and highest compensated employees				
		Schedule L			5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), persons described in sectio	n 4958(c)(3)(B), and		:	
-		contributing employers and sponsoring organizations	of section 501(c)(9)	,	:  }	
		voluntary employees' beneficiary organizations (see ii	nstructions) Complete			
		Part II of Schedule L			6	
B	7	Notes and loans receivable, net			7	_
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	Ţ		: 7	
		basis Complete Part VI of Schedule D 10a	7338.			
	b	Less accumulated depreciation 101	6596.	1217.	10c	742.
	11				11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
1	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	-		15	
	16	Total assets Add lines 1 through 15 (must equal line	) <del>-</del>	731651.	16	778186.
	17	Accounts payable and accrued expenses		720.	17	712.
Ì	18	Grants payable		18		
ł	19	Deferred revenue		19		
ŀ	20				20	
	21	Escrow or custodial account liability Complete Part I'	F-		21	
ţį	22	Loans and other payables to current and former office	<del>[7</del>			
Liabilities		trustees, key employees, highest compensated employees	l:		1 11	
Lia		disqualified persons Complete Part II of Schedule L	-		22	<del></del>
	23	Secured mortgages and notes payable to unrelated t	h h		23	
	24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payable	· •	· · · · · · · · · · · · · · · · · · ·		
1		parties, and other liabilities not included on lines 17-2	l.			
İ		of Schedule D			25	
-	26	Total liabilities Add lines 17 through 25	i i	720.	26	712
		Organizations that follow SFAS 117 (ASC 958), ch			<del> </del>  -	
ایر		complete lines 27 through 29, and lines 33 and 34				
ğ	27	Unrestricted net assets		486191.	27	520313
lar	28	Temporarily restricted net assets	}	244740.	1	257161
8		•		244/40.	29	257101
<u> </u>	29	Permanently restricted net assets	— ·	<del></del>	1-23	
Net Assets or Fund Balances		and complete lines 30 through 34.	330), CHECK HEIE			
9	20			<u> </u>	1-201	
set	30	Capital stock or trust principal, or current funds	l l		30	
As	31	Paid-in or capital surplus, or land, building, or equipm	1		31	
Ĕ	32	Retained earnings, endowment, accumulated income		720021	32	77711
_	33	Total net assets or fund balances		730931.	33	777474
1	34	Total liabilities and net assets/fund balances		731651.	34	778186

Χ

Form 990 (2012)

Χ

2c.

3a

3b

Schedule O

За

b

**BCA** 

audit, review, or compilation of its financial statements and selection of an independent accountant? ......

the Single Audit Act and OMB Circular A-133?

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ..........

If the organization changed either its oversight process or selected process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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

Department of the Treasury

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 73-1267401 STILLWATER PUBLIC EDUCATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi) (Complete Part II,) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c | Type III - Functionally integrated d Type III - Non-functionally integrated e | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ...... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization?..... Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organ-(V) Did you (vi) Is the (vii) Amount of organization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col. (i) (see instructions)) governina organized col (i) of your document? support? in the U.S.? Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

STILLWATER PUBLIC EDUCATION Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) Section A. Public Support Calendar 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 101270. 122391. 114147. 98296. 96044. 532148. include any "unusual grants") ..... 2 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 . Gross receipts from activities that are not an unrelated trade or business under section 513 ..... Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge .......... 101270. 122391. 114147. 98296. 96044. 532148. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons ...... b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ..... 532148. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2009 (c) 2010 Calendar year (or fiscal year beginning in) (a) 2008 (d) 2011 (e) 2012 (f) Total 101270. 114147. 98296. 96044. 532148. 122391. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5267. 6808. 8461. 10970. 10403. 41909. b Unrelated business taxable income (less section 511 taxes) from businesses 5267. 6808. 8461. 10970. 10403. 41909. 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 308. (Explain in Part IV ) .... 1313. 141. 1762. 13 Total support. (Add lines 9, 10c, 11, and 12) 107850. 129199. 122916. 575819. 109407. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here\_\_\_\_\_\_\_\_ Section C. Computation of Public Support Percentage 92.42 15 90.11% 16 Public support percentage from 2011 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 7.28 9.60 19a 33 1/3 % support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ...........▶ b 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

20

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

STILLWATER PUBLIC EDUCATION

Employer identification number 73-1267401

Schedule D (Form 990) 2012

Pa	organizations Maintaining Donor Adv	ised Funds or Othe	r Similar Fun	ds or Accounts.
	Complete if the organization answered "Yes" to Fo			
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		į.	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			-
5	Did the organization inform all donors and donor advisors i		eld in donor advis	sed funds
6	are the organization's property, subject to the organization' Did the organization inform all grantees, donors, and dono for chantable purposes and not for the benefit of the donor impermissible private benefit?	's exclusive legal control?.  If advisors in writing that give or donor advisor, or for all	rant funds may be	e used only
Pa	art II Conservation Easements. Complete if the	ne organization answered	"Yes" to Form 99	00, Part IV, line 7
1	Purpose(s) of conservation easements held by the organiz	ation (check all that apply)	).	
	Preservation of land for public use (e.g., recreation or	education)	Preservation	of an historically important land area
	Protection of natural habitat			of certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qui	alified conservation contrib	bution in the form	of a conservation easement on the
	last day of the tax year			
	•			Held at the End of the Tax Yr
а	Total number of conservation easements			
	Total acreage restricted by conservation easements			<del> </del>
	Number of conservation easements on a certified historic			
	Number of conservation easements included in (c) acquire			
	structure listed in the National Register			. 20
3	Number of conservation easements modified, transferred,			
	the tax year	,		
4	Number of states where property subject to conservation e	easement is located.		
5	Does the organization have a written policy regarding the		ction handling of	- violations
•	and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, an	-		
8	Does each conservation easement reported on line 2(d) at	<del>-</del>	-	
·	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conserv			
3	include, if applicable, the text of the footnote to the organization		·	
	conservation easements	zation's illiancial statemen	its that describes	the organization's accounting for
Da	art III Organizations Maintaining Collection	e of Art Historiaal T	Transurae or	Other Similar Assets
Гс	Complete if the organization answered ``Yes" to F	•	reasures, or	Other Sillinal Assets.
	a If the organization elected, as permitted under SFAS 116,		a statement and h	palance shoot warks of art. historical
• •	•			
	treasures, or other similar assets held for public exhibition, text of the footnote to its financial statements that describe		i iuitileiance oi pt	blic service, provide, in Part XIII, tile
	text of the loothole to its imandal statements that describe	es these items		
	h lifthe arrangation placted, as normitted under CEAC 116	to rough in its roughus sta		and about walls of out brotosical to-
	b if the organization elected, as permitted under SFAS 116,	· ·		
	sures, or other similar assets held for public exhibition, ed	ucation, or research in furt	inerance of public	service, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			- · · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical		assets for finance	al gain, provide the following amounts
	required to be reported under SFAS 116 relating to these			
	a Revenues included in Form 990, Part VIII, line 1			▶ \$
	b Assets included in Form 990, Part X			▶ \$

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

Pal			_	Collections of An	t, Historicai i reasu	ires, or Other Simil	ar Assets
3		ntinued)		and other records, char	ck any of the following th	at are a significant use of	its collection items
	(check all that a		s acquisition, accession,	and other records, cried	A any or the lonowing th	at are a significant use of	its collection items
а	Public exhi				d Loan or exchang	ae programe	
b	Scholarly re				e Other	je programs	
c	Η .		ure generations		• [] •(i)•i		
	_		-	ctions and explain how t	they further the organizat	tion's exempt purpose in	Part YIII
					-	ther similar assets to be s	
						nswered "Yes" to Form 9	
			an amount on Form 996	<del>-</del>	oto ir the organization a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a					r contributions or other a	ssets not included	
			-				Tyes No
ь			angement in Part XIII ar				
			<b>G</b>	,	<b>3</b> 1-2-1-		Amount
С	Beginning bala	nce				1c	
						<del></del>	
						<del></del>	
f	Ending balance	B	•			1f	
							Yes X No
					ation has been provided i		
					nswered "Yes" to Form		
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of ye	ear					
	balance				Į.		
b	Contributions						
С	Net investmen	t earn-					
	ings, gains, an	d losses					
d	Grants or scholarsh	nips		· · · · · · · · · · · · · · · · · · ·			
0	Other expendit	tures					
	for facilities an	d					
	programs						
f	Administrative	ĺ					
	expenses						
g	End of year ba	lance					
2	Provide the es	tımated	percentage of the currer	it year end balance (line	1g, column (a)) held as		
а	Board designa	ted or q	uasi-endowment >	0.00 %			
b	Permanent en	dowmen		%			
С	Temporarily re	stricted	endowment ► 0.	00%			
	The percentag	es ın line	es 2a, 2b, and 2c should	equal 100%			
3a	Are there endo	owment i	funds not in the possess	ion of the organization t	hat are held and adminis	tered for the organization	n by. Yes No
	(i) unrelated	organıza	tions				3a(i)
	(ii) related org	ganizatıo	ns				3a(ii)
b	If "Yes" to 3a(	ı), are th	e related organizations l	isted as required on Sch	nedule R?		3b
4			e intended uses of the o				
Pa	rt VI L	and, B	uildings, and Equi	pment. See Form 9	90, Part X, line 10	·	
	Desc	ription o	f property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated  Depreciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold imp	oroveme	nts				
d	Equipment				7,338.	6,596.	742.
_ е	Other	<u></u>	<u> </u>				
Tota	I. Add lines 1a 1	through	ie. (Column (d) must eq	ual Form 990, Part X, co	olumn (B), line 10(c) )	·····	742.
BCA.						Scher	tule D (Form 990) 2012

Sche	edule D (Form 990) 2012 STILLWATER PUBLIC EDUCATION 73-	-126740	)1 Page 4
. Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		106,447.
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d 9, 186		
е	Add lines 2a through 2d	2e	9,186.
3	Subtract line 2e from line 1	3	97,261.
4	Amounts included on Form 990. Part VIII. line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c (This must equal Form 990, Part I, line 12)	5	97,261.
Part			
	Total expenses and losses per audited financial statements.	el Veraii	71,555.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25	···	71,333.
-	. The second of the second of		
a			
b	Prior year adjustments	-	
C	Other losses		
a	Other (Describe in Part XIII)	——	0 106
e	Add lines 2a through 2d	2e	9,186.
3	Subtract line 2e from line 1	3	62,369.
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> ■ </b>	
b	Other (Describe in Part XIII )	■	
С	Add lines 4a and 4b		
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	62,369.
	XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines		Part V, line 4,
	X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional i		
PA	RT XI 2D-THE 9186 IS FUNDRAISING EXPENSES THAT REDUCES T	HE INC	OME
SH	OWING ON PART VIII LINE 12A		
	DE VII OD BUD 0104 TO BUNDDATOTUS SUBSUCES SUBSUCES SUBS		<b></b>
PA	RT XII 2D-THE 9186 IS FUNDRAISING EXPENSES THAT WAS NOT	TNCTOD.	ED
<u>ON</u>	PART IX STATEMENT OF FUNCTIONAL EXPENSES BUT RATHER WAS	INCLU	DED
	DDD 4777 7749 103		
ON	PART VIII LINE 12A		
BCA		Schedule	D (Form 990) 2012

#### SCHEDULE G . (Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization STILLWATER PUBLIC ED	UCATION	_					identification number 267401
Part I Fundraising Activities. C				ered ``Yes" to Form 990	, Part IV, line	<del>1</del> 7.	
Form 990-EZ filers are not  Indicate whether the organization is a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations  2 a Did the organization have a writter Form 990, Part VII) or entity in corb b If "Yes," list the ten highest paid in	raised funds thro n or oral agreem nection with pro dividuals or entr	ough any e f g X ment with a	of the for Solicital Solicital Special any individuals	ation of non-government of government gra I fundraising events dual (including officers ang services?	t grants nts , directors, tri	ustees or key	. Yes X No
at least \$5,000 by the organization  (I) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?		(iv) Gross receipts from activity	1 ' '	nt paid to (or y) fundraiser n col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3				<del></del> ,,			
4							
5							<del></del>
6							
7						<u></u> .	
8							
9		<del> </del>			<u> </u>		
10							
Total				en notified it is exempt from re	egistration or licer	ising	
	<del></del>	<del></del>					
						<u></u>	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	_		(a) Event #1 GALA	(b) Event #2 TASTE	(c) Other events	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	∞l. <b>(c)</b> )
Revenue	1	Gross receipts	22,525.	12,846.	4,482.	39,853.
	2	Less. Contributions				
	3	Gross income (line 1				
		minus line 2)	22,525.	12,846.	4,482.	39,853.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,460.	408.		1,868.
Direct	7	Food and beverages	4,764.			4,764.
	8	Entertainment	100.			100.
	9	Other direct expenses	1,379.	1,075.		2.454.
	10			ımn (d)		2,454. 9,186.
	11	Net income summary Co		l line 10		30,667.
Pa	rt II	Gaming. Complete	e if the organization answered	"Yes" to Form 990, Part IV, Iir	ne 19, or reported more than	\$15,000 on Form 990-EZ,
		line 6a	(-) D			
<u>je</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue			· · · · · · · · · · · · · · · · · · ·	billigo/progressive billigo		col (a) through col (c))
∝̃ ——	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	-			
	5	Other direct expenses .				
	6	Volunteer labor	Yes 0.0%	Yes0.0%	Yes0.0%	-
	7	Direct expense summary	Add lines 2 through 5 in colu	ımn (d)	▶	
	8	Net gaming income sum	mary Combine line 1, column	d, and line 7	▶	
	a Ist		e organization operates gamin to operate gaming activities in	ng activities: each of these states?		Yes No
		Vac II avalara	n's gaming licenses revoked, s	uspended or terminated during	the tax year?	Yes No

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection 2012

Employer identification number 73-1267401

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STILLWATER PUBLIC EDUCATION Name of the organization

General Information on Grants and Assistance Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ......

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Part 🔢

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash (e) Amount of non-cash (f) Method of valuation grant assistance (book, FMV, appraisal, other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)SPS 314 S 74074 OK ST			19,592.				SEE SCH O
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)						!	
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	11(c)(3) and governn	nent organizations listed	in the line 1 table			<b>A</b>	
3 Enter total number of other organizations listed in the line 1 table	inizations listed in th					•	

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

Schedule I (Form 990) (2012)

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2012

> Open to Public Inspection

**Employer identification number** 

STILLWATER PUBLIC EDUCATION 73-1267401 SCHEDULE I PART II COLUMN H-THE PURPOSE OF THE GRANTS IS TO FUND INNOVATIVE AND CREATIVE PROGRAMS. PAGE 6 LINE 11A-THE FORM 990 HAS BEEN REVIEWED BY ALL OF THE BOARD OF DIRECTORS BEFORE THE RETURN WAS SENT OFF TO THE INTERNAL REVENUE SERVICE AND OKLAHOMA TAX COMMISSION. PAGE 6 PART VI SECTION B LINE 15-COMPENSATION FOR THE EXECUTIVE DIRECTOR (THE ONLY EMPLOYEE OF THE ORGANIZATION) IS BASED ON REVIEW OF SIMILAR POSITIONS WITHIN THE COMMUNITY. PAGE 6 PART VI SECTION A LINE 12C-THE CONFLICT OF INTEREST POLICY IS REVIEWED OFTEN AND UPDATED AS NEW INDIVIDALS ARE WELCOMED TO THE BOARD AND AS NEEDED. PAGE 6 PART VI SECTION C LINE 19-ALL ORGANIZING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

### Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. ▶ Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

2012

Attachment Sequence No 179

Identifying number

STILLWATER PUBLIC EDUCATION 73-1267401 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 500,000. 1 Maximum amount (see instructions) ..... 1 2 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) ....... 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions ........... (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 ...... 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 ..... 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 ...... 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 ...... 13 Carryover of disallowed deduction to 2012. 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ...... 14 15 16 MACRS Depreciation (Do not include listed property.) (See instructions ) Section A 475. 18 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 depr (b) Month and (d) Recovery (g) Depreciation (e) (a) Classification of property year placed in service (f) Method (business/investment use deduction period Convention only - see instructions) 19a 3-year property b 5-year property 7-year property С 10-year property е 15-year property 20-year property S/L 25-year property 25 yrs MM S/L Residential rental 27 5 yrs property 27 5 yrs MM S/L

Part IV Summary (See instructions)

Nonresidential real

property

40-year

b 12-year

21 Listed property. Enter amount from line 28

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 . . .

<u>... ..</u>

39 yrs

12 yrs

40 yrs

MM

MM

MM

S/L

S/L

Form **4562** (2012)

475.

Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

	2012 ASSET DETAIL REPORT
	2012 AS
Page: 1	

Date Description Acqd (	Cost U	Bus. 179+ Use Spec.	Basis	Method 	Rec. Per. (	Prior Cv Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
Form: FORM 990													
Rental Property: N/A	Æ												
on Class	: Office	Depreciation Class: Office equipment	t T										
In Service Year: 2005	2005												
LAPTOP AND P 01/05	3005 100	00:	3002	3005 MACRS	5.0 F	HY 2668	8		1252				
In Service Year: 3	2008												
COMPUTER MON 07/08	190 100	00	190	190 MACRS	5.0			13	138	31			
COMPUTER PRI 09/08	223 1	100	223	MACRS	5.0 N			16	163	37			
DATABASE SOF 12/08	3920 1	100	3920	3920 MACRS				375	2714	643			
			 					1	1 1 1	! ! !			
	4333		4333			3453	3 475	404	3015	711			
	1		1 1					1	1				
Form Totals:	7338		7338			6121	1 475	404	4267	711			

**US 990** Other Functional Expenses: Page 10, Line 24 2012 Program Management Description of the Asset Total Services and General Fundraising SOFTWARE EXPENSE 1,253. 627. 626. AWARDS 1,830. 1,830. 701. BANK SERVICE CHARGES 701. ADOPT AN AUTHOR 9,600. 9,600 OFFICE SUPPLIES 234. 234. SUPPLIES 686. 686. DUES AND SUBSCRIPTION 199. 199. POSTAGE 515. 515. GIFTS 48. 48. ADVERTISING 13. 13. BOARD LUNCHES 56. 56. CONTRIBUTIONS 100. 100. MISCELLANEOUS 52. 52. 86. RENT 86. 15,373. 12,057. 3,316.