

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



890 Form

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public inspection

A	Fo	r the	2016 calen	dar year, or	tax year begi	inning		, 2016, and		, 20				
В	Che	ock if ap	pplicable	C Name of or	rganization STIL	LWATER PUB	LIC EDUCATI	ON FOUNDATION			Ī	D Employer Identification no.		
	Add	iress ch	hange	Doing busii	ness as							73-1267401		
	Nan	ne char	nge	Number an	d street (or P O bo	x if mail is not deliver	ed to street address)		Room	/suite		E Telephone number		
	Initi	al retun	ח	РО ВО	X 286				j		- 1	(405)742-6210		
$\Box$	Fina	al retur	n/terminated	City or town	n, state or province	, country, and ZIP or fo	preian postal code		<u>k</u>			135,418		
$\bar{\Box}$	Amı	ended r	retum		WATER, OK						- },	G Gross receipts\$		
ñ			pending		address of principa				Hía	) la thia a group	_	or subordinates? Yes No		
_												s included? Yes No		
<u> </u>	Tax	-exemr	ot status X	501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	527	''			a list (see instructions)		
<u> </u>	_	bsite:				SCHOOLS . COM	4347(8)(1) 61		u	) Group exe				
<u>.</u> к					Trust Ass			L Year of formation	1986	<del></del>		al domicile OK		
P			Summar		LJ 11051 LJ ASS	Octation C Other		E 16ai Orioimation	1300	, SIBIO	or rega	ounce Ox		
ليشا	<u> </u>				anization's mis-	sion or most sign	ificant activities:	PROVIDES FUNDI	NG TO	PUBLIC	gr.	IOOT. PROTECTS		
_	ĺ		-	_		IS UNABLE		FROVIDED FORDI	10	FUDILL	501	TOOL PRODUCTS		
& Governance	İ		WHICH IN	E SCHOOL	DISTRICT	15 UNABLE	TO FORD					<del></del>		
īğ.	İ											<del></del>		
ě	1	•	Charle thin h		h	n dinandini ad ik		ionacad of more than 2	E9/ of ito			<del></del>		
ගී	1				-		-	isposed of more than 2			ı	1		
<b>مخ</b>	- 1										3	22		
e o	- 1			-	-	•		, line 1b)			<b>├</b> ─-	22		
2 €	- }							e 2a)			5	<u> </u>		
Ac.	- 1										6	30		
Z	ł										7a	ļ0		
Activities	4	b	Net unrelate	ed business	taxable incom	e from Form 990	T, line 34	<del> </del>	1		7b	<u> </u>		
	İ									Prior Year		Current Year		
≥ "				-	=					90	,68	97,995		
		9	Program ser	rvice revenu	ıe (Part VIII, lin	ie 2g)						0		
<b>ကို</b> လူ	- 1	10	Investment	income (Par	t VIII, column (	(A), lines 3, 4, an	d 7d)		L	32	,16	5,721		
టాడ్డ	- }	11	Other reven	ue (Part VIII	l, column (A), li	ines 5, 6d, 8c, 9d	, 10c, and 11e)			31	,12	2 22,190		
<u> </u>		12	Total revenu	ue - add line	s 8 through 11	(must equal Par	t VIII, column (A	), line 12)	<u> </u>	153	,97	125,906		
2 1117	7	13	Grants and	similar amou	unts paid (Part	IX, column (A),	ines 1-3)			70	,53	1 79,717		
•	- 1	14										0		
u)	ļ	15	<del></del>								, 29	94 20,19		
Expenses		16a										0		
8	.	b	Total fundra	ising expen	ses (Part IX, c	olumn (D), line 2	5)	5,495			*********			
짋						lines 11a-11d, 11		CEIVED		24	,35	5 20,545		
	- [							25) ] Q .			,18	<del></del>		
	- [					e 18 from line 12		1 H. 2017			,79			
	8				<del></del>	<del></del>	TI AUG	2017	Beginni	ng of Current		End of Year		
Net Assets or	2	20	Total assets	s (Part X. line	e 16)			JE .			,44	<del></del>		
Ass	<u> </u>			•	ne 26)			IEN LIT.	<b> </b>		93	<del></del>		
ž	<u> </u>			•	•	t line 21 from line	20	A CONTRACTOR OF THE PARTY OF TH		911	,51	<del></del>		
_	art			re Block								<u></u>		
						um, including accomp	anying schedules and	statements, and to the best of	my knowle	dge and belief	f, it is	<del></del>		
tru	в, со	rrect, a	nd complete D	ciaration of grep	parer (other than of	ficer) is based on all y	formation of which pr	eparer has any knowledge		·				
		Ì	. /	1. 1A.		/ ×/D ~/					<	2115117		
Sig	an	Ì	Saperiu	we of officer		Ca) oc					Date			
	_	ł	7		A A							,		
He	:16	1	Type of	print name and	tutle \	<del></del>								
_			<del></del>			<del>12</del>	<del></del>	Date		Table 1	1			
_	9 -1		1	reparer's name	V	Preparer's signature	bin ni >	Character of	•	Check _	1	PTIN		
Pa			<del></del>	M STONE		+	- 1 / 0 /	06-16-2017	$\neg \neg \neg$	self-employ	ed	P00641369		
	-	PPARET Fim's name ► DUGGER & CO CPA(S PC								EIN >				
Us	e (	Only	Firm's addres	ss 🕨	PO 1713	•			Phone					
_			<b>⊥</b>			ter OK 7407				4	05-3	372-3909		
_	_							<u> </u>	<u></u>	<del></del>	<u>· · · · </u>	🛚 Yes 🗌 No		
Fo	r Pa	perw	ork Reduct	ion Act Not	ice, see the s	eparate instruc	ions.					Form 990 (2016)		

Form	990 (2016) STILLWATER PUBLIC EDUCATION FOUNDATION	73-1267401 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Bnefly describe the organization's mission	
	PROVIDES FUNDING TO PUBLIC SCHOOL PROJECTS WHICH THE SCHOOL DISTRICT IS	UNABLE TO FUND
		<del></del>
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? · · · · · · · · · · · · · · · · · · ·	Yes 🔀 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported	to others,
	the total expenses, and revenue, it any, for each program service reported	
4a	(Code ) (Expenses \$ 92,808 including grants of \$ ) (Reve	enue \$ )
	FUNDED PUBLIC SCHOOL PROJECTS AS REQUESTED BY TEACHERS, RENOWNED CHILDRE	
	PRESENTATIONS, PERFORMING ARTS CENTER PROJECTS AND STIPENDS TO TEACHER O	
	REQUIRED EXPENSE TO ACCOMPLISH THE SAME.	
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
		<del></del>
		<del></del>
	(Code ) (Expenses \$ including grants of \$ ) (Reve	enue \$ )
40	(Code) (Expenses $\psi$ ) (Neve	, ide
4d	Other program services (Describe in Schedule O )	<del></del>
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 92,808	
		Form 990 (2016)

# Form 990 (2016) STILLWATER PUBLIC EDUCATION FOUNDATION Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		/- è.	,
	VII, VIII, IX, or X as applicable	-		3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	İ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	L	Χ

Form 990'(2016) STILLWATER PUBLIC EDUCATION FOUNDATION

Part IV Checklist of Required Schedules (continued)

	· ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ł		
	employees? If "Yes," complete Schedule J	23		Χ
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 25a	24a		Χ
b	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		
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), 501(c)(4), and 501(c)(29) 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		Χ
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>

#### Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable ...... 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 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? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 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? Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Χ sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? X X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... Section 501(c)(12) organizations. Enter 11 а Gross income from other sources (Do not net amounts due or paid to other sources b 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes." enter the amount of tax-exempt interest received or accrued during the year ..... 12b b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

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

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, and for a "	Vo"		-go <b>v</b>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.				
	Check if Schedule O contains a response or note to any line in this Part VI			. <b></b> .	X
Sec	tion A. Governing Body and Management				
		<del></del>	7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a 22			
	If there are material differences in voting rights among members of the governing body, or		}	}	ļ
	if the governing body delegated broad authority to an executive committee or similar		}	}	J.
	committee, explain in Schedule O			1	;
b	Enter the number of voting members included in line 1a, above, who are independent	b 22		- [	
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		Χ
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		Χ
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 persons other than the governing body?	• • • • • • • •	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				1
	the year by the following				!
а	The governing body?	• • • • • • •	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	• • • • • • • •	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>
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,		405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	- 6	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12a		لسسا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	conflicte?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	) Commers ,	120		
¢	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	- <u>,,</u>	X
15	Did the process for determining compensation of the following persons include a review and approval by		<del>                                     </del>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				<u> </u>
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?	. <i>.</i>	16a		X
ь	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		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed    Oklahoma				
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)			
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website  Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and			
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s <b>•</b>			
	DEBBIE THOMAS (405)742-6210, PO BOX 286, STILLWATER, OK 74074				

Earm.	99072016	١.

STILLWATER PUBLIC EDUCATION FOUNDATION

73-1267401

Page 7

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

Check if Schedule O contains a response or note to any line 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

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

(A)  Name and Title	(B) Average hours per week (list any	(do n box,	ot che	Pos eck m ss per	son i	nan one s both a ftrustee		(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBBIE THOMAS TRUSTEE		Х							0	0
(2) KRISTINE WAITS TRUSTEE		Х							0	0
(3) RANDY BLAKE TRUSTEE		Х							0	0
(4) KEVIN FOWLER TRUSTEE		Х							0	0
(5) AARON WILSON TRUSTEE		Х							0	0
(6) MEGAN HORTON VP/PRESIDENT-ELECT		Х							00	0
(7) PAM BROWN TRUSTEE		Х							00	0
(8) KRISTI DICKEY TRUSTEE		Х							00	0
(9) MINDY MURRAY TRUSTEE		X			_				00	00
(10) JEFF MILLER TRUSTEE		Х					_		0 0	0
(11)LANCE MILLIS TRUSTEE		Х							00	0
(12)MATT_STREETERTRUSTEE		X		_					00	0
(13) JOHN POLONCHECK TRUSTEE		X	_	_					0 0	0
(14)CAROLYN WALSTAD SECRETARY		Х		Х					0 0	0 Form 990 (2016)

. ~		•	^	_	_	•	^	-	
13	_	т	Z	O	•	4	u	Т	

(A) Name and title		(B)  Average hours per week (list any	box, office	unless er and	a dire	tion ore th on is	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F Estima amoui oth	ated nt of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen from organiz and re organiz	the zation lated
	GIE BALE USTEE		Х						0	0		
16)CQ	LLETT CAMPBELL											
	USTEE		X						0	0		
	RRI MOORMAN		X		X				_			
	USTEE EVE RUBY	-		-	$\Gamma$				0	0	<del> </del>	
	USTEE		X						0	o		c
	NNY HOLLIDAY											
PR	ESIDENT	-	X	_	X	L			0	0		
	KE LAUVETZ								_	_		
	USTEE		X	-	-				0	0_		
	MMY_SIMPKINS EASURER	h	X	'	Х		Ť		o	o	ĺ	c
	ELBIE WITTE						_		<u>_</u>			`
	USTEE		X						0			(
23)JE	NIFER BARTLEY										l	
	ECUTIVE DIRECTOR	<del> </del>	ļ		-	X			18,756	0	ļ	
24)												
25)_					-			-				
1b	Sub-total			• •	• •			<b>├</b>				
С	Total from continuation sheets to Part VII, Secti	on A · ·						<b>&gt;</b>				
d	Total (add lines 1b and 1c)							<u> </u>	18,756	0_	L	
2	Total number of individuals (including but not limited		ed abo	ve) v	who	rece	ived n	nore	than \$100,000 of			
	reportable compensation from the organization	<del></del>								0		es N
3	Did the organization list any former officer, director								pensated			2 N
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of rej										3	
•	organization and related organizations greater than											
	individual · · · · · · · · · · · · · · · · · · ·										4	
5	Did any person listed on line 1a receive or accrue of	compensation	from .	any ι	unre	lated	lorga	nızat	ion or individual			
	for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	rsuc	h pe	rson		· · · · · · · · · · · ·	<del> </del>	5	
	ion B. Independent Contractors					414				0 - f		
1	Complete this table for your five highest compensa compensation from the organization. Report compe											
	year (A)					-			(B)	<del></del>	(C)	
	Name and business address	<b>i</b>							Description of		Compen	
						_						
			-									

		Check if Schedule O contains a response or note	to any line in this		· · · · · · · · · · · · · · · · · · ·		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
र दे	1a	Federated campaigns 1a					1
Grants	b	Membership dues 1b					
Contributions, Giffs, G and Other Similar Am	С	Fundraising events 1c					
		Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	97,995				i i
를 한	g	Noncash contributions included in lines 1a-1f \$		Ì	İ		
ပ္ပန္		Total. Add lines 1a-1f		97,995			
		Total: 7 do inico va 11	Business Code				
e l	2a						
-ven							
Program Service Revenue							
	C						
	d						
jrañ	e	All the second of the second o					
o C		All other program service revenue					<del>                                     </del>
		Total. Add lines 2a-2f			*		
	3	Investment income (including dividends, interest, and other similar amounts)		5,721	5,721		
		Income from investment of tax-exempt bond proces					
		Royalties · · · · · · · · · · · · · · · · · · ·					
	5	•	(ii) Personal		7,000		,
	_	(ı) Real	(II) Personal		3,1		
		Gross rents · · · · · ·	-				
	1	Less rental expenses · · · ·		-			
	C	Rental income or (loss) · · ·					
	d	Net rental income or (loss)					<del>- </del>
	7a	Gross amount from sales of (i) Securities	(II) Other		å.		
		assets other than inventory			*		1
	b	Less cost or other basis			`		!
		and sales expenses · · · ·					
	С	Gain or (loss) · · · · · · L				<u> </u>	
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				<del></del>
ē	8a	Gross income from fundraising					
Ver		events (not including \$					1
å		of contributions reported on line 1c)				1	
ē		See Part IV, line 18 a	31,702	<u>!</u>			
Other Revenue	b	Less direct expenses b	9,512				
_				22,190		<u> </u>	22,190
		Gross income from gaming activities	-				
		See Part IV, line 19 a		_			
	b	Less direct expenses b		<u> </u>			
			<u></u> .				
	1	Trot mooning or (ross) mem gain					
	Tua	Gross sales of inventory, less returns and allowances		1		Ì	
	h	Less cost of goods sold b		7			
		Net income or (loss) from sales of inventory			, <del></del>		
	Η,	Miscellaneous Revenue	Business Code				
	11a			1			
	l la						
	-	All other revenue		1			
		Total. Add lines 11a-11d	<b>.</b>	<del>                                     </del>			
		Total revenue. See instructions		125,906	5,72	1	0 22,190
		Total levelide. Occ mandeholis					Form 990 (2016)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Total expenses Program service Management and Fun draising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 79,717 79,717 Grants and other assistance to domestic individuals See Part IV. line 22 ..... Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 9,378 18,756 4,689 4,689 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages . . . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 1,435 717 359 359 Fees for services (non-employees) а b Legal C 5,933 5,933 d Lobbying Professional fundraising services See Part IV, line 17 е f 1,929 1,929 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 379 379 13 667 667 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ..... 20 21 22 Depreciation, depletion, and amortization .... 167 167 23 3,075 3,075 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 960 960 POSTAGE b AWARDS 2,100 2,100 447 1,791 896 448 SOFTWARE EXPENSE 650 650 DONATIONS All other expenses 2,894 2,894 25 Total functional expenses. Add lines 1 through 24e 120,453 92,808 22,150 5,495 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

CA  Beginning of year			Check if Schedule O contains a response or note to any line in this Part X			
1		•		(A)		(B)
Cash - non-interest-bearing				Beginning of year		, ,
Savings and temporary cosh investments		1	Cash - non-interest-bearing		1	<del></del>
3   Pledges and grants recewable, net   3   4   4   6   6   6   6   6   6   6   6		2	Savings and temporary cash investments		2	
Section   Sec		3	Pledges and grants receivable, net		3	
### ### #### ########################		4	Accounts receivable, net		4	<del></del>
Complete Part I of Schedule L   6   Loans and other receivables from other disqualified persons (as defined under section   4598(r)(f)), persons described in section 4558(r)(3(6)), and contributing employers and sponsoring organizations of section 501(r)(6) voluntary employees beneficiary organizations (see mixtudens) Complete Part I of Schedule L   6   7   7   7   7   7   7   7   7   7		5	Loans and other receivables from current and former officers, directors,			
Section   Company   Com			trustees, key employees, and highest compensated employees			,
### 4958(I)(1), persons described in section 4958(o)(3)(8), and contributing employers and sponsoring organizations of section 501(o)(9) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule L			Complete Part II of Schedule L		5	
Sponsoring organizations of sealons 601(c)(fi) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section			
Total assets. Add lines 1 through 15 (must equal line 34)   Secured mortgages and other pashes complete Part IV of Schedule D   10			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			1
7   Notes and loans receivable, net   7   8   8   Inventiones for sale or use   8   8   9			sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			,
8   Inventiones for sale or use   8   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   9   9   Prepaid expenses and deferred charges   9   10a   Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   10a   8,171   1   1   1   1   1   1   1   1   1			organizations (see instructions) Complete Part II of Schedule L	20. 20.0 20 0 0 0 0000.quuy	6	
10a Land, buildings, and equipment cost or other basis Complete Part Vi of Schedule D   10a   8 , 171	Assets	7	Notes and loans receivable, net	-	7	
10a Land, buildings, and equipment cost or other basis Complete Part Vi of Schedule D   10a   8 , 171		8	Inventories for sale or use		8	
Secured mortgages and notes payable to current and former officers, directors, trustees, key employees, highest compessed employees, and discullifed persons. Complete Part IV of Schedule D   21   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages and notes payable to unrelated third parties   Secured mortgages   Secured		9	Prepaid expenses and deferred charges		9	
b Less accumulated depreciation   10b   7,584   754   10c   587     11		10a	Land, buildings, and equipment cost or			
11   Investments - publicly traded secunities   11   12   12   Investments - other secunities   See Part IV, line 11   12   13   14   15   15   14   15   15   15   16   16   16   16   17   18   15   17   18   18   18   19   19   19   19   19			other basis Complete Part VI of Schedule D 10a 8,171			i
12   Investments - other securities   See Part IV, line 11   13   14   13   14   14   15   15   15   15   15   16   16   16		b	Less accumulated depreciation	754	10c	587
13   Investments - program-related See Part IV, line 11		11	Investments - publicly traded securities		11	
14		12	Investments - other securities See Part IV, line 11		12	
15 Other assets See Part IV, line 11   16   15   15   16   16   16   17   16   16   17   16   16		13			13	
16   Total assets. Add lines 1 through 15 (must equal line 34)   912, 449   16   932, 355     17   Accounts payable and accrued expenses   933   17   1,013     18   Grants payable   18   19     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   933   26   1,013     27   Unrestricted net assets   265,032   27   659,463     28   Temporarily restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   266,484   28   271,879     29   Permanently restricted net assets   30   30     30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   911,516   33   931,342		14	Intangible assets		14	
17		15	Other assets See Part IV, line 11		15	
18   Grants payable   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   20   21   20   21   20   22   22		16	Total assets. Add lines 1 through 15 (must equal line 34)	912,449	16	932,355
19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   20   21   21   22   22   22		17		933	17	1,013
Tax-exempt bond liabilities			· ·		18	
Secretary   Secr		19			19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets  29 Permanently restricted net assets  30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  29 United States or fund balances  29 United States or fund balances  20 United States or fund balances  21 United States or fund balances  22 United States or fund balances  23 United States or fund balances  24 United States or fund balances  25 United States or fund balances  26 1 , 013  27 659 , 463  28 27 659 , 463  29 07 659 , 463  29 07 659 , 463  29 07 659 , 463  29 07 659 , 463  29 07 659 , 463  29 07 659 , 463  29 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  21 07 07 659 , 463  22 07 659 , 463  23 07 659 , 463  24 07 , 879  25 07 659 , 463  26 1 , 013  27 659 , 463  28 27 659 , 463  29 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463  21 07 659 , 463  22 07 659 , 463  23 07 659 , 463  24 07 , 879  25 07 659 , 463  26 07 1, 013  27 07 659 , 463  28 07 1, 879  29 07 659 , 463  20 07 659 , 463  20 07 659 , 463  20 07 659 , 463			Escrow or custodial account liability Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Secured mortgages and notes payable to unrelated third parties 24 24  24 24  25 Data Stock or liabilities (including parties) 24 25  25 Total net assets (1,013) 25 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or apital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 32 Paid-in or apital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Data Stock or fund balances	ies	22	Loans and other payables to current and former officers, directors,			
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Secured mortgages and notes payable to unrelated third parties 24 24  24 24  25 Data Stock or liabilities (including parties) 24 25  25 Total net assets (1,013) 25 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or apital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 32 Paid-in or apital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Data Stock or fund balances	ij		· · · · · · · · · · · · · · · · · · ·	realistic that are a constraint and the same a constraint		
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Secured mortgages and notes payable to unrelated third parties 24 24  24 24  25 Data Stock or liabilities (including parties) 24 25  25 Total net assets (1,013) 25 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or apital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 32 Paid-in or apital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Data Stock or fund balances	Lial				_	<del></del>
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	_			***		
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			}		24	
Second   Part		25	, -			
26   Total liabilities. Add lines 17 through 25   933   26   1,013						
Organizations that follow SFAS 117 (ASC 958), check here		••	l l		1	
Complete lines 27 through 29, and lines 33 and 34.		26		933	26	1,013
33   lotal net assets or fund balances	Si		<del>-</del>			ı
33   lotal net assets or fund balances	nce	27	-	C45 020	27	
33   lotal net assets or fund balances	ala					
33   lotal net assets or fund balances	d B			266,484		2/1,8/9
33   lotal net assets or fund balances	un-	13		···	23	
33   lotal net assets or fund balances	or F					,
33   lotal net assets or fund balances	ts (	30			30	
33   lotal net assets or fund balances	SSE		· · · · · · · · · · · · · · · · · · ·			· <del>-</del>
33   lotal net assets or fund balances	χ¥				_	
	ž			911.516		931 342
			<u> </u>		_	

part XI   Reconciliation of Net Assets   Check if Schedule O contains a response or note to any line in this Part XI   1   1   125,906   12,906   12   120,455   13   14   15   15   15   15   15   15   15	12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 Sp. 45: 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 911, 514 5 Net unrealized gains (losses) on investments 5 14, 37: 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  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? 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  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis  Both consolidated and separate basis  c If "Yes," to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process of selection process during the	_
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash 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 and the organization's financial statements and they 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 basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash 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 and the organization's financial statements and they 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 basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  5 14,37.  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII   Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990   Cash   Accrual   Other	<u>3</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII   Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990   Cash   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?  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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   Both consolidated and separate basis   2b X    b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Consolidated basi	
Shet unrealized gains (losses) on investments  5	<u>6</u>
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 931, 34:  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash 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? 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2 aor 2 b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	<u>3</u>
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 \( \) Cash \( \) 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?  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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis \( \) Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  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?  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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis, 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 audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  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?  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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis, 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 audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0_
Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     Yes   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	
Check if Schedule O contains a response or note to any line in this Part XII    Yes	2
1 Accounting method used to prepare the Form 990	<b>—</b>
1 Accounting method used to prepare the Form 990	<u></u> _
If the organization changed either its oversight process or selection process during the tax year, explain in	
Guiredule C	- !
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	v
the Single Audit Act and OMB Circular A-133?	<u>X</u>
b. If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	016)

EEA

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number STILLWATER PUBLIC EDUCATION FOUNDATION 73-1267401 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II ) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported organization (a) EIN (iii) Type of organization (IV) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2016 STILLWATER PUBLIC EDUCATION FOUNDATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II Page 2 (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Amounts from line 4 . . . . . . . . . . . . (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) . . . . . . . . . . . . . . . 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here

	ction c. Computation of Public Support Percentage						
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))						
15	Public support percentage from 2015 Schedule A, Part II, line 14	14		%			
16a	33 1/3% support test - 2016. If the organization did not obselv the him.	15		%			
	33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization						
þ	33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 23 1/3% as many						
	this box and stop here. The organization qualifies as a publicly supported organization	песк					
17a	this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supporte						
	organization	d					
b	organization		• • • • • • • • • • • •	<b>▶</b> □			
	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line			_			
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.						
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicity	1					
40	adeported organization, , , , , , , , , , , , , , ,			L n			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						

### 90 or 990-EZ) 2016 STILLWATER PUBLIC EDUCATION FOUNDATION Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	96,044	121,587	133,899	132,953	129,697	614,180
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization'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	96,044	121,587	133,899	132,953	129,697	614,180
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					<del></del>	
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						<b></b>
8	Public support. (Subtract line 7c from line 6)						614,180
Se	ction B. Total Support	<del></del>					
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	96,044	121,587	133,899	132,953	129,697	614,180
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,403	13,145	15,449	32,168	4,781	75,946
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·	10,403	13,145	15,449	32,168	4,781	75,946
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	106,447	134,732	149,348	165,121	134,478	690,126
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		▶ []
Se	ction C. Computation of Public Si					, , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2016 (line 8, c	olumn (f) divided by	line 13, column (f)	)		15	89.00 %
16	Public support percentage from 2015 Sched			<u> </u>		16	87.63 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line					17	11.00 %
18	Investment income percentage from 2015 Se				'	18	12.00 %
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check and stop here. The	the box on line 14, organization quali	and line 15 is more fies as a publicly si	e than 33 1/3%, and ipported organization	d line on · · · · ·	▶ 🏻
b	33 1/3% support tests - 2015. If the organize line 18 is not more than 33 1/3%, check this	ation did not check box and stop here.	a box on line 14 or The organization o	line 19a, and line 1 qualifies as a public	l6 is more than 33 ly supported organ	1/3%, and ization	▶ 📋
20	Private foundation. If the organization did r						▶ 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

<u> </u>		)		_	
Section	A. AI		Supporting	i Ora	ganizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		<u> </u>
4a		
- <del>T</del> a		
		1
4b		
4c		
5a		<u> </u>
5b	ļ	<del> </del>
5c		i
		1
6		ļ
7	ļ	<u> </u>
8	ļ	
9a		
9b		
0.		
9c		
10a		
10b	1	) D-EZ) 20°

Pai	rt IV Supporting Organizations (continued)		<u>_</u>	<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	ł	İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		i	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	)		,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		. 1	,
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	<u></u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		-	1
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		{
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		}	
	significant voice in the organization's investment policies and in directing the use of the organization's	}	}	ļ ;
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		}
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	<b>;</b> ):
а				
b		,		
C		(see		
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		}	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,		}	1
	how the organization was responsive to those supported organizations, and how the organization determined	1	ł	ł
	that these activities constituted substantially all of its activities	2a	·	<del> </del>
<b>5</b> -	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<del> </del>	<del> </del> -	<del> </del>
i.	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			{
	reasons for the organization's position that its supported organization(s) would have engaged in these			{
	activities but for the organization's involvement.	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	T-	$\top$	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		]	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
Ł	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Γ	}
-	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting			
1    Check here if the organization satisfied the Integral Part Test as a qualify			
instructions. All other Type III non-functionally integrated supporting organization	ganizations	must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	<del></del>	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		<del></del>	
collection of gross income or for management, conservation, or	1 1		1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		T
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		T
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	_ 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amou	int,		
see instructions)	_   4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	nally-integr	ated Type III supporti	ng organization (see
instructions)			

'Do	rt V Type III Non-Functionally Integrated 509(a)(	10N FOUNDATION	73-126	57401 Page 7
	ction D - Distributions	or Supporting Organi	zauons (conunued)	Current Year
	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Current fear
	Amounts paid to perform activity that directly furthers exemp		<del>-</del>	
_	organizations, in excess of income from activity	n parposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	···		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			<del></del>
_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
-	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI) See			
	instructions			
_3	Excess distributions carryover, if any, to 2016			
a			·	
b				
	From 2013			<del></del>
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
_	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			<del> </del>
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c			
_8_				
a	···			<u> </u>
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015	1		

e Excess from 2016

#### SCHEDULE D (Form 990).

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization STILLWATER PUBLIC EDUCATION FOUNDATION 73-1267401 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) -3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ...... | Yes | No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ıle D (Form 990) 2016 STILLWATER PUBI				73-126	
<b>Par</b>	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition, accession, a	and other records, che	ck any of the follow	ng that are a si	gnificant use of its	
	collection items (check all that apply)					
а	Public exhibition	<b>d</b> Loan	or exchange progra	ms		
b	Scholarly research	e 🗌 Other				
С	Preservation for future generations	<b>_</b>				<del></del>
4	Provide a description of the organization's collect	tions and explain how	they further the oraș	anızatıon's exen	not ourpose in Part	
	XIII	and orpiani nov	andy randra and origin		pr pur pood · urt	
	During the year, did the organization solicit or rec	eive donations of art	historical treasures	or other similar	r	
•	assets to be sold to raise funds rather than to be				' 	· · Yes No
Dar	t IV Escrow and Custodial Arrang		the organization's c	Onection		· ·   les     140
1 41	Complete if the organization ar		Form 990 Part	- IV/ line 0 o	r reported an amo	unt on Form
	990, Part X, line 21	iswered res on	101111000, 1 art		reported arramo	ditt off i offit
4-						
1a	Is the organization an agent, trustee, custodian of					
	•					· · L Yes L No
b	If "Yes," explain the arrangement in Part XIII and	complete the followin	g table			
						mount
С	beginning balance					
d	Additions during the year				. 1d	
е					· 1e	
f	Ending balance				· 1f	
2a	Did the organization include an amount on Form	990, Part X, line 21, f	or escrow or custodi	ial account liabi	lity?	· · · · 🗌 Yes 📗 No
b	If "Yes," explain the arrangement in Part XIII Chi	eck here if the explana	ation has been provi	ded on Part XIII	1	
Par	t V Endowment Funds.					
	Complete if the organization ar	nswered "Yes" on	Form 990, Part	t IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	760,400	792,801	717,9		
b	Contributions	36,146	(11,236)	74,6		T T
~ C	Net investment earnings, gains, and	30,240	(22/250/		= 1,700	
Ŭ	losses · · · · · · · · · · · · · · · · · ·	19,089	(1,605)	13,0	32,80	4 21,931
А	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	4,921	4,7		
d	•	4,751	4,921	4,/	4,39	2 0,4/4
e	Other expenditures for facilities and		10 656	.	50 240	10.000
	programs	9,020	12,656	6,1		
T	Administrative expenses	1,930	1,983	1,9		
9	End of year balance	799,934	760,400	792,8	301 717,93	5 667,017
2	Provide the estimated percentage of the current	-	e 1g, column (a)) ne	id as		
а	Board designated or quasi-endowment	%				
b	Permanent endowment					
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should e	equal 100%				
3a	Are there endowment funds not in the possession	on of the organization	that are held and ad	ministered for t	he	<del></del>
	organization by					Yes No
	(i) unrelated organizations · · · · · · ·					· · 3a(i) X
	(ii) related organizations · · · · · · · ·					· · 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations lis	sted as required on So	chedule R?			3b
4	Describe in Part XIII the intended uses of the organization	ganization's endowme	ent funds			
Pai	rt VI Land, Buildings, and Equipm	ent.		-		
	Complete if the organization ai		n Form 990, Par	t IV, line 11a	a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Book value
	Country of property	(investme	1 ' '	other)	depreciation	
	Land					<del> </del>
_						
b	Buildings	· · ·				
C	Leasehold improvements			0.175	3 504	507
d	Equipment			8,171	7,584	587
е	Other			<u>,</u>		
Tota	I. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X, o	column (B), line 10c	<u>)                                      </u>	<u> </u>	587

	(a) Description of security or category	(b) Book value	(c) Method of valuation
Financial	(including name of security)  derivatives		Cost or end-of-year market value
	eld equity interests		
Other			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
H)			
	) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
art VIII	Investments - Program Related		
	Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
1)			·
2)			
3)			
4) 5)			
6)			
7)			
8)			
9)			
	o) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
art IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·	<del></del>
	Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 11d See Form 990, Part X, line 1
		(a) Description	(b) Book value
1)			
2)			
2) 3)			
2) 3) 4)			
2) 3) 4) 5)			
2) 3) 4) 5) 6)			
2) 3) 4) 5) 6) 7)			
2) 3) 4) 5) 6) 7) 8)			
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colum	nn (b) must equal Form 990, Part X, col. (B) li		
2) 3) 4) 5) 6) 7) 8) 9)	Other Liabilities.	ne 15)	t IV line 11e or 11f See Form 900 Part V
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Colum	Other Liabilities. Complete if the organization ans	ne 15)	▶ rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colum	Other Liabilities. Complete if the organization ans line 25	ne 15)swered "Yes" on Form 990, Par	
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colum	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)	
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X	Other Liabilities. Complete if the organization ans line 25	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X  1) Federal 2)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X  1) Federal 2) 3)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X  1) Federal 2) 3) 4)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 33) 44) 55) 66) 77) 88) 99) tal. (Columnart X  1) Federal 2) 3) 44)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colum art X  1) Federal 2) 3) 4) 5) 6)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X  1) Federal 2) 3) 4) 5) 6) 7)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X  1) Federal 2) 3) 4) 5) 6)	Other Liabilities. Complete if the organization ans line 25  (a) Description of liability	ne 15)swered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form 990, Part X,

	ule D (Form 990) 2016 STILLWATER PUBLIC EDUCATION FOUNDATION			<u>3-126740</u>	1Page 4
Pa	rt XI . Reconciliation of Revenue per Audited Financial Stateme		•	Return.	
1	Complete if the organization answered "Yes" on Form 990, P	altiv	, line iza	T 1 T	105 416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<del>-                                    </del>	135,416
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1 1	
c	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIII )	2d	9,510	1	
е	Add lines 2a through 2d			2e	9,510
3	Subtract line 2e from line 1			3	125,906
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		1	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	125,906
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten			er Returr	1.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.	,	
1	Total expenses and losses per audited financial statements			1	129,964
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	Pnor year adjustments	2b		4	
С	Other losses · · · · · · · · · · · · · · · · · ·	2c		1 1	
d	Other (Describe in Part XIII )	2d	9,511		
е -	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·			2e	9,511
3	Subtract line 2e from line 1			3	120,453
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII )	4b		4c	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	100 453
	rt XIII   Supplemental Information.	<del></del>			120,453
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	s 1h a	nd 2h Part V line 4 Part	t X line	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			. , ,, .	
,	,				
)1	. Other revenues not included on Form 990 (P	art	XI, line 2d	l)	
			•	•	
HE	\$9,512 IS FUNDRAISING EXPENSES THAT REDUCES THE INCOME S	EWOHE	ING ON PART VIII	LINE 12	Α,
UT	WAS ONLY INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENT	rs an	ND \$2 IN ROUNDIN	īG	
					<u>-</u>
					<del></del>
			· <del></del>		
				<del></del>	
					<del>,</del>

STILLWATER PUBLIC EDUCATION FOUNDATION	73-1267401 Page 5
Part XIII . Supplemental Information (continued)	
•	
02. Other expenses not included on Form 990 (Part XII, line	2d)
	<u> </u>
THE \$9,512 IS FUNDRAISING EXPENSES THAT WAS NOT INCLUDED ON PART IX STATEMENT	OF
FUNCTIONAL EXPENSES BUT RATHER WAS INCLUDED IN PART VIII LINE 12A AND \$1 IN R	OURTERING
FONCTIONAL EXPENSES BUT KATHER WAS INCLUDED IN FART VIII LINE 12A AND \$1 IN R	OONDING
	···
	<del></del>
	·
	· · · · · · · · · · · · · · · · · · ·
	<u>-</u> .

Schedule D (Form 990) 2016

EEA

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Complete if the organization answered "Yes" on 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.

2016

Department of the Treasury

Open to Public

ternal Revenue Service	► Information a	bout Schedule G	(Form 990 or	990-EZ) and	its instructions is at w	ww.irs.gov/		Inspection 1274
me of the organization							Employer ider	ntification number
ILLWATER PUBLIC							73-12	
ant	_	-	_		swered "Yes" on	Form 99	90, Part IV,	line 17
Form 990-E2	I filers are not		•	<del> </del>			<del> </del>	<del></del>
Indicate whether the o	rganization raise	d funds through a	· —	_	-			
a   Mail solicitations			=		of non-government gra	ants		
b Internet and email:	solicitations		=		of government grants			
c Phone solicitations			g ∐	Special fund	Iraising events			
d In-person solicitation		1		d	ee			
2a Did the organization ha		-	-	•	-		□ v.	. D Na
or key employees liste  b If "Yes," list the 10 high		•		•	<del>-</del>		raiser is to be	
compensated at least	•	-	iliulaiseis) pi	uisuaiii io a	greements under write	ii iile iuliu	i aisei is to be	
compensated at least	\$5,000 by the oig	ganization						
(i) Name and address o or entity (fundrais		(II) Activity	(III) Did fund custody or contribi		(IV) Gross receipts from activity	(or re	ount paid to tained by) ser listed in tol (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
!								
					•			
· · · · · · · · · · · · · · · · · · ·								
5								
<u> </u>								
,								
}								
)								
)								
Total	the organization				tions or has been noti	fied it is ex	cempt from	

		gross receipts greater than	\$5,000			
			(a) Event #1 CELEBRATION	(b) Event #2 TASTE	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts · · · · · · · · · · · · · · · · · · ·	17,429	12,456	1,817	31,702
_	2	Less Contributions				
	3	Gross income (line 1 minus	<del></del>			
		line 2)	17,429	12,456	1,817	31,702
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	2,115	430		2,545
	7	Food and beverages	5,182			5,182
	8	Entertainment				
	9	Other direct expenses	1,028	757		1,785
	10	Direct expense summary Add lines	4 through 9 in column (d)			9,512
_	11	Net income summary Subtract line				22,190
Pa	ırt l	Gaming. Complete if the of than \$15,000 on Form 990		"Yes" on Form 990, Part	t IV, line 19, or reported i	more
	_	than \$15,000 on 1 onn 990	r-LZ, lifte da			
				(h) Pull tabs/instant		(d) Total gaming (add
anne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	☐ Yes % ☐ No	bingo/progressive bingo		
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % No▶	
ect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes % No▶	
Direct Expenses	2 3 4 5 6 7 8 Err	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes % ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Err	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes % ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Err Is is if '	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)  ties these states?	☐ Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Err Is is if '	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)  ties these states?	☐ Yes % No	col (a) through col (c))

SCHEDULE I	Grai	Grants and Other Assistance to Organizations,	Assistance to	Organization	, S,		OMB No 1545-0047 .
(Form 990)	GOVETI Complete if	GOVERNMENTS, AND INDIVIDUALS IN LITE OFFICE STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	NGIVIOUAIS IN I	990, Part IV, line 21 o	122.	0	Open to Public
Department of the Treasury Internal Revenue Service	► Information abo	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. rm 990) and its instruction	ns is at www.irs.gov/	form990.		Inspection
Name of the organization STILLWATER PUBLIC EDUCATION FOUNDATION	OUNDATION					Employer identification number 73–1267401	number
Part I General Information on Grants and Assistance	<b>Grants and Assist</b>						
1 Does the organization maintain records to substantiate the amount of the	o substantiate the amount	t of the grants or assistance	ince, the grantees' elig	grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and		No No No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monitoring the	the use of grant funds in t	he United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	recipient that received	anizations and Don d more than \$5,000.	nestic Governmen Part II can be dupl	ts. Complete if the icated if additional s	organization answered pace is needed	"Yes" on Form	
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 noncash assistance	(h) Purpose of grant or assistance
(1) STILLWATER PUBLIC SCHOOLS							
STILLWATER, OK 74074	<u>r</u>	501(C) (3)	717,67				
(2)			j				
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government organization	ions listed in the line 1 to	able			<b>A A</b> : : : : : : : : : : : : : : : : : : :	
•	ne Instructions for Form	990.				198 1	Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) GRANTS ARE ONLY ISSUED TO STILLWATER PUBLIC SCHOOL EDUCATORS FOR GRANTS WRITTEN AND APPROVED. (d) Amount of noncash assistance (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016)

Part III Grants

2

g

7

됩

73-1267401

STILLWATER PUBLIC EDUCATION FOUNDATION

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

STILLWATER PUBLIC EDUCATION FOUNDATION	73-1267401
01. Committee meeting documentation (Part VI, line 8b)	
INDIVIDUAL COMMITTEE MEETINGS MINUTES ARE NOT TAKEN BUT REPORTS FROM EACH	I COMMITTEE IS
MADE AT THE MONTHLY BOARD MEETINGS AND DOCUMENTED AT EACH BOARD MEETING.	
02. Form 990 governing body review (Part VI, line 11)	
THE FORM 990 HAS BEEN REVIEWED BY ALL OF THE BOARD OF DIRECTORS BEFORE THE	HE RETURN WAS SENT
OFF TO THE INTERNAL REVENUE SERVICE AND THE OKLAHOMA TAX COMMISSION.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
THE CONFLICT OF INTEREST POLICY IS REVIEWED OFTEN AND UPDATED AS NEW INDI	VIDUALS ARE
WELCOMED TO THE BOARD AS NEEDED.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
COMPENSATION FOR THE EXECUTIVE DIRECTOR (THE ONLY EMPLOYEE OF THE ORGANIZ	ZATION) IS BASED
ON REVIEW OF SIMILAR POSITIONS WITHIN THE COMMUNITY.	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL ORGANIZING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
THE ONSTRUCTION DOCUMENTS THE TANK THE	