



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 03-01-2012

, and ending 02-28-2013

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization JANE PHILLIPS SOCIETY BARTLESVILLE	D Employer identification number 73-0400197
Number and street (or P O box, if mail is not delivered to street address) PO BOX 2425	Room/suite
City or town, state or country, and ZIP + 4 BARTLESVILLE, OK 74005	F Group Exemption Number ► 0428

G Accounting Method Cash Accrual Other (specify) ► _____

H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► NA

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) ► (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 84,277

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	26,137
	3 Membership dues and assessments	3	855
	4 Investment income	4	40,344
	5a Gross amount from sale of assets other than inventory	5a	5
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	16,936
	b Less cost of goods sold	7b	11,527
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,409
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	72,750
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	77,542
	17 Total expenses. Add lines 10 through 16 ►	17	77,542
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,792
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	237,897
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	233,105

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	222,331	22	218,012
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	15,566	24	15,093
25 Total assets	237,897	25	233,105
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	237,897	27	233,105

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

CHARITABLE AND SOCIAL ACTIVITES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 CHARITABLE ACTIVITIES-PROVIDED SUPPORT FOR PROGRAMS FOR THE ELDERLY AND HANDICAPPED, YOUTH AND CHILDREN, MEDICAL ASSISTANCE AND COMMUNITY AND CIVIC ACTIVITIES (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	51,930
29 CHAPTER ACTIVITIES - PROVIDED FACILITIES AND OPPORTUNITIES FOR SOCIAL INTERACTION AMONG EMPLOYEES OF CONOCOPHILLIPS COMPANY (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	25,612
30 CHARITABLE ACTIVITIES-PROVIDED SUPPORT FOR PROGRAMS FOR THE ELDERLY AND HANDICAPPED, YOUTH AND CHILDREN, MEDICAL ASSISTANCE AND COMMUNITY AND CIVIC ACTIVITIES (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	77,542

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

	Yes	No
33		No
34		No
35a	Yes	
35b	Yes	
35c		No
36		No
37a		
37b		No
38a		No
38b		
39a	0	
39b	0	
40a	Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	
40b		
40c		
40d		
40e		No
41	List the states with which a copy of this return is filed ► OK	
42a	The organization's books are in care of ► SANDY MASON	Telephone no ► (281) 293-2190
	Located at ► 164 ADAMS BUILDING 164 ADAMS BUILDING BARTLESVILLE, OK	ZIP + 4 ► 74004
42b		No
42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer GREG SWANEY TREASURER Type or print name and title	2013-10-21 Date
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Paid Preparer Use Only	Print/Type preparer's name DEBORAH E MUEGGENBORG	Preparer's signature DEBORAH E MUEGGENBORG	Date 2013-11-01	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ARCHAMBO & MUEGGENBORG PC	Firm's EIN ►			
	Firm's address ► 302 SE OSAGE AVE BARTLESVILLE, OK 740033931	Phone no (918) 336-0008			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 73-0400197
Name: JANE PHILLIPS SOCIETY BARTLESVILLE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TRISH HARRIS VICE-PRES	000 00	0		
GREG SWANEY TREASURER	000 00	0		
MARY JANE WYATT SECRETARY	000 00	0		
KAREN LUTKE PRESIDENT	000 00	0		
ELAINE STEVENS DIRECTOR	1 00	0		
DEBBIE LAROCHE DIRECTOR	1 00	0		
PATTIE SHIPP DIRECTOR	1 00	0		
SANDY MASON DIRECTOR	1 00	0		
GROVER SHELTS DIRECTOR	1 00	0		
GAIL BARNETT DIRECTOR	1 00	0		
KATHY SHELTS DIRECTOR	1 00	0		
MICHELLE SWANEY DIRECTOR	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2012**Open to Public
Inspection**Name of the organization
JANE PHILLIPS SOCIETY BARTLESVILLE**Employer identification number**

73-0400197

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	INVESTMENT INCOME ALL-STAR THERAPEUTIC RIDI 3,000 BARTLESVILLE SPECIAL OLYM 500 DAY BREAK-ELDER CARE 700 NURSING HOME CHRISTMAS 350 NATIONAL MEMORIAL FUND 330 JPS DENVER 250 JPS MEX-TEX 250 JPS OKC 250 DEBBIE ELAM 100 AGAPE MISSION 1,000 ASBC-BOY'S GOLF 200 BARTLESVILLE AREA BASEBAL 200 BVILLE FRIENDS OF PARK 250 BHS AFTER PROM 300 BHS GRADUATION PROJECT 300 BVILLE SPORTS COMMISSION 402 BIG BROS BIG SIS 1,700 BOYS & GIRLS CLUB 3,000 CHEROKEE BSA 500 CHILDRENS CNTR-BETHANY 100 CONCERN CHILD LEARNING 500 COPAN HS AFTER PROM 200 DEWEY FFA 1,000 FOSTER CHILDREN CHRISTMAS 200 GIVE BACK AMERICA 700 HEADSTART 148 JANE PHILLIPS ELEMENTARY 3,500 MUTUAL GIRLS CLUB 847 NOWATA HS AFTER PROM 200 OK CITY UNIV 1,000 OSU 2,000 ON THE ROCK MINISTRIES 3,039 PATHS OF INDEPENDENCE 800 RAY OF HOPE ADVOCACY CTR 250 ROGERS STATE U 1,000 SALVATION ARMY 500 SERVICE LEAGUE-BVILLE 500 WASHINGTON CNTY 4-H 500 WASHINGTON CNTY SCHOOL SU 3,000 55+ ACTIVITY CENTER 1,000 AGAPE MISSION 1,000 AMERICAN RED CROSS 1,000 ANIMAL RESCUE FND 300 UNITED WAY BRW 200 BVILLE COMM FND-BRIDGE TO 2,250 BVILLE COMM FND-LEAD BVL 700 BLUE STAR MOTHERS 500 CHURCH WOMEN UNITED 800 CONCERN FOUNDATION 150 FAMILY CRISIS & COUNSELIN 50 FAMILY HEALTH CLINIC 1,000 FRANK PHILLIPS HOME 300 FRIENDS IN DEED 500 FRIEND OF FP HOME 1,266 FRIENDS OF WOOLAROC 100 GREEN COUNTRY FREE CLINIC 500 HAVEN LFORGE MEM TOURN 50 HOPE CENTER 1,548 LIGHTHOUSE OUTREACH 500 MARTHA'S TASK 850 OCHELATA VOL FIRE DEPT 500 OGLESBY VOL FIRE DEPT 500 OK MOZART 500 SONS OF AM LEGION 105 800 SUNFEST 500 WASH CNTY SPCA 1,000 EXPENSES CHAPTER ACTIVITIES 20,206 NATIONAL DUES 200 ANNUAL PAYMENT 705 GIFTS & FLOWER FOR MEMBER 106 MISC 240 NATIONAL CONVENTION 2,070 TAX PREP FEE 138 OKLAHOMA SALES TAX 1,228 CREDIT CARD FEES 391 GIFT SHOP SUPPLIES 328 TOTAL 77,542
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	MISC PRIOR PERIOD ADJUSTMENT 0
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 15,566 15,093 FURNITURE AND EQUIPMENT 14,746 0 LESS ACCUMULATED DEPRECIATION 14,746 0 LAPTOP COMPUTER 1,147 0 LESS ACCUMULATED DEPRECIATION 1,147 0 TOTAL 15,566 15,093
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	CHARITABLE ACTIVITIES-PROVIDED SUPPORT FOR PROGRAMS FOR THE ELDERLY AND HANDICAPPED, YOUTH AND CHILDREN, MEDICAL ASSISTANCE AND COMMUNITY AND CIVIC ACTIVITIES

TY 2012 Compensation Explanation

Name: JANE PHILLIPS SOCIETY BARTLESVILLE

EIN: 73-0400197

Person Name	Explanation
TRISH HARRIS	
GREG SWANEY	
MARY JANE WYATT	
KAREN LUTKE	
ELAINE STEVENS	
DEBBIE LAROCHE	
PATTIE SHIPP	
SANDY MASON	
GROVER SHELTS	
GAIL BARNETT	
KATHY SHELTS	
MICHELLE SWANEY	

TY 2012 GeneralDependencySmall**Name:** JANE PHILLIPS SOCIETY BARTLESVILLE**EIN:** 73-0400197**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction
Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK**Attachment Information:** YEAR ENDING: FEBRUARY 28, 2013 73-0400197 JANE PHILLIPS SOCIETY BARTLESVILLE JANE PHILLIPS SOCIETY BARTLESVILLE PO BOX 2425 BARTLESVILLE, OK 74005 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.