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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)

OMB No 1545-0047

Inspection

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

Open to Public

<u>A                                    </u>	or the	2012 calendar year, or tax year beginning JUL 1, ZU1Z and	<u>ل enaing</u>	UN 30, 2013	
B	Check if pplicable	C Name of organization		D Employer identific	cation number
	Addres change	SCHOOLHOUSE SUPPLIES, INC.			
	Name _change	Doing Business As		20-4	223437
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Termin	· ·		503-	249-9933
F	Ameno			G Gross receipts \$	3,296,055.
$\vdash$	Applica			H(a) Is this a group re	
_	tion pendin			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
				1	
		mpt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527		list (see instructions)
		e: WWW.SCHOOLHOUSESUPPLIES.ORG	1	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other ►  Summary	<u>  L Year</u>	or formation: 2000] N	1 State of legal domicile: OR
_	1	Briefly describe the organization's mission or most significant activities: SERV	ING CI	ASSROOMS BY	OPERATING
Activities & Governance		A FREE STORE.			
Ē	1	Check this box   If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
Ş	i -	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)		4	9
<b>∞</b> ŏ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	11
Ę.	1			6	1220
ξį	1	Total number of volunteers (estimate if necessary)		7a	0.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	Т-	···	
Revenue		0	-	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	<u> </u>	2,777,070.	3,202,428.
	1	Program service revenue (Part VIII, line 2g)	<u> </u>	78,941.	77,997.
	i	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1,302.	1,004.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	-88,174.	-79,653.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,769,139.	3,201,776.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,407,094.	<u>2,741,907.</u>
	14	Benefits paid to or for members (Part IX, column (A)-line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		351,464.	389,894.
Expenses	16a	Professional fundraising fees (Part X redium (A), line (1) e)		0.	0.
g	b	Total fundraising expenses (Part 1x, column (D), line 250 ► 281, 7	10.		
ш	1 1/	Other expenses (Part IX, column (A), lines 114014, 11, 204)		107,659.	106,239.
	18	Total expenses Add lines 13-17 (mps) equal Part IX column (A), line 25)		2,866,217.	3,238,040.
	19	Revenue less expenses. Subtract line 18 from line 12		-97,078.	-36,264.
Net Assets or Fund Balances		Revenue less expenses. Sporact line 18 from line 12	Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,170,974.	1,235,589.
Ass	21	Total liabilities (Part X, line 26)	_	32,250.	133,029.
Net	22	Net assets or fund balances Subtract line 21 from line 20		1,138,724.	1,102,560.
	art II	Signature Block			= / = v = / = v = v
_		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	v knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			j monogo ana asia, is is
1100	, 001100	FAVVE SWEET VICE	mon propuro	3 510	
<u> </u>		Signatura of officer		Date 1	
Sig		1			
He	re	JENNIFER BARTH, EXECUTIVE DIRECTOR  Type or print name and title			
				Date Check	PTIN
		Print/Type preparer's name  Preparer's signature		2/26/14 self-employ	
Pai		GARY MCGEE			ed P00743279
	parer	Firm's name GARY MCGEE & CO. LLP	^	Firm's EIN	<del></del>
. US€	Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 70	U		E031 333 3545
<b>\</b> _		PORTLAND, OR 97204		Phone no. (	503) 222-2515
"Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No

SCANNED APR 1 7 2014

232001 12-10-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012) SCHOOLHOUSE SUPPLIES, INC.

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedulue A  Is the organization required to complete Schedulue B, Schedule of Contribution?  It has been been been been been been an analysis of the organization required to complete Schedulue C, Part II  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during that is year? If "Yes," complete Schedulue C, Part II  Beet organization as defined in Reviews Procedure B 1919 If "Yes," complete Schedulue C, Part III  Did the organization maintain any donor advised funds or any smilar funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization receive the folial accident in such funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization required broid a conservation ceasement, including assements to previous assembly the environment, historic land areas, or historic structures? If "Yes," complete Schedulue D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liabelty, serve as a custodian for amounts in the lated in Part X, or provide corded courseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedulue D, Part III  Did the organization report an amount for institute of years as applicable.  Did the organization report an amount for investments or the section of years as applicable.  Did the organization report an amount for investments or years as applicable.  Did the organization report an amount for investments or the section of years as applicable.  Did the organization report an amount for investments or the year organization report of the total assets reported in Part X, line 1911 "Yes," complete Schedulue D, Part IVIII  Did the organization report an amount for investments organization report an amount for investments or years are part IVIII.  Did the organization report an amount for					
# "Yes," complete Schedule A  2				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors?  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 II  Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II is the organization as ection 501(c)(3). 501(c)(5), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6). Organization that receive membership dues, assessments, or similar amounts as defined in Neeveue Procedule 91-91 If 'Yes,' complete Schedule C, Part II or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or of amounts in such funds or accounts for which donors have the right to provide advice or any similar funds. Provide or accounts the funds or accounts for which donors have the right to provide advice or any similar funds. Provide or accounts the funds or account to provide advice or accounts for which donors have the right to provide advice structures? If 'Yes,' complete Schedule D, Part II or the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X for provide credit courseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part VII or the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part VII or the organization report an amount for investments or their securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 160 III 'Yes,' complete Schedule D, Part VII or the organization report an amount for other labilities in Part X, line 151 that	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dut the organization engage in direct or indirect political campagin activities, or have a section 501(h) election in effect during the tax year? **If **Pes*, **Complete Schedule C, Part II**  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 **Pes*, **Complete Schedule C, Part II**  Did the organization marks any donor advised funds or any small runds 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, Part II**  Did the organization marks any donor advised funds or any small runds 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, Part II**  Did the organization report an amount in Part X, line 21, for escrew or custodial account labelity, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt inegotation services? If **Yes*, **complete Schedule D, Part IV**  Did the organization director for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If **Yes*, **complete Schedule D, Part IV**  If the organization service for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If **Yes*, **complete Schedule D, Part IV**  If the organization service in through a related organization, hold assets reported in Part X, line 16° If **Yes*, **complete Schedule D, Part IV**  Did the organization report an amount for investments - pringram related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If **Yes*, **complete Schedule D, Part X X**  Did the organization shallow for uncertain tax positions under In Part X, line 15° If **Yes*, **complet		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part II  Section 501(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(8). 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newreue Procedure 88-197 If "Yes," complete Schedule C, Part II  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic articulars? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization inport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in proxible organization, hold assets in temporanty restricted endowments, permanent endowments, or quase-indownents? If "Yes," complete Schedule D, Part VI  If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI  Did the organization report an amount for liand, buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  Did the organization report an amount for investments - organize interesting an amount for investments - organize interesting an amount for other seases in Part X, line 13 that is 5% or more of	2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	<u> X</u>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(8) election in effect during the tax year? If 'Yes', complete Schedule C, Part II 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 98-191 If 'Yes', complete Schedule C, Part II is Did the organization markina may donor advected funds or any similar funds or accounts? If 'Yes', complete Schedule D, Part II is Did the organization reverse or hold a conservation assement, notucing easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes', complete Schedule D, Part II is Did the organization market or obdice ons of works of art, historical resources? If 'Yes', complete Schedule D, Part II is Did the organization and organization assement and organization assembly and organization and org	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year? if "Yes," complete Schedule C, Part ii  s is the organization a section 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? // "Yes," complete Schedule C, Part Iii  b of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II  b of the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II  b of the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III  b of the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III  b of the organization report an amount in Part X, line 1, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IVI  b of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasteriodisments, or quasterior and amount for investments - program elated in Part X, line 10? II "Yes," complete Schedule D, Part XIII  b of the organization report an amount for investments, program elated in Part X, line 13 that is 5% or more of its total assets reported in Part X,		public office? If "Yes," complete Schedule C, Part I	_ 3		X_
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  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 X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  14b 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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV  16 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  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 of aggregate grants on assistance to individuals located outside the United States? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			11e	X	
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	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			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<b> </b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			]
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	_31_		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
~~	Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	ļ	Х
0.4	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		_X_
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35 <u>a</u>		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		1.
30	If "Yes," complete Schedule R, Part V, line 2	36	1	Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		1
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
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Form 990 (2012) SCHOOLHOUSE SUPPLIES 20-4223437 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -O- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 11 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 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 services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f N/If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/Ah If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/Aorganization, 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? N/A9a N/A Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. N/A Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers. 13

a Is the organization licensed to issue qualified health plans in more than one state? 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

c Enter the amount of reserves on hand

amounts due or received from them )

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

N/A 13a 13b 13c X 14a 14b

12a

11b

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	_	_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınan	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization o	tion 🕨	·	
	JENNIFER BARTH - (503) 249-9933			
	2735 N.E. 82ND AVE., PORTLAND, OR 97220			

			•
Form	990	(201)	2)

### SCHOOLHOUSE SUPPLIES, INC.

20-4223437

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more the box, unless person is officer and a director/to-				than is bot	h an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES GUSE	2.00				l					
CHAIR		X		X	<u> </u>			0.	0.	0
(2) RACHEL DEROSIA	2.00							İ		
CHAIR ELECT		X		X		<u> </u>	L	0.	0.	0
(3) TRICIA BEKKER	2.00	1								
TREASURER		X		Х				0.	0.	0
(4) LAURA OLSEN	2.00	1				1				
SECRETARY		X		Х		ļ		0.	0.	0
(5) DAVID ROY	2.00								_	
PAST CHAIR		X		Х		ļ		0.	0.	0
(6) NANCY CLARK	1.00									
BOARD MEMBER	1 00	X	ļ			ļ	ļ	0.	0.	0
(7) VALERIE JENKINS	1.00		ŀ						•	•
BOARD MEMBER	1 00	X						0.	0.	0
(8) JENN LYNCH	1.00	x							•	^
BOARD MEMBER	1.00	^	<b> </b>			<u> </u>		0.	0.	0
(9) JEFFREY TEMPLE	1.00	X						0.	0.	0
BOARD MEMBER	1.00	^						0.	0.	0
(10) KERRY WATERMAN BOARD MEMBER	1.00	X						0.	0.	0
(11) JENNIFER BARTH	40.00	_	$\vdash$			<b> </b>				
EXECUTIVE DIRECTOR	10100	1		x		1		89,839.	0.	3,350
EMEGGIVE BIRDETON								02,002	•	
		1								
		1								
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Form 990 (2012)

20-4223437

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 249,303 c Fundraising events 1¢ 1d d Related organizations 106,342 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,846,783 similar amounts not included above 2,513,684 g Noncash contributions included in lines 1a-1f \$ 202,428 h Total. Add lines 1a-1f **Business Code** 2 a SALES AND OTHER 454110 77,997 77,997. Program Service f All other program service revenue 77,997. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,004 1,004. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 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 (not Other Revenue including \$249,303. of contributions reported on line 1c). See 14,626 Part IV, line 18 94,279 b Less. direct expenses -79,653. -79,653 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 201,776. 77,997. 0. -78,649. Total revenue. See instructions. 232009 12-10-12 Form 990 (2012)

9

# Form 990 (2012) SCHOOLHOUSE SUPPLIES, INC. Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon		s Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,722,280.	2,722,280.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	19,627.	19,627.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	100,108.		100,108.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	216,664.		216,664.	
<i>.</i> 8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)	4,920.		4,920.	
9	Other employee benefits	31,760.		31,760.	· · · · ·
10	Payroll taxes	36,442.		36,442.	
11	Fees for services (non-employees)	30/442.		30,444.	
	Management				
a	-				
b	Legal	14,122.		14,122.	
C	Accounting Lobbying	14,122.		14,1220	
d	, ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	8,993.	1,011.	7,446.	536.
40	· · · · · · · · · · · · · · · · · · ·	0,333.	1,011.	7,440.	
12	Advertising and promotion	11,771.	2,058.	6,250.	3,463.
13	Office expenses	7,145.	1,582.	5,563.	5,405.
14	Information technology	7,145.	1,302.	3,303.	
15	Royalties	687.	350.	337.	
16	Occupancy	3,203.	1,217.	1,911.	75.
17	Travel	3,203.	1,411.	1,3110	73.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 057	020	1 701	127
19	Conferences, conventions, and meetings	2,857.	939.	1,781.	137.
20	Interest				<del></del>
21	Payments to affiliates	15,400.		15,400.	
22	Depreciation, depletion, and amortization		3,810.	4,706.	
23	Other expanses Itemize expanses not covered	8,516.	3,010.	4,/00.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MARKETING	25,350.	23,293.	1,320.	737.
b	MERCHANT/PROCESSING	4,445.	2,541.		1,904.
c	PROF. DEVELOPMENT	1,794.	195.	1,423.	176.
d	DUES AND PUBLICATIONS	1,525.	500.	1,025.	
	All other expenses	431.	79,785.	-354,036.	274,682.
25	Total functional expenses Add lines 1 through 24e	3,238,040.	2,859,188.	97,142.	281,710.
<u>25</u> 26	Joint costs. Complete this line only if the organization				,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
	11 IUIIUWIIII OUF 90-2 (ASC 938-720)			·	Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Pai	τX	Balance Sheet					
		Check if Schedule O contains a response to any	question in this Part X	·			
				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	•	52,197.	1	57,954.	
	2	Savings and temporary cash investments		672,369.	2	563,429.	
	3	Pledges and grants receivable, net		56,064.	3	114,603.	
	4	Accounts receivable, net	16,851.	4	35,656.		
	5	Loans and other receivables from current and fo			<del></del>		
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied persons (as defined under				
			section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		243,761.	8	238,775.	
	9	Prepaid expenses and deferred charges		39,383.	9	147,816.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 164,602.				
	b	Less: accumulated depreciation	90,349.	10c	77,356.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,170,974.	16	1,235,589.		
	17	Accounts payable and accrued expenses	7.	17	<u> 108,507.</u>		
	18	Grants payable			18		
	19	Deferred revenue		20,205.	19	21,678.	
	20	Tax-exempt bond liabilities			_20		
es	21	Escrow or custodial account liability Complete			21		
Liabilities	22	Loans and other payables to current and former					
ja de		key employees, highest compensated employee	es, and disqualified persons				
_		Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelate			24	<del></del>	
	25	Other liabilities (including federal income tax, pa					
	l	parties, and other liabilities not included on lines	s 17-24). Complete Part X of	12 020		2 044	
		Schedule D		12,038. 32,250.		2,844. 133,029.	
	26_	Total liabilities. Add lines 17 through 25	3), check here	34,430.	26	133,023.	
		Organizations that follow SFAS 117 (ASC 958	••				
Ses	07	complete lines 27 through 29, and lines 33 ar Unrestricted net assets	id 34.	951,481.	27	919,557.	
lan	27	Temporarily restricted net assets	187,243.	28	183,003.		
89	28	Permanently restricted net assets		101,243.	29	103,003.	
P	29	Organizations that do not follow SFAS 117 (A	SC 059) abook boro		29		
Ē		and complete lines 30 through 34.	SC 958), Check Here				
ts o	30	Capital stock or trust principal, or current funds			30		
sse	31	Paid-in or capital surplus, or land, building, or ed			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32		
S	33	Total net assets or fund balances	icomo, or ornor funda	1,138,724.	33	1,102,560.	
	34	Total liabilities and net assets/fund balances	•	1,170,974.	34	1,235,589.	
	, 5-4	Total naphilips and flot assets/fully balances		<u> </u>		Form 990 (2012)	

orm	990 (2012) SCHOOLHOUSE SUPPLIES, INC. 20	-4223437	Page <b>12</b>
Pai	rt XI Reconciliation of Net Assets	_	
	Check if Schedule O contains a response to any question in this Part XI		
		1	
1	Total revenue (must equal Part VIII, column (A), line 12)		L,776.
2	Total expenses (must equal Part IX, column (A), line 25)		3,040.
3	Revenue less expenses. Subtract line 2 from line 1		5,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,138	3,724.
5	Net unrealized gains (losses) on investments5_		100.
6	Donated services and use of facilities 6		
7	Investment expenses 7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	<u></u>	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	1,102	<u>2,560.</u>
Pai	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	,	
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas	ıs,	'
	consolidated basis, or both.		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	ıt,	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	o.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A	udit	
	Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
		Form	990 (2012)

#### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

lame (	of the orga	nizati	on						Er	mployer	identificatio	n number
			SCHOOLH	OUSE SUPPLIE	S, IN	c.				2	0-42234	137
Part	I Rea	son	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.			
he org	anization i	s not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)				
1 [	A chur	ch, coi	nvention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)				
2	☐ A scho	ol des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)							
з 🗀	A hosp	ital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).				
4	A med	cal res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital's	name,
	city, ar	nd stat	е									
5	An org	anızatı	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	t describ	ed in	
	sectio	n 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A fede	ral, sta	te, or local governm	ent or governmental unit	described	l in sectio	n 170(b)(1	)(A)(v).				
7 🖸	🚺 An org	anızatı	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public descri	bed in
	sectio	n 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II)								
8 🗀	A com	munity	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II)						
9 _	An org	anızatı	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fr	om contri	outions, m	nembershij	p fees, a	nd gross rece	eipts from
	activiti	es rela	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross in	nvestment
	income	e and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30	), 1975
			<b>509(a)(2).</b> (Complete	•								
10 📙				perated exclusively to tes								
11 🗀	-		•	perated exclusively for th		•			-			
	•	-		ations described in section				) See <b>sec</b>	tion 509(a	<b>a)(3).</b> Ch	eck the box t	hat
				organization and comple								
_		Type I		•	pe III - Fur	-	-				n-functionally	
e∟				t the organization is not								
			-	han one or more publicly						3(a)(1) or	section 509(a	a)(Z).
f		-		ten determination from t	ne IHS tha	ititisa iy	pe I, Type	II, or Type	<del>)</del>			
_		_	rganization, check th		aut ar a		from one	of the fell	nuna noro	20202		
g		_	•	organization accepted ar irectly controls, either al			•					Yes No
				upported organization?	one or tog	etilei witii	persons d	escribed	ii (ii) and (i	iii) Delow	11g(i)	163 110
		_		n described in (i) above?							11g(ii)	
	• •		•	person described in (i) o		e?					11g(iii)	
h			•	about the supported or							<u></u>	
	, , , , ,				,	,						
(i) Na	me of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amount o	of monetary
	organization		(, =	(described on lines 1-9	in col. (i) lis				organization (i) organiz	ed in the	supp	
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
								:				
		_			<del>                                     </del>	· · · · · <del>-</del>						
						-						
Total												

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 SCHOOLHOUSE SUPPLIES, INC. 20-4223437 Page 2

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.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,810,090	1,981,822,	2,196,604,	2,777,070	3,202,428,	11,968,014.
2	Tax revenues levied for the organ-					,	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		·				
Ŭ	furnished by a governmental unit to						
	the organization without charge	46,000.	46,000.	46,000.	46,000.	50,220.	234,220.
4	Total. Add lines 1 through 3	1.856.090	2.027.822.	2 242 604	2.823.070.	3,252,648.	12,202,234.
	The portion of total contributions	1,030,030,	2,021,022.	2,242,604,	2,823,070,	3,232,040.	12,202,234,
5	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)						
	Public support. Subtract line 5 from line 4						12,202,234.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,856,090.	2,027,822.	2,242,604.	2,823,070.	3,252,648,	12,202,234.
8	Gross income from interest,					Ī	
	dividends, payments received on	İ					
	securities loans, rents, royalties						
	and income from similar sources	3,347.	1,356.	1,413.	1,302.	1,004.	8,422.
9	Net income from unrelated business						
	activities, whether or not the					į	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				15.		15.
11	Total support. Add lines 7 through 10		·				12,210,671,
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	321,494.
	First five years. If the Form 990 is for	•		, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	=				, , , ,	ightharpoons
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (I	ıne 6, column (f) dı	rided by line 11, co	olumn (f))		14	99.93 %
	Public support percentage from 2011		•	( //		15	%
	33 1/3% support test - 2012. If the c			line 13, and line 14	4 ıs 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	•				,	<b>▶</b> X
h	33 1/3% support test - 2011. If the c		•	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual	-					▶ 🗀
172	10% -facts-and-circumstances tes	, ,			13, 16a, or 16h a	and line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"					non the organ	<b>L</b>
L	10% -facts-and-circumstances tes	•		• • •	•	7a and line 15 in	. ► □
0		•					
	more, and if the organization meets the				•		·
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a t	ox on line 13, 16a	, 100, 1/a, 0r 1/b,		na see instruction	

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

ection A. Public Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						ı
include any "unusual grants.")						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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					Ţ <u></u>	
ection B. Total Support		<u>.</u> .				
alendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income				ľ		
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3 Total support. (Add lines 9, 10c, 11, and 12)						1
4 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here					·	▶□
ection C. Computation of Publi	c Support Pe	rcentage				
5 Public support percentage for 2012 (li	ne 8, column (f) d	divided by line 13,	column (f))		15	
Public support percentage from 2011	Schedule A, Part	t III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•		.,,		18	
9a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						►Ü
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20 Private foundation. If the organization	r ara not check a	1 DOX OIL III B 14, 18	a, or 130, check t	ina box <u>anu 300 il</u>	1911 (1011)	

Schedule A	(Form 990	or 990-EZ	2012	SCHOO:	LHOUS	E SUP	PLIES,	INC	•		20-4223437 Page	e <b>4</b> _
Part IV	Supple	mental	Inform	ation. 0	omplete t	his part to	provide the	explanat	tions require	d by Part II, line	10, Part II, line 17a or 17b;	
	and Part	III, line 12	Also co	mplete thi	s part for a	any additi	onal informat	ion (See	Instructions	5)		
SCHEDI	II.E A	ם אם ת	тт	LINE	10	EXDI.A	ΝΑΨΤΩΝ	FOR	ОТНЕВ	INCOME:		
beninde	, <u>, , , , , , , , , , , , , , , , , , </u>	IAKI	<u>++,</u>			DILL DI	111111011	1 010	ОТПЕК	THOOME.		_
<u>OTHER</u>	INCOM	E (\$1	5)									
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SCHOOLHOUSE SUPPLIES TNC Employer identification number 20-4223437

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	<del>9</del> 6.	
		(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 donor advisors in	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	·		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	[ <del></del> ]
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Do	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
Га	Complete if the organization answered "Yes" to Form		thei Olilliai Assets.
	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		nice of public service, provide, arr arr xiii,
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of pu	blic service, provide the following amounts
	-		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X	pacurae, or other similar assets for financia	
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		ii gaiis, piovide
_	Revenues included in Form 990, Part VIII, line 1	TO (ACC 300) relating to triese items.	<b>▶</b> \$
a h	Assets included in Form 990, Part X		▶ \$
b	Associa included in Form 330, Falt A		F *

_		<u>USE SUPPL</u>								Page 2
Par	t III   Organizations Maintaining Co	llections of A	rt, His	storical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (contini	ued)
3	Using the organization's acquisition, accession	n, and other record	is, che	ck any of the	following tha	t are a si	gnificant	use of its	collection	ıtems
	(check all that apply)		_	,						
а	Public exhibition	d	'	1	hange progra	ams				
b	Scholarly research	e	, L	Other						
C	Preservation for future generations									
4	Provide a description of the organization's colle							ose in Par	t XIII	
5	During the year, did the organization solicit or r	receive donations	of art, h	nistorical trea	sures, or oth	er sımılar	assets	_	_	
	to be sold to raise funds rather than to be main								Yes	No_
Par	t IV Escrow and Custodial Arrange	•	ete if th	ie organizatio	n answered '	"Yes" to I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodiar	n or other intermed	diary fo	r contribution	is or other as	sets not	included	_	٦	
	on Form 990, Part X?							<u></u>	」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing	table					<del></del>	
							-		Amount	<del></del>
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		<del></del>	
	Did the organization include an amount on Fore					_			<b>」Yes</b>	⊢ No
	If "Yes," explain the arrangement in Part XIII. C									
Par		_								
	F	(a) Current year	(b)	Prior year	(c) Two year	's back	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses		<u> </u>		ļ				-	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					+				
f	Administrative expenses									
g	End of year balance		L							·
2	Provide the estimated percentage of the current	nt year end baland		1g, column (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	sion of the organiz	ation tr	nat are neid a	ina aaministe	rea for tr	ie organi	zation	Г	W N-
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		O.h.	- d. d- D0					3a(ii)	
D 4	If "Yes" to 3a(ii), are the related organizations in Describe in Part XIII the intended uses of the o								3b	
Par	t VI Land, Buildings, and Equipme									
	Description of property	(a) Cost or o		T.	or other	(c) Ac	cumulate	ed l	(d) Book	value
	besomption of property	basis (investi		1 ''	(other)	• • •	reciation		(U) DOOK	Taido
19	Land		7	1	,					
	Buildings			<del> </del>						
	Leasehold improvements			12	8,185.	-	56,9	01.	71	,284.
	Equipment				6,417.		30,3			072.
	Other			1	~ , <b></b> , •					, - , - ,
	Add lines 1a through 1e (Column (d) must equ	ual Form 990 Part	X coli	ımn (B) line 1	10(c))				77	7,356.

Schedule D (Form 990) 2012

INC

	edule D (Form 990) 2012 SCHOOLHOUSE SUPPLIES, INC. rt XI Reconciliation of Revenue per Audited Financial Statem			)-4223437 urn	Page 4
1	Total revenue, gains, and other support per audited financial statements	Onto With I	10 Veride per riet		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<del></del>	•	_
		2a			
a		2b			
b		2c			
ب C		2d			
d		[ 20 ]			
e	Subtract line 2e from line 1		2		
3	•		<del>                                     </del>	<u></u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4-1			
a		4a			
b	,	4b			
_C			4		<del></del>
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial Staten	nonte With	Evnonces per Pe		
		HEILTZ AAITH			
1	Total expenses and losses per audited financial statements		<u> 1</u>		<u>_</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities	2a			
b	• •	2b		İ	
С		2c			
d	,	2d			
е	Add lines 2a through 2d		_2	e	
3	Subtract line 2e from line 1		_3	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4	С	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information			5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part ie 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t				4; Part
			Sc	hedule D (Form	990) 2012

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

2012

Open To Public Inspection

lame of the organization						Employer ide	ntification number
SCHOOLH	OUSE SUPPLIES, INC					20-4223	437
	Complete if the organization answe		es" to	Form 990, Part IV, II	ne 17	7 Form 990-EZ	filers are not
Indicate whether the organization rais     a	sed funds through any of the following Solicitates for oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includ	non-govern govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	<del></del> ···-
compensated at least \$5,000 by the	organization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(itt) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					-		
				-			
-						. =	
Fotal	<u> </u>		<b>—</b>				
List all states in which the organization     or licensing	on is registered or licensed to solicit	contrib	ution	s or has been notified	d It IS	exempt from re	egistration
							<u>.                                    </u>
				<del></del>			

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

Schedule G (Form 990 or 990 EZ) 2012 SCHOOLHOUSE SUPPLIES, INC. 20-4223437 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events CELEBRITY NONE (add col (a) through SPELLING BEE col (c)) (event type) (event type) (total number) 263,929. 263,929. Gross receipts 249,303. 249,303. 2 Less. Contributions 14,626. 3 Gross income (line 1 minus line 2) 14,626. 4 Cash prizes Noncash prizes Direct Expenses 12,680. 12,680. Rent/facility costs 36,479. 36,479. 7 Food and beverages Entertainment 45,120. 45,120. Other direct expenses 94,279 10 Direct expense summary Add lines 4 through 9 in column (d)  $\triangleright$ -79,653. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities. Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain 」Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990 EZ) 2012 SCHOOLHOUSE SUPPLIES, INC. 20	-4223437 Page 3
11	Doès 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 formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in:	
	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Error the hame did double of the person who prepared the organization of gamma, yet and the contract of the person	
	Name	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
С	: If "Yes," enter name and address of the third party	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name	<del></del>
	Gaming manager compensation ▶ \$	
	Description of services provided	
		·
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the 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 th	е
	organization's own exempt activities during the tax year > \$	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	
_		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2012.
OMB No. 1545-0047
Open to Public

Inspection

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

▶ Attach to Form 990.

Schedule I (Form 990) (2012) å Employer identification number 20-4223437 (h) Purpose of grant or assistance SUPPORT OF SCHOOLS SUPPORT OF SCHOOLS SUPPORT OF SCHOOLS SUPPORT OF SCHOOLS SUPPORT OF SCHOOLS SUPPORT OF SCHOOLS X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance SCHOOL CLASSROOM SCHOOL CLASSROOM SCHOOL CLASSROOM SCHOOL CLASSROOM SCHOOL CLASSROOM SCHOOL CLASSROOM SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES (f) Method of valuation (book, FMV, appraisal, other) 5,355, ESTIMATED COST 18,655 ESTIMATED COST 5,323, ESTIMATED COST 35,667,ESTIMATED COST 11,483 ESTIMATED COST 1,941,053,ESTIMATED COST (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant °. °. Ö ö Ö 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. GOVERNMENT GOVERNMENT SOVERNMENT GOVERNMENT 501(C)(3) Enter total number of other organizations listed in the line 1 table SCHOOLHOUSE SUPPLIES 93-6000830 93-6161752 93-6014226 93-1278639 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DAVID DOUGLAS SCHOOL DISTRICT 4200 NORTHWEST 185TH AVENUE CENTENNIAL SCHOOL DISTRICT EVERGREEN SCHOOL DISTRICT BEAVERTON SCHOOL DISTRICT 18135 SE BROOKLYN STREET or government PORTLAND PUBLIC SCHOOLS 7505 SE YAMHILL STREET 1500 SE 130TH AVENUE 13501 NE 28TH STREET VANCOUVER, WA 98682 Name of the organization PORTLAND, OR 97215 PORTLAND, OR 97220 PORTLAND, OR 97236 PORTLAND OR 97233 501 N DIXON STREET PORTLAND OR 97227 ARTHUR ACADEMY Partl Part

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Schedule I (Form 990) SCHOOLHOUSE SUPPLIES, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	JSE SUPPLIES Assistance to Govern	ES, INC.	nizations in the Un	ited States (Sche	edule I (Form 990), Pa		20-4223437 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY CHRISTIAN SCHOOL 13300 NE SAN RAFAEL STREET PORTLAND, OR 97230	93-0519075	501(C)(3)	0	19,029,	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
GLEANERS OF CLACKAMAS COUNTY 13821 FIR STREET OREGON CITY, OR 97045	93-0784775	501(C)(3)	0	6,172,	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW EASTWAN PARKWAY GRESHAM, OR 97233	93-6000831	GOVERNMENT	0	12,494,1	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
HACIENDA CDC 5136 NE 42ND AVENUE PORTLAND, OR 97218		501(C)(3)	0	5,390.	390. ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
HALL BOULEVARD LEARNING TREE 10360 SW 87TH AVENUE TIGARD, OR 97223			0	43,210.	43,210,ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
HILLSBORO SCHOOL DISTRICT 3083 NE 49TH PLACE HILLSBORO, OR 97124	91-1779425	GOVERNMENT	0,	42, 422.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
HOLY FAMILY ACADEMY P.O. BOX 842 MOUNT ANGEL, OR 97362			0	13,867.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
KNOVA LEARNING OREGON 18301 SE STARK STREET PORTLAND, OR 97233	26-4822611	501(C)(3)	0	9,714.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
LEP HIGH 2044 E BURNSIDE STREET PORTLAND, OR 97214			0	21,389,	21,389, ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS Schedule I (Form 990)

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Schedule I (Form 990) SCHOOLHOUSE SUPPLIES, INC. Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	SE SUPPLIES Assistance to Govern	ES, INC.	nizations in the Ur	nited States (Sche	edule I (Form 990), Pa		20-4223437 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. SCOTT LEARNING CENTER 6148 SE HOLGATE BOULEVARD PORTLAND, OR 97206		501(C)(3)	00	5,667.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
NAYA 5135 NE COLUMBIA BOULEVARD PORTLAND, OR 97218	93-1141536	501(C)(3)	0	23,438.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
NORTH CLACKAMAS SCHOOL DISTRICT 4444 SE LAKE ROAD MILWAUKIE, OR 97222	93-0599524	GOVERNMENT	0	7, 578.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
OPEN MEADOW MIDDLE AND HIGH SCHOOL 7602 N EMERALD AVENUE PORTLAND, OR 97217	93-0757378	501(C)(3)	0.	11,057.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
PARKROSE SCHOOL DISTRICT 10636 NE PRESCOTT STREET PORTLAND, OR 97220		GOVERNMENT	0	12,879.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
ROSEMARY ANDERSON HIGH SCHOOL/POIC 717 N KILLINGSWORTH COURT PORTLAND, OR 97217	93-0593858	501(C)(3)	0	10,803,	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
RAMONA APARTMENTS 1550 NW 14TH AVENUE PORTLAND, OR 97209			0,	11,909.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
SALEM-KEIZER SCHOOL DISTRICT 2450 LANCASTER DRIVE NE SALEM, OR 97305	93-6000763	GOVERNMENT	0	5,878.	ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS
TRILLIUM CHARTER SCHOOL 5420 N INTERSTATE AVENUE PORTLAND OR 97217	93-1310936		0	9,834.	9,834, ESTIMATED COST	SCHOOL CLASSROOM SUPPLIES	SUPPORT OF SCHOOLS Schedule I (Form 990)

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20-4223437 Page 1	(h) Purpose of grant or assistance	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS	SUPPORT OF SCHOOLS		Schedule I (Form 990)
	(g) Description of non-cash assistance	SCHOOL CLASSROOM SUPPO	SCHOOL CLASSROOM SUPPLIES SUPP	SCHOOL CLASSROOM SUPPLIES SUPP	SCHOOL CLASSROOM SUPPLIES SUPP	SCHOOL CLASSROOM SUPPLIES SUPP	SCHOOL CLASSROOM SUPPLIES SUPP	SCHOOL CLASSROOM SUPPLIES SUPP		
dule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST		
nited States (Sche	(e) Amount of non-cash assistance	7,488	19,288.	14,854.	13,923	9,567	12,882.	7,430.		
nizations in the U	(d) Amount of cash grant		•0	*0	0.	0	.0	0		
ES, INC.	(c) IRC section if applicable	GOVERNMENT						501(C)(3)		
SE SUPPLIES,	(b) EIN	93-6000234								
Schedule I (Form 990) SCHOOLHOUSE SUPPLIES, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	WEST LINN-WILSONVILLE SCHOOL DISTRICT - 22210 SW STAFFORD ROAD - TUALATIN, OR 97062	APPIAN WAY APARTMENTS 25818 26TH PLACE SOUTH KENT, WA 98032	BRADLEY TOWNHOMES 6401A W BRADLEY ROAD MILWAUKEE, WI 53223	PULLMAN WHEELWORKS 901 E 104TH STREET CHICAGO IL 60628		ST. ALOYSIUS 4721 READING ROAD CINCINNATI, OH 45237	DESTINY CHRISTIAN FELLOWSHIP 13865 SE KING ROAD HAPPY VALLEY, OR 97086		

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 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. SCHEDULE I, PART I, LINE 2: EACH YEAR THE ORGANIZATION PROVIDES NON-CASH GRANTS OF SCHOOL SUPPLIES TO SCHOOLS AND TEACHERS AND TO HOME SCHOOL (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance FAMILIES.

Schedule I (Form 990) (2012)

232102 12-18-12

Page 2

20-4223437

SCHOOLHOUSE SUPPLIES, INC.

Schedule I (Form 990) (2012)

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

**Open to Public** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection Employer identification number

	SCHOOLHOUSE	20-	20-4223437						
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method of	d) determining bution amounts		<b>;</b>
1	Art - Works of art							_	
2	Art · Historical treasures					· —			
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		_						
9	Securities - Publicly traded							_	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SCHOOL SUPPL.)	X	965	2,487	<u>,887.</u>	ESTIMATED	FAIR	VA	<u>LUE</u>
26	Other ( AUCTION ITEMS)	X	255	25	<u>,798.</u>	ESTIMATED	FAIR	VA1	LUE
27	Other								
28	Other (								
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, Ii	nes 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be us	ed for exer	npt purposes for			
	the entire holding period?						30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-stand	lard contrib	utions?	31		_X_
32a	Does the organization hire or use third parties								
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colu	ımn (a) ıs cl	necked,			
	describe in Part II								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	90.		Schedule	M (Form	990) (2	2012)

LHA

Schedule M	(Form 9	90) (20	12)	SCH	OLHO	USE	SUP	PLIES	, I	NC.		20-	4223437	Page 2
	Supplemental Information. Complete this part to provide the information required by Part I, the organization is reporting in Part I, column (b), the number of contributions, the number of items re Also complete this part for any additional information								ed by Part I, lines 30b, er of items received, o	, lines 30b, 32b, and 33, and whether				
SCHEDU:	LE M	I, P <i>P</i>	<u> RT</u>	I,	COLU	JMN_	(B):	PART	I,	COLUMN	(B)	REPRESENTS	THE	<del></del> ·
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#### **SCHEDULE'O**

(Form 990 or 990-EZ)

Department of the Treasury

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.

2012
Open to Public Inspection

Name of the organization

EXPENSES \$ 33,772.

232211 01-04-13 SCHOOLHOUSE SUPPLIES, INC.

Employer identification number 20-4223437

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOLHOUSE SUPPLIES IS AN AWARD-WINNING NONPROFIT ORGANIZATION THAT
SUPPORTS PUBLIC EDUCATION IN PORTLAND, OREGON BY PROVIDING STUDENTS AND
TEACHERS FREE CLASSROOM SUPPLIES. THE ORGANIZATION'S MISSION, "TO
SERVE CLASSROOMS IN NEED BY OPERATING A VOLUNTEER-RUN FREE STORE FOR
TEACHERS, WHICH IS STOCKED WITH SUPPLIES DONATED BY THE COMMUNITY," IS
BASED ON THE BELIEF THAT EVERY CHILD DESERVES SCHOOL SUPPLIES AND HAS
THE RIGHT TO A QUALITY EDUCATION.
FOUNDED IN 1999 BY A PORTLAND PUBLIC SCHOOL PARENT, SCHOOLHOUSE
SUPPLIES HAS GROWN FROM SERVING 11 SCHOOLS TO SERVING ALL 130 PORTLAND
PUBLIC SCHOOLS. SINCE ITS FOUNDING, THE ORGANIZATION HAS DISTRIBUTED
AN ESTIMATED RETAIL VALUE OF MORE THAN \$16.1 MILLION DOLLARS IN SCHOOL
SUPPLIES. WITH SUPPLY DRIVES AND GENEROUS CONTRIBUTIONS OF GENTLY USED
SUPPLIES FROM LEADING BUSINESSES THROUGHOUT THE NORTHWEST, SCHOOLHOUSE
SUPPLIES HAS BEEN ABLE TO KEEP ITS FREE STORE SHELVES STOCKED YEAR
ROUND.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DONATED BY INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS THROUGHOUT THE
COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS INCLUDE OTHER SUPPLY DRIVES AND MARKETING CAPACITY
BUILDING.

REVENUE \$ 0.

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

INCLUDING GRANTS OF \$ 5,927.

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

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETE FORM 990 IS REVIEWED

BY THE FULL BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE INTERNAL

REVENUE SERVICE. THE TREASURER OF THE BOARD OF DIRECTORS, THE FULL FINANCE

COMMITTEE, AND THE EXECUTIVE DIRECTOR ALL UNDERTAKE A DETAILED REVIEW OF

THE FORM 990 PRIOR TO ITS PRESENTATION TO THE FULL BOARD FOR THEIR REVIEW

AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF

INTEREST POLICIES MANDATE AN ANNUAL DISCLOSURE OF ALL POSSIBLE CONFLICTS,

AS WELL AS DISCLOSURE THROUGHOUT THE COURSE OF THE YEAR IF AND WHEN

POTENTIAL CONFLICTS ARISE. AT LEAST ANNUALLY, ALL BOARD MEMBERS AND ALL

KEY EMPLOYEES ARE ASKED TO CERTIFY IN WRITING THE EXISTENCE, OR LACK

THEREOF, ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR SUBMITS A
WRITTEN SELF-EVALUATION TO THE BOARD CHAIR. THE BOARD CHAIR ALSO COMPLETES
AN EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THIS DATA IS THEN
REVIEWED BY THE EXECUTIVE COMMITTEE WITH CONSIDERATION OF HISTORICAL
INCREASES TO DECIDE ON APPROPRIATE COMPENSATION. THE EXECUTIVE COMMITTEE
ALSO CONSIDERS APPROPRIATE COMPARABLE DATA AND DOCUMENTS ITS PROCESS AND
ALL DECISIONS REACHED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING INSTRUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 886	88 (Rev 1:2013)					Page 2					
	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	box	<b>•</b>	X					
	ly complete Part II if you have already been granted an a				8868.						
• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)								
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).						
			Enter filer's	identifyir	ng number, see ins	tructions					
Type or	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN) or								
print											
File by the due date for	SCHOOLHOUSE SUPPLIES, INC.		20-4223437								
filing your	Number, street, and room or suite no If a P.O box, s 2735 N.E. 82ND AVE.	Social se	curity number (SSN	1)							
return See instructions				<del></del>							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PORTLAND, OR 97220										
	PORTBERD, OR STEED					<del></del>					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Applicati	on	Return	Application			Return					
Is For		Code	Is For			Code					
	or Form 990-EZ	01									
Form 990	)-BL	02	Form 1041-A			08					
Form 472	20 (individual)	03	Form 4720			09					
Form 990	)-PF	04	Form 5227			10					
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	P-T (trust other than above)	06	Form 8870			12					
STOP! D	o not complete Part II if you were not already granted	<u>l an autor</u>	natic 3-month extension on a previ	ously file	ed Form 8868.						
	JENNIFER BARTH										
	poks are in the care of $\triangleright$ 2735 N.E. 82ND	AVE.									
	none No. ► <u>(503) 249-9933</u>		FAX No $\triangleright$ (503) 249-	9364							
	organization does not have an office or place of business										
	is for a Group Return, enter the organization's four digit	•									
box ▶ 4 I re	If it is for part of the group, check this box  quest an additional 3-month extension of time until			all memb	ers the extension is	s tor					
	calendar year, or other tax year beginning			TIIN	30, 2013						
	ne tax year entered in line 5 is for less than 12 months, c			Final r							
,	Change in accounting period				otani						
7 Sta	ate in detail why you need the extension										
	THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN										
IS	NOT YET AVAILABLE.										
8a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any								
	nrefundable credits. See instructions.	8a	\$	<u> </u>							
b If t	nis application is for Form 990-PF, 990-T, 4720, or 6069,										
	payments made Include any prior year overpayment all										
	eviously with Form 8868	8b	_\$	0.							
	lance due. Subtract line 8b from line 8a Include your pa			_							
EF	TPS (Electronic Federal Tax Payment System) See instru		A ha complete de la Dest II	8c	\$	0.					
11=	<u> </u>		st be completed for Part II o	•	familiar 1.1	a la f					
unaer pen it is true. a	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	iing accomp orm.	panying schedules and statements, and to	ine Dest o	i my knowledge and b	peller,					
Signature			TIVE DIRECTOR	Date	_						
Signature		<u> </u>		vale							

Form 8868 (Rev. 1-2013)