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Department of the Treasury Internal Revenue Service

### **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)

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

OMB No 1545-0047

Open to Public Inspection

A	For the 2	012 calen	dar year, or tax year beginning , 2012, and ending	,	
В	Check if app	plicable	C D Employ	yer Identification Number	
	Addres	s change	Oklahoma Council of Public Affairs, Inc. 73-	1436375	
	$\vdash$	change		one number	
	Initial r	•	Oklahoma City, OK 73104-2801 (40	5) 602-1667	
	Termin			<u></u>	
	Н	led return	G Gross r	receipts \$ 1,508,90	03.
	$\mathbf{H}$	ation pending	F Name and address of principal officer H(a) is this a group return		X No
	Applica	attori periorig	Same As C Above  H(b) Are all affiliates inc If 'No,' attach a list	<del></del>	No
ī	Tay-evem	npt status	X   501(c)(3)   501(c) ( )   4947(a)(1) or   527   527   527   527   527	(see instructions)	_
<u>'</u>	Websit		W. Ocpathink.org H(c) Group exemption no	umber ►	
K			eepacii	State of legal domicile OK	-
		organization		state of regar dominate OIC	
P	art I S	Summar	<b>y</b> be the organization's mission or most significant activities. <u>The Oklahoma Council</u>	of Public	
	7.4	elly descri Efaire	Inc. was formed to provide relevant information to the ge	<u>. Or rupitt</u>	
Governance	\ \frac{CC}{\purple}	rraits,	ng public policy issues affecting Oklahoma citizens.	THETAL PUBLIC	
nar		711CG FITT	ind public policy issues directing oxidioma citizens.		
ĕ	2 Ch	eck this bo	ox If the organization discontinued its operations or disposed of more than 25% of its	net assets	
ၓ	3 Nui	mber of vo	oting members of the governing body (Part VI, line 1a)	3	47
<b>ფ</b>	4 Nui		dependent voting members of the governing body (Part VI, line 1b)	4	47
i <u>≘</u>	<b>5</b> Tot		of individuals employed in calendar year 2012 (Part V, line 2a)	5	21
Activities &	6 lot		r of volunteers (estimate if necessary)	6	0
Ă			ed business revenue from Part VIII, column (C), line 12 d business taxable income from Form 990-T, line 34	7 a 7 b	0.
	146	unrelated	Prior Year	I	
	8 Cor	ntributions	and grants (Part VIII, line 1h) 3,092,0		
e	1		vice revenue (Part VIII, line 2g)	1,320,0	<u>~ + .</u>
Revenue	1	-		3,1	57
. Æ	1		le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	1		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,060,0		
<del></del>	<del></del>		imilar amounts paid (Part IX, column (A), lines 1-3) 119, 7		
g.	t		I to or for members (Part IX, column (A), line 4)		
	15 Sal		er compensation, employee benefits (Part IX, column (A), lines 5-10) 910,5	544. 924,4	16.
ses	16a Pro		fundraising fees (Part IX, column (A), line 11e)		
Expenses	h Tot				
ă	17 04			675 042 6	71
	17 Our	ier expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e). 776, 6		
	18 Tot	iai expens	es Add lines 13-17 (must equal Part IX, colum Ration 25) 1,806,9 s expenses Subtract line 18 from line 12		
8 8		venue less	s expenses Subtract line 18 from line 12 m 7 1,253,0		
ets (	an Tot	tal accata	NIIV 1 % CUIS LA DEGITIMA SI CUIS		
Net Assets Fund Balano	20 Tot		(Part X, line 16) 4,135,8 679,6 679,6		
ž Š	21 100			<del></del>	
_	1 22 110		3/130/2	211. 3,026,6	84.
		Signatur			
Unde	er penalties of plete Declara	f perjury, I decl ation of prepa	lare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief arg (other than onice) whased on all information of which preparer has any knowledge	, it is true, correct, and	
			1. V (// ) // / / / / / / / / / / / / / / /	1/2013	
c:	- 14	Signa	re of fiscer Date	12015	
Sig He	}⊓ ro	Mig	hael C. Carnuccio President		
110	10		hael C. Carnuccio President		
		· · · · · ·	160	ıf PTIN	
_	•		~ CAVILLY HERD WILLIAM I	<b>」</b> "	
Pa			valu Debee   N. Edward Debee   A. Seinemploy	P00286912	
	eparer e Only	Firm's name		► 721E00702	
US	Unity	Firm's addre			
N 4 -	. the IDC	diani: 41-	Oklahoma City, OK 73102  Phone no	(405) 232-7777	NI.
_			nis return with the preparer shown above? (see instructions)	X Yes Form <b>990</b> (2	No
BA.	A FOR Pai	perwork R	Reduction Act Notice, see the separate instructions. TEEA0113L 12/18/12	rorm <b>990</b> (2	2012)

Form	990 (2012) Oklahoma Council of Public Affairs, Inc.	73-14	3637	'5	F	age <b>2</b>
	Statement of Program Service Accomplishments		-	-		
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission.					
	The Oklahoma Council of Public Affairs, Inc. was formed to provi					
	information to the general public concerning public policy issue	s_affec	ting	[ <u>Ok</u> ]	Laho	ma
	citizens.					
	Did the organization undertake any significant program services during the year which were not listed of	on the prior				
2	Form 990 or 990-EZ?	on the prior		Yes	√	No
	If 'Yes,' describe these new services on Schedule O		Ш	103	N	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program significant changes in how it conducts.	ervices?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.		Ш		12.4	
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	vices, as me	easure	d by e	expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of gr	ants a	and all	ocatio	ons to
	others, the total expenses, and revenue, if any, for each program service reported					
4 a	(Code ) (Expenses \$ 567,877. including grants of \$ ) (	Revenue \$	<u> </u>			<u> </u>
	Salaries and benefits paid to employees and allocated to Program					
					<u>-</u>	
						<del>-</del>
			. <u></u> -			
			. <b></b> -			
					<b>-</b>	
		- <b>-</b>				
			- <b>-</b> -			
	(Code ) (Expenses \$ 369,435. including grants of \$ ) (	Revenue \$				
76	Publication of over 36,000 copies of "OCPA Perspective". This i			tor		—′
	focusing on current issues mailed monthly to over 3,000 Oklahoma					
	charge.		13_a	<u> </u>		
	(0.1)					<del></del>
4 c	(Code) (Expenses \$ 91,738. including grants of \$ 91,738.)	Revenue \$	<u> </u>			)
	Support of OCPA Oklahoma Policy Solutions, Inc., a non-partisan		ing _			
	organization operated exclusively for the promotion of social we	<u>lfare.</u>				
					<del>-</del>	
		<del></del>				
4 d	Other program services. (Describe in Schedule O.)  See Schedule O					
	(Expenses \$ 115,457. including grants of \$ ) (Revenue \$				)	
44	Total program service expenses ► 1,144,507.					

Checklist of Required Schedules

Part IV

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If 'Yes,' complete X 1 Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Х 3 **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* Х 4 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?// Yes, 'complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?If 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III 8 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 9 Х services? If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule Х D, Part VI 11 a **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments-- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VIII Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х Х e Did the organization report an amount for other liabilities in Part X, line 257/f 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)% 'Yes,' complete Schedule D, Part X 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year If 'Yes,' complete Schedule D, Parts XI, and XII X 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than 5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III 19 Х X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

(continued)

Partival Checklist of Required Schedules

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X 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 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 25a Χ disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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-EZ7f 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or Х 26 disqualified person outstanding as of the end of the organization's tax year of Yes, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 Х 27 5. Jr. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Schedúle L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Χ 280 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 Χ 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 and V. line 1 Х 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 X Note. All Form 990 filers are required to complete Schedule O 38

Form 990 (2012) Oklahoma Council of Public Affairs, 73-1436375 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 33 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-21 ments, filed for the calendar year ending with or within the year covered by this return X 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor? 7 a b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization3id the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations.Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations.Enter: a Gross income from members or shareholders. 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11<sub>b</sub> 12a Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a

14b

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 X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 1 a 47 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 47 b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 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 Х since the prior Form 990 was filed? 4  $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 6 Did the organization have members or stockholders? 7 a 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? X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  $\overline{\mathbf{x}}$ a The governing body? 8a X 8 6 b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy of 'Yes,' describe in Schedule O how this is done See Schedule O Х Schedule O how this is done 12 c Х 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a Х 15<sub>b</sub> X **b** Other officers of key employees of the organization See Schedule O 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 with a Χ taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

State the name, physical address, and telephone number of the person who possesses the books and records of the organization Michael C. Carnuccio 1401 N. Lincoln Blvd. Oklahoma City OK 73104-2801

See Schedule O

the public during the tax year

Form <b>990</b> (20	012) Oklahoma	Council of	Public Aff	airs, In	nc.	73-1436375	Page
Part VII (	Compensation of	Officers, Direct	ors Trustees	. Kev Empl	ovees. Highest	Compensated Employees,	and

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

`	Check if Schedu	ile O contains	s a response	e to any question	in this Par	t VII			
Section A	. Officers. Di	rectors. T	rustees. k	(ev Employee	s. and Hi	ahest (	Compensated	Emplo	yees

- 1 a 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 organization compensated any current officer, director, or trustee.

<u> </u>										
	-			(C	<b>)</b>					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p ld a d	perso	c more t n is both or/truste	h an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions- below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dr. David Brown	0									
Chairman	0	I						0.	0.	0.
(2) John Hanes	00									
Vice Chairman	0							0.	0.	0.
(3) Gen. Lee Baxter	0									
Vice Chairman	0							0.	0.	0.
(4) Steve Beebe	0									
Treasurer	0							0.	0.	0.
(5) Brian Bush	0									
Executive VP	0							78,530.	0.	0.
_(6) Karma Robinson										
Vice President	0							111,225.	0.	0.
				:						
Secretary	0							0.	0.	0.
_(8) Daryl Woodard					Ì					
Vice Chairman	0							0.	0.	0.
(9) Pat Rooney								_		
Vice Chairman	0							0.	0.	<u> </u>
(10) Charles Sublett									_	_
Vice Chairman	0							0.	0.	0.
(11) Ann Felton Gilliland										
Vice Chairman	0			_	$\dashv$			0.	0.	0.
(12) Bill Fanagan	0	- 1								
Trustee	0			_	_		-	0.	0.	0.
(13) John Henry, II	0					ļ				_
Trustee	0							0.	0.	0.
(14) David McLaughlin	0									_
Trustee	0	l						0.	0.	0.

The state of the s	(B)	<del>,</del>		<u>((</u>	<u>.,</u>	,	Ť	9.000				
(A)	Average			Pos heck	sition	e than or		(D)	(E)		(F)	
Name and title	hours per					is both : or/truste:		Reportable compensation from	Reportable compensation from	amo	Estimated ount of ot	her
	week (list any	우 둜	ЛS	오	જિ	es E	핅	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		mpensation from the	
	hours for	individual trustee or director	nstitutional trustee	Officer	Key employee	ploy	Former	, i	•		rganızatıo nd relate	
	related organiza	e la	ona	٦.	탕	ee cor	٦			org	ganızatıoı	ns
	tions below	lust	2		yee	nper						
	dotted line)	99	stee			Highest compensated employee						
						8						
(15) Lew Meibergen	0_											
Trustee	0							0.	0.			0.
(16) Ronald Mercer	0											-
Trustee	0							0.	0.			0.
(17) Bill Price	0_	]										
Trustee	7-0-	]						0.	0.			0.
(18) Thomas Schroedter, J.D.	0											
Trustee	1-0-	1						0.	0.			0.
(19) RADM (Ret) Greg Slavonic	0											
Trustee	0	1						0.	0.			0.
(20) Blake Arnold	0										-	
Trustee	1-0-	1						0.	0.			0.
(21) G.T. Blankenship	ō	$\Box$	$\neg$				_					
Trustee	7-0-	1						0.	0.	1		0.
(22) Paul Cox	0	-						Ů.	<u> </u>			
Trustee	1-5-	1						0.	0.	ľ		0.
(23) Henry Kane	Ö											
Trustee	0	1		ĺ	İ			0.	0.			0.
(24) Richard Sias	0											
Trustee	0	1						0.	0.			0.
(25) Tom McCasland	0											
Trustee	0	1						0.	0.			0.
1 b Sub-total	I	II			<u> </u>	•	-	189,755.	0.		-	0.
c Total from continuation sheets to Part VII, Section	ı A					•	۱ -	422,115.	0.		-	0.
d Total (add lines 1b and 1c)						•	١ ٠	611,870.	0.			0.
2 Total number of individuals (including but not limite	ed to the	ose li	sted	lab	ove	) who	rec		\$100,000 of report	able co	mpens	
from the organization ► 2											·	
											Yes	No
3 Did the organization list any former officer, director	or trust	tee k	ev e	mn	Nove	e or	hic	thest compensate	d employee			
on line 1a? If 'Yes,' complete Schedule J for such	ındıvıdu	al	·cy ·	JIII P	,,,,,,	.c, oi	mg	grest compensate	a cripioyee	3		Х
4 For any individual listed on line 1a, is the sum of re	enortabl	e cor	nne	nca	tion	and o	athe	er compensation f	rom			
the organization and related organizations greater	than \$1	50,00	00?/1	Ϋ́	es' c	comple	ete	Schedule J for	10111			
such individual										4	<u> </u>	_ X_
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	ņ a	any	unrela	ate	d organization or	ındıvıdual	<u> </u>	-	!
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complet	e Sci	redu	ile .	) foi	such	pe	erson		5	<u> </u>	X_
1 Complete this table for your five highest compensa	ted inde	nend	tent	cor	ntra	ctors t	hai	t received more th	an \$100 000 of			
compensation from the organization Report compe	ensation	for t	he c	ale	nda	r year	en	ding with or within	n the organization	s tax y	ear	
(A)								(B)			(C)	
Name and business addre	SS							Description o	f services	Comp	ensatio	n
											_	
							$\Box$					
							$\_ \mathbb{I}$					
2 Total number of independent contractors (including		t limi	ted t	to th	nose	listed	d a	bove) who receive	ed more than			
\$100,000 in compensation from the organization	0											1

### Form 990

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Employler Identification number

73-1436375

Oklahoma Council of Public Affairs, Inc.

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees	,									
(A)	(B)		(C) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average							Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	or di	nsh	Officer	Key employee	홟흑	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
	(list any hours for	rect	υţο	छ	emp	est c	ner	(,	( <u>-</u> ,	organization and related
	related organiza-	9 5	ᆲ		loye	) Sign				organizations
	tions below	Individual trustee or director	institutional trustee		e	ens				
	dotted line)	"	8			Highest compensated employee				
Robert Sullivan	0									
Trustee	0							0.	0.	0.
Dave Bond	0									
Director	0							13,836.	0.	0.
Jonathan Small	0	↓								
Director	0							80,126.	0.	0.
Dacia Harris	0	↓								
Director	0							41,591.	0.	0.
Clint Colbert	0	↓								
Office Manager	0							20,189.	0.	0.
Jennie Kleese	0	↓								
Events Manager	0							0.	0.	0.
Cassandra Howard	0		l	. i					_	
Project Manager	0							13,554.	0.	<u> </u>
Rachel Hays										
Develop.Assist.	0							22,396.	0.	0.
Robert Avery		ļ į								
Trustee	0							0.	0.	0.
John Brock								_	_	
Trustee	0							0.	0.	0.
Josephine Freede	0								_	_
Trustee	0		_					0.	0.	0.
Ralph Harvey	0									
Trustee	0		_					0.	0.	0.
Gene Love	0									
Trustee	0							0.	0.	0.
Tom McCasland, III	0									
Trustee	0		_					0.	0.	0.
Lloyd Noble, II	0	-								0
Trustee	0							0.	_0.	0.
Mike O'Neal, J.D.	0									•
Trustee	0		$\dashv$					0.	0.	0.
Melissa Sandefer	0									
Trustee	0							0.	0.	0.
Greg Slavonic	0									•
Trustee	0							0.	0.	0.
John Snodgrass	0	.							_	
Trustee	0	ļ <u></u>						0.	0.	0.
Lew Ward	0							[		_
Trustee	0		_	_				0.	0.	0.
William Warnock	0									_
Trustee	0		ŀ					0.	0.	0.

Form 990 Cont 2012

### Form 990

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Employler Identification number

Oklahoma Council of Public Affairs, Inc. 73-1436375

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (D) (C)

Employees										
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Daniel Zaloudek	0					<u> </u>	<u> </u>			· · · · · ·
Trustee	0	t						0.	0.	0.
Michael Carnuccio	40			-						
President	0	İ		X		1		139,596.	0.	0.
Brandon Dutcher	40									
Vice President	0	Ī		X				90,827.	0.	0.
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	L		L				ll			orm <b>990</b> Copt 2012

73-1436375 Page 9 Form 990 (2012) Oklahoma Council of Public Affairs, Inc. Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or **(C)** Unrelated (D) (A) Total revenue Revenue exempt business excluded from tax under sections 512, 513, or 514 function revenue revenue PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS
AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns. **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 1,320,021 g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f 1,320,021 Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 3,157 3,157 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss). 8 a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c) See Part IV, line 18 185,725 **b** Less direct expenses 80,304 c Net income or (loss) from fundraising events 105,421

			1		
9 a Gross income from gaming activities See Part IV, line 19	а				
<b>b</b> Less: direct expenses	b				
c Net income or (loss) from gaming act	tivities				
10 a Gross sales of inventory, less returns and allowances	a				
<b>b</b> Less: cost of goods sold	b				
c Net income or (loss) from sales of in-	ventory •				
Miscellaneous Revenue	Business Code				
11a Expense Reimbursement					
b					
с					
d All other revenue		-			
e Total. Add lines 11a-11d	<b>•</b>				
12 Total revenue. See instructions	<b>•</b>	1,428,599.	0.	0.	3,157.
	TEEA	0109L 12/17/12			Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX. (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses expenses general expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 91,738 91,738 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 418,795 611,870 59,454 133,621. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 n 7 Other salaries and wages 312,546. 149,082 53,483 109,981. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 44,540 **b** Legal 44,540. c Accounting 24,084. 24,084 d Lobbyina e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion Office expenses 13 8,049 8,049 Information technology 14 30,712 21,345 5,528 3,839. Royalties 15 Occupancy 16 25,604 17,795 4,609 3,200. 17 Travel 55,712 38,477 17,235. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 116,909 93,498 23,411. 20 Interest 26,197 26,197 21 Payments to affiliates 22 Depreciation, depletion, and amortization 60,921 42,340 7,615. 10,966 23 Insurance 5,976 17,261 9,403 1,882. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Printing and Publications 193,510 191,510 2,000. b Postage and Shipping 74,259 3,324 70,935. 69,078 c Miscellaneous Expenses 13,632 37,845. 17,601. d Dues and Memberships 17,309 17,309 e All other expenses 79,526 2,223. 56,892 20,411 Total functional expenses Add lines 1 through 24e 1,859,825 144,507 321,775 393,543. 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)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year 1 1,052,433. Cash - non-interest-bearing 352,348 2 2 Savings and temporary cash investments. 580,881 3 Pledges and grants receivable, net 242,581. 3 047,000 2,216 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 15,302 16,074. 10 a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D 10 a 2,711,808 10b 10 c 2,112,863 **b** Less accumulated depreciation 444,470 2,267,338. Investments - publicly traded securities 11 25,238 27,397. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,135,848 3,605,823. 17 17 Accounts payable and accrued expenses 87,210 118,650. 18 Grants payable 18 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 477,913 23 315,975. 24 Unsecured notes and loans payable to unrelated third parties 114,514 144,514. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 579,139. Total liabilities. Add lines 17 through 25 679,637 Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,828,330 27 1,872,885 28 Temporarily restricted net assets 28 1,627,881 1,153,799. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. F UND 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 BALANCES Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 3,026,684. 3,456,211 34 Total liabilities and net assets/fund balances. 34 4,135,848 3,605,823.

BAA

Form 990 (2012)

Form <b>990</b> (	2012) Oklahoma Council of Public Affairs, Inc	<u>73-1436375</u>		Pa	age <b>12</b>
Part XI	Reconciliation of Net Assets				
	Check If Schedule O contains a response to any question in this Part XI				
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	1,4	28,5	599.
2 Total	expenses (must equal Part IX, column (A), line 25)	2		59,8	
3 Reve	nue less expenses Subtract line 2 from line 1	3	-4	31,2	226.
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,2	
<b>5</b> Net ι	nrealized gains (losses) on investments	5			599.
6 Dona	ted services and use of facilities	6			
7 Inves	tment expenses.	7			
8 Prior	period adjustments	8			
9 Other	changes in net assets or fund balances (explain in Schedule O)	9			0.
	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, nn (B))	10	3,0	26,6	584.
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			7	Yes	No
1 Acco	unting method used to prepare the Form 990 Cash X Accrual Other	<del></del>			
If the	organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.				
2 a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	s,' check a box below to indicate whether the financial statements for the year were compiled or re ate basis, consolidated basis, or both	viewed on a			
X	Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were	the organization's financial statements audited by an independent accountant?		2 b	Х	
Įf 'Ye	s,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate			
_	, consolidated basis, or both				
X	Separate basis Consolidated basis Both consolidated and separate basis		—-		
c If 'Ye revie	s' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl v, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2 c		Х
ın Sc	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
<b>3 a</b> As a Audit	result of a federal award, was the organization required to undergo an audit or audits as set forth i Act and OMB Circular A-133?	n the Single	3 a		Х
<b>b</b> If 'Ye or au	s,' did the organization undergo the required audit or audits? If the organization did not undergo th dits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b		: :
BAA			Form	990 (	2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Employer identification number

Okla			f Public Affa							43637		
Part	I Re	eason for Publ	lic Charity Status	(All organizations m	nust co	mplete	this p	art.) S	See ins	truction	ns.	
The or	ganıza	tion is not a priv	ate foundation becau	ise it is (For lines 1 thro	ough 11,	check o	nly one	box.)				
1	∏ A c	hurch, conventio	on of churches or ass	ociation of churches des	scribed in	nsection	170(b)(	1 <b>)</b> (A)(i).				
2	∏аs	chool described	in section 170(b)(1)(A	<b>(X)(II).</b> (Attach Schedule E	Ξ.)							
3	ΠAn	ospital or a coop	perative hospital serv	ice organization describ	ed insec	tion 170	(b)(1)(A	χiii).				
4				d in conjunction with a l					(b)(1)(A	<b>X</b> III) Ent	er the hospital's	
	ليا	ne, city, and stat		•	•							
5	∏An		erated for the benefit	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	al unit de	scribed i <b>section</b>	
6				governmental unit descr	ibed inse	ection 1	70(b)(1)	(A)(v).				
7	X An	organization tha ection 170(b)(1)	t normally receives a <b>(A)(vi).</b> (Complete Pa	substantial part of its s irt II )	upport fr	rom a go	vernme	ntal uni	t or fron	n the ge	neral public described	
8	∐ A c	ommunity trust o	described in <b>section 1</b>	<b>70(b)(1)(A)(vi).</b> (Complet	te Part II	)						
9	rela unre	ted to its exempt f	unctions - subject to ce	ore than 33-1/3% of its supertain exceptions, and (2) roon 511 tax) from businesse	no more tl	han 33-1.	/3% of its	s support	from gro	oss invest	tment income and	
10	An	organization org	anized and operated	exclusively to test for p	ublic saf	ety See	section	509(a)(4	4).			
11	□ supple  supple	ported organizatior	ns described in section ition_and complete lin		(2) See	section !	ions of, c 5 <b>09(a)(3)</b> .	or carry of Check t	out the pu the box t	urposes o hat descri	f one or more publicly bes the type of	
	a	Type I I	<b>b</b> Type II	<b>c</b> Type III – Functio	nally inte	egrated		d T	Type III	- Non-f	unctionally integrated	
е	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)											
f												
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
											Yes No	
	(1)	A person who below, the gov	directly or indirectly verning body of the si	controls, either alone or upported organization?	togethe	r with p	ersons d	lescribe	d in (ii)	and (III)	11 g (i)	
	(ii)	A family meml	ber of a person descr	ribed in (i) above?							11 g (ii)	
	(iu)	A 35% control	led entity of a persor	described in (i) or (ii) a	above?						11 g (iii)	
h				he supported organizati							119()	
		ame of supported	(II) EIN	(iii) Type of organization		Is the	(v) Did yo	ou notify	(VI)	Is the	(VII) Amount of monetary	
	(,,	organization	(47, 244)	(described on lines 1-9 above or IRC section	organia	zation in (i) listed in	the organ column (	ızatıon in	organi	zation in mn (i)	support	
				(see instructions))	your go	overning ment?	supp	ort?	organiz	red in the		
					Yes	No	Yes	No	Yes	No		
					+						· · · · · · · · · · · · · · · · · · ·	
(A)												
<u>(~)</u>			<del></del>		+		-				<del></del>	
(B)							1					
(6)		·			<del> </del> -		-			<del>  </del>		
(C)												
(C)				<del>-</del>	+			<del></del>	<del>                                     </del>	-		
(D)												
(0)			-		-						<del></del>	
(E)								]				
<u>\-/</u>		· <del>- ·</del>			+	1	-		<del> </del>			
Total												
_	or Par	erwork Reduction	on Act Notice, see th	e Instructions for Form	990 or 9	990-EZ	ı		Schedul	le <b>A</b> /For	m 990 or 990-EZ) 2012	
			,								200 0, 000 2012	

### 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	tion A. Public Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,442,222.	1,043,010.	949,090.	1,141,013.	1,320,021.	5,895,356.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 3 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)	1,442,222.	1,043,010.	949,090.	1,141,013.	1,320,021.	5,895,356. 943,812.				
6	Public support. Subtract line 5 from line 4						4,951,544.				
Sec	tion B. Total Support			<del></del>							
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total				
7	Amounts from line 4	1,442,222.	1,043,010.	949,090.	1,141,013.	1,320,021.	5,895,356.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,193.	2,974.	1,807.	1,603.	3,157.	25,734.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	,		,	0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	23,692.	16,800.	3,510.	10,904.		54,906.				
11	<b>Total support.</b> Add lines 7 through 10						5,975,996.				
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.				
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	▶ [				
	tion C. Computation of Pul				<del></del> -						
	Public support percentage for 20 Public support percentage from :	, .	``	e 11, column (t))		14	82.86 <b>%</b> 76.84 %				
	33-1/3% support test—2012. If the and stop here. The organization	he organization d	id not check the b		nd the line 14 is 3	L					
b	33-1/3% support test – 2011. If the and stop here. The organization	ne organization di	d not check a box	on line 13 or 16	a, and line 15 is 3	33-1/3% or more, o	_				
17 a	17a 10%-facts-and-circumstances test— 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test. The organizat	test, check this ion qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part I ed organization	V how the ▶				
18	Private foundation.If the organiz	ation did not che	ck a box on line 13	3, 16a, 16b, 17a, 		s box and see ins					

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)

Sec	tion A. Public Support		<u> </u>	<u> </u>			
	ndar year (or fiscal yr beginning in)≻	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(4)2000	(1)				
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	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.						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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						
	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		τ		,	······································	
Caler	ndar year (or fiscal yr beginning in)►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	<u> </u>	ercentage		·	<del></del>	
	Public support percentage for 20			e 13, column (fl.)	<u> </u>	15	%
	Public support percentage from 2			,		16	
	tion D. Computation of Inv			<u> </u>			<u>_</u>
17	<del></del>				mn (f))	17	%
	Investment income percentage fi			<del>-</del>	V//	18	%
	a 33-1/3% support tests— 2012. If is not more than 33-1/3%, check	the organization of	did not check the	box on line 14, ai	nd line 15 is more s a publicly suppor	than 33-1/3%, and	
Ł	<b>33-1/3% support tests – 2011.</b> If the line 18 is not more than 33-1/3%	the organization o	did not check a bo	x on line 14 or lii	ne 19a, and line 16	5 is more than 33-1.	/3%, and ► □
20	Private foundation. If the organiz		· ·	-	•	., .	<b>▶</b>

Schedule A	(Form 990 or 990-EZ) 2012	Oklahoma Council	of Public Affairs, Inc.	_/3-14363/5 Page 4
Part IV	Supplemental Informatio Part II, line 17a or 17b; (See instructions).	n. Complete this part to p and Part III, line 12. Als	rovide the explanations required to so complete this part for any ad	y Part II, line 10; ditional information.
	·			
			<del></del>	
<del>-</del> -				
		<b></b>	·	

)12 Sched	ule A, Pa	art IV	- Supple	eme	ental Info	rmation	Page
ent 10090002	Oklahon	na Coui	ncil of Publi	c Af	fairs, Inc.		73-1436
24/13							03 0
Part II, Line 10 - Other Income	•						
Nature and Source	2012		2011		2010	2009	2008
Expense Reimbursement Total	\$	0. \$	10,904. 10,904.	\$ \$	3,510. 3,510.	16,800. 16,800.	23,692. 23,692.

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

		organizations Complete Fait III.	_	5	
	of organization			Employer identific	
		Public Affairs, Inc. ganization is exempt under section	501(c) or is a sec	73-143637	
1		organization's direct and indirect political of			· · · · · · · · · · · · · · · · · · ·
2	Political expenditures	organization's direct and municit pointear t	ampaign activities in	r r ait i v . ► §	\$
3	Volunteer hours			•	<u> </u>
Pa		rganization is exempt under secti	on 501(c)(3).	<del></del> · · ·	·
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	<b>▶</b> \$	0.
2	Enter the amount of any ex-	cise tax incurred by organization managers	under section 4955	<b>▶</b> \$	
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 :	Was a correction made?				☐Yes ☐No
	f 'Yes,' describe in Part IV.				
Pai	Complete if the o	rganization is exempt under secti	on 501(c) , exce	ot section 501(c)(3)	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functi	on activities 🟲 🕏	3
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for se	ction 527 exempt ► \$	8
3	Total exempt function exper line 17b	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	<b>3</b>
4	Did the filing organization fil	eForm 1120-POL for this year?			Yes No
5	organization made payments amount of political contribut	and employer identification number (EIN) s For each organization listed, enter the all ions received that were promptly and direct all action committee (PAC) If additional spa	mount paid from the lly delivered to a sec	filing organization's fun parate political organizat	ds Also enter the tion, such as a separate
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)			<u>.</u>		
(6)				-	

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 201	<sup>2</sup> Oklahoma C	ouncil of Public	Affairs, Inc.	73-14363	75 Page <b>2</b>
Part II-A Complete if t section 501(	he organization	is exempt under secti	on 501(c)(3) and filed	Form 5768 (election	under
A Check ► If the filli	ng organization be	longs to an affiliated group	(and list in Part IV each a	iffiliated group member	s name,
address,	EIN, expenses, a	nd share of excess lobbying	expenditures).		
B Check ► I If the filing	ng organization ch	ecked box A and 'limited co	ntrol' provisions apply		
(The term		bying Expenditures eans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence p	ublic opinion (grass roots lo	obbying).		
<b>b</b> Total lobbying expendition	ures to influence a	legislative body (direct lob)	oying)		
c Total lobbying expenditi	ures (add lines 1a	and 1b)		0.	0.
d Other exempt purpose	expenditures				
e Total exempt purpose e	expenditures (add l	ines 1c and 1d)		0.	0.
f Lobbying nontaxable an both columns	nount. Enter the a	mount from the following tal	ble in		<del>-</del>
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is	-	
Not over \$500,000	******	20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		'
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000	···-	\$1,000,000			;
g Grassroots nontaxable	amount (enter 25%	of line 1t)		0.	0.
<b>h</b> Subtract line 1g from lin	ne 1a. If zero or le	ss, enter -0-		0.	0.
Subtract line 1f from lin	e 1c. If zero or les	s, enter -0-		0.	0.
J If there is an amount ot section 4911 tax for this	her than zero on e s year?	either line 1h or line 1i, did t	he organization file Form	4720 reporting	Yes No
(Sol		4-Year Averaging Period that made a section 501(h) nns below. See the instruct	election do not have to co		
		bying Expenditures During			
Calendar year (or fiscal	43,0000	42.0010	43.0011	410.0010	4.3. T. ()
year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
<b>2 a</b> Lobbying non-taxable amount			240,348.		240,348.
<b>b</b> Lobbying ceiling amount (150% of line					.,
2a, column (e))					360,522.
c Total lobbying					
expenditures			74,796.		74,796.
<b>d</b> Grassroots nontaxable amount			60,087.		60,087.
e Grassroots ceiling amount (150% of line 2d, column (e))					90,131.
f Grassroots lobbying expenditures					0.

Page 3 73-1436375 Schedule C (Form 990 or 990-EZ) 2012 Oklahoma Council of Public Affairs, Inc. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? , Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a a Current vear b Carryover from last year 2 b c Total 2 c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

BAA

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Ok.	lahoma Council of Public Affai	rs, Inc.	73-1436375
Pai		dvised Funds or Other Similar Funds or A	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in d organization's exclusive legal control?	lonor advised funds Yes No
6	for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any othe	r purpose conferring Yes No
Pai	· · · · · · · · · · · · · · · · · · ·	elete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r	· 🗀	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
•	Preservation of open space		the form of a company of the second second
2	Complete lines 2a through 2d if the organization last day of the tax year.	on neid a qualified conservation contribution in	ine form of a conservation easement on the
	,		Held at the End of the Tax Year
i	Total number of conservation easements		2 a
ì	Total acreage restricted by conservation easer	ments	2 b
(	Number of conservation easements on a certif	fied historic structure included in (a)	2 c
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2 d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to co	onservation easement is located►	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, in	aspecting, and enforcing conservation easemer	nts during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9		orts conservation easements in its revenue and the organization's financial statements that o	
Par		ions of Art, Historical Treasures, or Otl wered 'Yes' to Form 990, Part IV, line	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, education, or resea	
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>*</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS		for financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
Ł	Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2012 Oklahon Partille Organizations Maintaining	na Council of Public	Affairs, Inc.	73-143 her Similar Assets		Page 2
3 Using the organization's acquisition,		<del></del>			ction
items (check all that apply):		·	9		
a Public exhibition	<b>—</b>	or exchange programs			
<b>b</b> Scholarly research	e U Other	·			
c Preservation for future generation					
4 Provide a description of the organiza Part XIII.				se in	
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as part of the	organization's collection	1?	Yes	No
Escrow and Custodial Arrange reported an amount on F	ments.Complete if the organiza orm 990, Part X, Iine 21.	ation answered 'Yes' to	Form 990, Part IV, line	∍ 9, or	
1 a Is the organization an agent, trustee on Form 990, Part X?	, custodian, or other intermediar	y for contributions or oti	her assets not included	☐ Yes [	□No
<b>b</b> If 'Yes,' explain the arrangement in the	Part XIII and complete the follow	ing table.			
<u>.</u>		··· <b>·</b>		Amount	
c Beginning balance			1 c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			1 f		
2 a Did the organization include an amount	unt on Form 990, Part X, line 211	?		Yes	No
<b>b</b> If 'Yes,' explain the arrangement in l	Part XIII. Check here if the expla	ntion has been provided	d in Part XIII	[	
Part V. Endowment Funds. Comp	lete if the organization ans	wered 'Yes' to Form	n 990 Part IV line	10	
INC. SCHOOL ETTERS OF THE STATE	(a) Current (b) Prior year		(d) Three years	(e) Four yea	ars
1 a Beginning of year balance				+ ','	
<b>b</b> Contributions					
c Net investment earnings, gains,				1	
and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities					
and programs  f Administrative expenses				+	
■ End of year balance				+	
2 Provide the estimated percentage of	the current year end halance (lin	ne la column (a)) held	ac		
a Board designated or guasi-endowme	·	ic 1g, column (a)) nelu	us		
<b>b</b> Permanent endowment ►					
c Temporarily restricted endowment ►	<del></del>				
The percentages in lines 2a, 2b, and					
3a Are there endowment funds not in th	·	that are held and admi	inistered for the		<del>,</del>
organization by				Yes	No
(i) unrelated organizations				3a(i)	<del> </del>
(ii) related organizations b If 'Yes' to 3a(ii), are the related orga	nizations listed as required on S	obodulo D2		3a(iı)	-
4 Describe in Part XIII the intended us				3b	<u> </u>
Range Land, Buildings, and Equ					
Description of property	(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book va	alue
1 a Land	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,172,870.	2001001411011	1 172	,870.
<b>b</b> Buildings	1	1,320,714.	272,182.	1,048	
c Leasehold improvements					, 552.
<b>d</b> Equipment		119,051.	55,684.	63	,367.
e Other		99,173.	116,604.		,431.
Total. Add lines 1a through 1e. (Column (d	) must equal Form 990, Part X, o		>	2,267	
BAA		<del></del>	Scher	tule D (Form 90	

Part VII	Investments - Other Securities. See For	<u>m 990, Part X, line</u>	12. N/A	
,	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation end-of-year market	Cost or value
(1) Financ	ial derivatives			
-	-held equity interests			
(3) Other				
(A)				
(B)				<u> </u>
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	
(E)				
 (F)	<del></del>			<u> </u>
(G)	<b></b>			
(H)				
	<del>-</del>			
	nn (b) must equal Form 990, Part X, column (B) line 12)			
	Investments - Program Related. See	Form 990, Part X.	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	
(1)			ond or year market	Talus
(2)				
(3)				·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,		· · · · · · · · · · · · · · · · · · ·	
I UIT IX		scription		<b>(b)</b> Book value
(1)	(4,55			(a) Doon value
(2)				
(3)	***************************************			
(4)				
(5)				
(6)				
(7)			·	
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·		<del></del> -	
(10)	(81 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		* ***	
	umn (b) must equal Form 990, Part X, column (E	3) line 15 )	<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part	<del></del>		
I WILK	(a) Description of liability	(b) Book value		
(1) Feder	ral income taxes	(, 2 - 5 : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<del></del>	
(2)				
(3)				
(4)			<del></del>	
(5)	<del></del>			
(6)				
(7)		_		
(8)				
(9)			-	
(10)			_	
(11)			<del> </del>	
	n (h) must squal Form 000 Part Vt (D) t (C)		<del></del>	
	n (b) must equal Form 990, Part X, column (B) line 25.) CC 740) Footnote In Part XIII, provide the text of the footnote t	o the organization's financial	statements that reports the organization's liability	for uncertain, tay positions
inder FIN 48 (	ASC 740). Check here if the text of the footnote has been prov	ided in Part XIII	tations and reporte the organization a nability	To anociain ax positions

TEEA3303L 12/23/12

Schedule D (Form 990) 2012 Oklahoma Council of Public Affairs, Inc.

BAA

73-1436375

Schedule **D** (Form 990) 2012

Page 3

Schedule D (Form 990) 2012 Oklahoma Council of Public Affair	s, Inc.	73-1436375	_ Page 4
Part XI   Reconciliation of Revenue per Audited Financial Statements		Return	
1 'Total revenue, gains, and other support per audited financial statements	•		,428,599.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3 1	,428,599.
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:			,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<del></del>	,428,599.
Part XII Reconciliation of Expenses per Audited Financial Statement		<del></del>	, 420, 333.
1 Total expenses and losses per audited financial statements	3 Willi Expenses p		,859,825.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			,000,020.
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b	<del> </del>	
c Other losses	2 c	<del></del>	
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	Zu	2 e	
3 Subtract line 2e from line 1			,859,825.
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	1 1	3 1	, 039, 023.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	_ <del></del>	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	)		,859,825.
Part XIII Supplemental Information	<u></u>	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also co	Part III, lines 1a and 4, mplete this part to pro	Part IV, lines 1b and 2 vide any additional info	b; Part V, rmation
	·		
	·	<del></del> -	
	. <b></b>		
BAA		Schedule <b>D</b> (Fo	rm 990) 2012

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

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Ok]	lahoma Council of Publ:	ic Affairs	. Inc.				73-143637	
Pai	Fundraising Activities.Comp	lete if the orga	nızatıon ar		es' to Form 990, Part I	V, line 1		
1	Form 990-EZ filers are not re Indicate whether the organization	· · · · · · · · · · · · · · · · · · ·			owing activities. Check	all that	apply.	<del> </del>
-	Mail solicitations	Taisca Tarias III	lough any	OI (11C 10II	Solicitation of non-			
ŀ	- 片	c		f	Solicitation of gove	_		
	片,	3		'	X Special fundraising		grants	
-	In-person solicitations			9	N Special fullulaising	j events		
	<b>□</b> '							
2 8	Did the organization have a writtel employees listed in Form 990, Pai	n or oral agreei rt VII) or entitv	ment with in connect	any individ tion with p	iuai (including oπicers, rofessional fundraising	services	s, trustees or k ;?	ey Yes X No
t	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en	tities (fund		_			
(1)	Name and address of individual	(ii) Activity	(ıiı) Dıd	fundraiser	(IV) Gross receipts	<b>(v)</b> An	nount paid to	(vi) Amount paid to
	or entity (fundraiser)		have custo of contr	dy or control libutions?	from activity	fundra	etained by) aiser listed in olumn <b>(i)</b>	(or retained by) organization
			Yes	No				
1								
			<u> </u>					
2								
3								
4								
5								
6							1	
7								
8								
			ļ <u> </u>					
9							_	
10								
「otal				<b>-</b>				0.
3	List all states in which the organiz	ation is register	ed or licer	nsed to so	licit contributions or ha	s been r	otified it is exe	mpt from registration
	or licensing. OK							
	<u></u>					·		
			<del>-</del>	<b></b>				
		<del></del>			<del></del>	<del>-</del> -	<del></del>	
			<del>_</del>	<b></b>		<del>-</del> -	<del></del>	
						- <b>-</b>		
						- <del>-</del>	<del>-</del>	
				<b>-</b>			- <b>-</b>	
					<del></del>			
								- <i>-</i>

		G (Form 990 or 990-EZ) 2012 Oklahon				
Pai	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts gro	event contribution:	red 'Yes' to Form 99 s and gross income	0, Part IV, line 18, on Form 990-EZ,	or reported lines 1 and 6b.
R E			(a) Event #1  Citizenship Di  (event type)	(b) Event #2 Liberty Gala (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	144,100.	41,625.		185,725.
E	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	144,100.	41,625.		185,725.
	4	Cash prizes.				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	44,085.	36,219.		80,304.
S	10	Direct expense summary Add lines 4 thr Net income summary Combine line 3, co	•		<b>.</b>	80,304. 105,421.
Par		Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' to	Form 990, Part IV, I	ine 19, or reported	
REVENUE	_		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
Ε	2	Cash prizes				
D I R N S E C T	3	Non-cash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes 8	Yes %	,
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•	
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	<b>•</b>	
	ls th	er the state(s) in which the organization of ne organization licensed to operate gaming lo,' explain:	g activities in each of th			Yes No
		e any of the organization's gaming license es,' explain	•	or terminated during the	-	Yes No
ВАА			TEEA3702L C	11/07/13	Schedule <b>G</b> (For	rm 990 or 990-EZ) 2012

SCHE	edule <b>G</b> (Form 990 or 990-EZ) 2012 Oklahoma Council of Public Affairs, Inc.	3-14363/5	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	med to	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	8
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	
	Name •		
	Address •		
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue	? Yes	No
	of Yes,' enter the amount of gaming revenue received by the organization \$ and the		لسنا
-	of gaming revenue retained by the third party ► \$		
С	: If 'Yes,' enter name and address of the third party:		
	Name •		
			<sub>1</sub>
	Address •		<sup>l</sup>
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to ret state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the	
Dar	organization's own exempt activities during the tax year > \$	N by Dort I June	2h
rar	<b>t IV</b> Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic this part to provide any additional information (see instructions).	able. Also comp	olete
		<del>, "</del>	
			<del></del>

# Employer identification number 73-1436375 Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part I General Information on Grants and Assistance Oklahoma Council of Public Affairs, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I

Open to Public, Inspection

OMB No 1545 0047

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□Yes

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

PartII

General support (h) Purpose of grant or assistance (g) Description of non cash assistance (f) Method of valuation (book, FMV, appraisal, other) Fair market value 0 (e) Amount of non cash assistance (d) Amount of cash grant 91,738 (c) IRC section if applicable 27-3686718 (b) EIN 1401 N. Lincoln Blvd., #100 1 (a) Name and address of organization or government Oklahoma City, OK 73104 (1) OCPA OPS, Inc. I 1 1 3 €¦ 9 ල 3 6 ⊛¦

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

(f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I (Form 990) (2012) Oklahoma Council of Public Affairs, Inc.

Rational Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 2 9

Page 2

Schedule I (Form 990) (2012)

BAA

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

**Transactions With Interested Persons** 

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

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

Open to Public Inspection

	noma Counci	l of Publ	ic Affair	s. In	ıc						3637		unibei		
Part I	Excess B	enefit Trans the organizatio	actions (se	ction 5	01(c)(3	3) and	d section 5	01(c)(4) or	ganiza	ation	s onl	y).	nh.		
	(a) Name of disqu				p between d				escription			11116 4	ОБ.	(d) Cor	rected?
1	(a) Name of disqu	aillieu person	(5)		nd organiza			(6)56	scription	OI Galls	sacuon			Yes	No
(1)			<del> </del>						<del>-</del>					<del>                                     </del>	-
(2)															
(3)															
(4)															
(5)	•														
(6)															
se	nter the amount of the transfer the amount of the the amount of the transfer the amount of the transfer the transfer the transfer the transfer tran				-	·		ons during the	e year i	under	►\$ ►\$				
Part II	Loans to Complete if the	and/or From ne organization a reported an am	Interested nswered 'Yes' or	Person Form 9 990, Par	ns. 90-EZ, Pa	ge V, Iı 5, 6, or	ne 38a or Forr	m 990, Part IV,		,	<u>-</u>	by bo	oproved pard or	(ı) W	ritten ment?
				To	From					Yes	No	-	committee? Yes No		No
(1) D	atrick T.	Rooney		10	Prom					162	No	165	110	Yes	140
(2)	actick 1.	rooney		X				460	489.	┿	<del>  x</del>	Х	1	Х	1
(3)		<del></del>		+ A				400,	405.	+	A	Λ	1	<u> </u>	
(4)								<del></del>		+			╁─┈	<del> </del>	
(5)				1				<del> </del>					<del> </del>		
(6)				+				<del>- </del>		<u> </u>			<del></del> -		
(7)	-	-		<del> </del>						╁					<del>                                     </del>
(8)				+				†		+		<del> </del>			<del></del>
(9)				+						1		<del>                                     </del>	<del> </del>		
(10)				<del> </del>						1			+ -		
Total		<u>-L</u>					►\$	460,	489	A <sub>2</sub>	·	(ha).\s	्र्युक का ५	F = 17	٠,
Part II		Assistance ne organization a	Benefiting nswered 'Yes' or	Interes	sted Pe 90, Part I	rson: V, line 2	<b>s.</b> 27.	,	100.	-l			, -,		
20.	(a) Name of intere	sted person	(b) Relationship	between the organ		erson	(c) Amount	of assistance	<b>(d)</b> Typ	e of Ass	sistance	(e)	Purpos	e of assi	stance
(1)															
(2)															
(3)															
(4)															
(5)															
(6)		·													
(7)															
(8)															
(9)															

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

Schedule L (Form 990 or 990-EZ) 2012

Partily	L (Form 990 or 990-EZ) 2012 Ok  Business Transactions In Complete if the organization answer	volving Interested Personal Vacion Form 000, Part IV In	ons.	, 73-1436375	<del></del>	Page 2
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha	aring of zation's nues?
		organization			Yes	No
(1)						
(2)						<u> </u>
(3)						<del>                                     </del>
(4)				<del></del>		<del> </del>
(5) (6)	W -				+	
(7)	****				<del> </del>	<del>                                     </del>
(8)						
(9)						
(10)						
<b>Party</b>	Supplemental Information	al	ontono on Cahadula I	(acc. matruations)		
	Complete this part to provide addition	ar information for responses to qu	estions on Schedule F (	(See instructions).		
					<del>-</del>	
						. <b></b> _
					<del>-</del>	
						- <b>-</b> -
	·					
					<del>-</del>	. – – -
_ <b>_</b>						
		<b></b>	·			

### 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 Bublic

Employer identification number

Oklahoma Council of Public Affairs, Inc.	73-1436375
Form 990, Part III, Line 4d - Other Program Services Description	
Summer Speaker - Annual event to present a guest speaker to di	scuss various matters
designed to educate the public on various public policy topics	<u></u>
Founded the "What Would Reagan Do?" program recognizing the go	vernmental policies of
Ronald Reagan and seeking public dialogue regarding government	spending.
Essay Contests - Awards presented to high school seniors based	on essay related to
questions regarding citizenship.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Form 990 is reviewed by the organization's Board of Truste	es prior to signature
and filing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
The conflict of interest policy covers Interested Persons, inc	luding officers,
directors, or members of a committee that have a direct or ind	irect_financial
interest. The Interested Person must disclose the existence of	a conflict of
interest and all material facts to the board of directors or m	embers of a committee
considering the proposed transaction or arrangement. The board	or committee then
decides_whether_a conflict_of_interest_exists In_the_event_t	he board or committee
determines a conflict of interest exists, appropriate discipli	nary_and_corrective
action_will_be_taken_to_eliminate_the_conflict.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management
Board of Directors/Trustees considered the recommendations of	the chief executive
officer and compared the recommendations to the information pro-	ovided by the State
Policy Network ranges of comparable salaries and compensation	for similar

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Oklahoma Council of Public Affairs, Inc.

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. • See separate instructions.

Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

OMB No 1545 0047

Open to Public Inspection

Employer identification number

73-1436375

Schedule R (Form 990) 2012 (g) Sec 512(b)(13) controlled entity? ŝ (f) Direct controlling  $\bowtie$ Yes entity (f)
Direct controlling
entity Inc Council of | Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Oklahoma Public Affairs, (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 509(a)(3) (d) Total income (d) Exempt Code section TEEA5001L 12/28/12 501(c)(3)(c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) Я (b) Primary activity Charitable and <u>organization</u> educational supporting (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Liberty Foundation of Oklahoma, 1401 N. Lincoln Blvd., #500 - Oklahoma City, OK 73104-2801 - 26-1105474 (a) Name, address, and EIN of related organization Part II 1 ı 1  $\varepsilon_{l}$ <u>(</u>2 ල ପ୍ର¦ ୍ଟା <u></u>

Schedule R (Form 990) 2012 Oklahoma Council of Public Affairs,

Part III

Schedule R (Form 990) 2012 (i) Sec 512(b)(13) controlled entity? (k) Percentage ownership No Yes (i) General or managing partner? Yes No (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Dispropor-tionate allocations? ٩ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 12/28/12 Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization <u>e</u> Part IV 1 BAA  $\varepsilon$ Ξ¦ ସ¦ ල ଷ୍ଟ¦ ୍ର

73-1436375

Schedule R (Form 990) 2012 Oklahoma Council of Public Affairs, Inc.

| Part V | Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule		Yes	N N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			×
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1 p	×
c Gift, grant, or capital contribution from related organization(s)		1c	×
d Loans or loan guarantees to or for related organization(s)		1 q	×
e Loans or loan guarantees by related organization(s)		Je	×
		-	=
f Dividends from related organization(s)		-	×
g Sale of assets to related organization(s)		1g	×
h Purchase of assets from related organization(s)		٦ ۲	×
i Exchange of assets with related organization(s)		;=	×
j Lease of facilities, equipment, or other assets to related organization(s)		<u>-</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)		- <del> </del> <del> </del> <del> </del> <del> </del> <del> </del> <del> </del>	×
I Performance of services or membership or fundraising solicitations for related organization(s)		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)		E	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		- L	×
o Sharing of paid employees with related organization(s)		10	×
<b>b</b> Reimbursement paid to related organization(s) for expenses			>
<b>a</b> Reimbursement paid by related organization(s) for expenses			: >
ביינוייסקייס יון ליינוייסקייס טופייסקייס יון ליינוייסקייס ייס יון ליינוייסקייס יון ליינוייסקייסקייסקייסקייסקייסקייסקייסקייסקייס		5	4
r Other transfer of cash or property to related organization(s)		-	1×
s Other transfer of cash or property from related organization(s)		18	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	lips and transaction threshold	ds.	
(a) Name of other organization  Transaction type (a-s)	Amount involved Meti	(d) Method of determining amount involved	rmınıng İved
(1)		:	
(2)			
(3)			
(4)			
(5)			
(9)			
BAA TEEA5003L 12/28/12	Schedule R	R (Form 990) 2012	90) 2012

# Parwill Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

· · · · · · · · · · · · · · · · · · ·	Primary activity	Legal domicile	(a) Predominant	(e) Are all partners	Share of	(g) Share of	(h) Dispropor-	Code V-UBI	(i) General or	<b>(k)</b> Percentage
		(state or foreign country)	income (related, unre- lated, excluded from tax under	section 501(c)(3) organizations?			tionate allocations?	amount in box 20 of Schedule K-1 Form (1065)	managing partner?	ownership
			section 512-514)	Yes No			Yes No	(2001)	Yes No	
(1)										
(2)										
	-									
(3)										
(4)										
(5)										
(9)										
	-									
( <i>i</i> )						•				
										-
(8)										
							_			
ВАА			13E	TEEA5004L 12/28/12				Schedu	Schedule <b>R</b> (Form 990) 2012	990) 2012

Schedule R	(Form 990) 2012	Page 5
Rantivus	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	-
		<del>-</del>
<del>-</del>		
· 		
<del>-</del>		
<b>-</b>		
<del>-</del>		