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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of 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

OMB No 1545-1150

2012

Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning 03-01-2012 , and ending 02-28-2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JANE PHILLIPS SOCIETY BARTLESVILLE	<b>D</b> Employer identification number 73-0400197
	Number and street (or P O box, if mail is not delivered to street address)Room/suite PO BOX 2425	<b>E</b> Telephone number (281) 293-2190
	City or town, state or country, and ZIP + 4 BARTLESVILLE, OK 74005	<b>F</b> Group Exemption Number ► 0428

<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I Website:</b> ► NA	
<b>J Tax-exempt status</b> (check only one)— <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 7) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	26,137
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	855
	<b>4</b>	Investment income . . . . .	<b>4</b>	40,344
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	5
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	5
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) .	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
Expenses	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	16,936
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	11,527
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	5,409
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	<b>9</b>	72,750
	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
Net Assets	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	77,542
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	<b>17</b>	77,542
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-4,792
	<b>19</b>	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) . . . . .	<b>19</b>	237,897
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	<b>21</b>	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

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

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

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

30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

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	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	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		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	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 . . . . .		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 ☐

		Yes	No
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 . . . . .		
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? . . . . .		
49b	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		2013-10-21 Date	
	GREG SWANEY TREASURER Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature DEBORAH E MUEGGENBORG	Date 2013-11-01	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/> ARCHAMBO & MUEGGENBORG PC				Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/> 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.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization JANE PHILLIPS SOCIETY BARTLESVILLE	Employer identification number  73-0400197
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Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	INVESTMENT INCOME ALL-STAR THERAPEUTIC RIDI 3,000 BARTLESVILLE SPECIAL OLY M 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 BRUW 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 LEFORGE 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.