#### 990 Form

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

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

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2012 calend	lar year, or tax year begi	nning	04-01	, 2012, and e	nding		03-3	31 , 2013			
В	Check if a	applicable:	C Name of organization STOV	ETEAM INTERNATIONAL					D	Employer identification no.			
	Address o	change	Doing Business As						4	2-1757328			
	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address)			Room/suite		Е	Telephone number			
	Initial retu	rn	PO BOX 51025						(	541)554-4638			
	Terminate	ed	City, town or post office, state	, and ZIP code						104,859			
	Amended	return	EUGENE, OR 974	05-0994					G	Gross receipts \$			
	Applicatio	n pending	F Name and address of princ	ipal officer: SCOTT P WILBER									
			1396 CHARNELTO	N STREET, EUGENE, OR 9	7401		H(a) Is af	this a gro filiates?	up returr	n for ☐ Yes ☒ No			
ī	Tax-exem	pt status:	501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) or	527		H(b) Ar	e all affilia	ates inclu	ided? Yes No (see instructions)			
J	Website:		.STOVETEAM.ORG	3			H(c) G	"No," atta roup exen	ch a list. nption nu	(see instructions) Imber			
ĸ	Form of o	rganization:		sociation Other	L Ye	ear of formation: 2		/ State	of legal d	lomicile: OR			
	art I	Summar			l.				<u> </u>				
	1	Briefly descri	ibe the organization's miss	sion or most significant activities:	TO BRI	NG FUEL E	FICIEN	r sto	VES '	TO THIRD WORLD			
4.		•	<u> </u>	ETTING UP SUSTAINABLE									
Activities & Governance		FORTUNATE.											
rna		FORTUNALE.											
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ö	3			erning body (Part VI, line 1a)	•				3	3			
<b>ა</b> ბ თ	4			rs of the governing body (Part VI, I				-	4	3			
ţį	5			n calendar year 2012 (Part V, line 2					5	1			
ΪŽ	6			necessary)				-	6	<u>+</u>			
Ā				Part VIII, column (C), line 12					7a	0			
				. , , , , , , , , , , , , , , , , , , ,				- t	7b	0			
	<del>  "</del>	TVCT GITTCIALC	a basiness taxable income	. HOITH OITH 330-1, IIIIC 34				Year		Current Year			
	8	Contributions	e and grante (Part VIII line	:1h)			FIIO	212,	107	104,614			
<u>a</u>	9			e 2g)				<u> </u>	40/	104,614			
nue		-		=:		_			260	245			
Revenue	10			A), lines 3, 4, and 7d)		_			260	245			
œ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		<del>-</del>		010	545	104.050			
	12		<del>-</del>	(must equal Part VIII, column (A), I	,			212,	747	104,859			
	13			IX, column (A), lines 1-3)		_				0			
	14			X, column (A), line 4)		_				0			
S	15			ee benefits (Part IX, column (A), lin		<del>-</del>		40,	610	36,173			
Expenses			= -	column (A), line 11e)		<u> </u>				0			
xpe			sing expenses (Part IX, co										
Ш				nes 11a-11d, 11f-24e) • • • •		<del>                                      </del>		114,		98,236			
		•	•	t equal Part IX, column (A), line 25	)			154,		134,409			
	19	Revenue les	ss expenses. Subtract line	18 from line 12				57 <b>,</b>	948	(29,550)			
ces	5					_	Beginning of			End of Year			
Blar	20		(Part X, line 16)					167,		143,682			
Fund Blances	21		es (Part X, line 26)						746	29,510			
			r fund balances. Subtract	line 21 from line 20 · · · · ·				143,	722	114,172			
	art II		ire Block										
				rn, including accompanying schedules and st cer) is based on all information of which prep			nowledge and	beliet, it	IS				
						-							
Sig	ın l		Y HUGHES						<u> </u>				
		Signatur	re of officer						Date				
He	re		Y HUGHES, PRESIDE	NT									
		Type or	print name and title	1									
_		Print/Type pre	eparer's name	Preparer's signature	Da	ate	Che	eck	if PT	IN			
Pa			WILBER	SCOTT P WILBER	98	-27-2013	self	-employe	d	P00047563			
	eparer		▶ SCOTT P	WILBER CPA PC			Firm's EIN	<b>&gt;</b>					
Us	e Only	Firm's addres	ss <b>&gt; 1396 CH</b>	ARNELTON STREET			Phone no.						
			EUGENE (	OR 97401				54	1-68	7-1120			
May	the IRS	discuss this	return with the preparer sl	nown above? (see instructions)						· · 🗌 Yes 🛚 No			

d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$

Part IV

42-1757328

2) STOVETEAM INTERNATIONAL 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		Х
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		X
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		X
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,			
	· · · · · · ·	. 5		
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			
_	"Yes," complete Schedule D, Part I	- 6		X
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,"			3.7
_	complete Schedule D, Part III	- 8		X
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			3.7
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		37
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	·IIa	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11h		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		Δ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	110		21
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		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			
		-12a		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Χ
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		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ī

Part IV

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 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 24a through 24d and complete Schedule K. If "No," go to line 25 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Χ Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? 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 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, - 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 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, Χ 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

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	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 ••••• 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	• 4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7		- 6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	· 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
·	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	- / 0		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ••••••• 10b			ĺ
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44.		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		i

Form 990 (2012) STOVETEAM INTERNATIONAL Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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 Χ 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Χ **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	•	OR
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if a	app	licable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made those available. Che	ook	all that apply

П	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, physical address, and telephone number of the person who possesses the books and records of the

organization: SARAH ROGERS (541)554-4638

368 DUBLIN AVENUE EUGENE, OR 97404

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

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

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

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

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

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

(A)	(B)		(C)				(D)	(E)	(F)	
Name and Title	Average		Position				Reportable	Reportable	Estimated	
	hours per week (list any	(do no	ot che	eck m	ore th	nan one		compensation from	compensation from related	amount of other
	hours for	box, u	ınless	pers	on is	both an		the	organizations	compensation
	related organizations	office	r and	a dire	ctor/t	trustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	l t d n r i	l t n r	O f	K e	H c e i o m	F o	(W-2/1099-WIGC)		and related
	line)	d u r i s e	s u	f	У	g m p h p l	r m			organizations
		v t c	i t	С	e m	e e o s n y	e			
		d e o	u e t	ř	p I	t s e a e				
		a o	i o		o y e	t e				
			n a		e	d				
(1) DON STEELY			ı							
DIRECTOR	2.00			X				0	0	0
(2) GERRY REICHER	2.00			22					1	0
VP & TREASURER	15.00			X				o	0	0
(3) JAY LAMB	13.00			- 25						
DIRECTOR	1.00			X				0	0	0
(4) MARGA LARSON										
DIRECTOR	1.00			X				0	0	0
(5) NANCY HUGHES										
PRESIDENT	40.00			X				0	0	0
(6) SARAH ROGERS										
TREASURER	2.00			Х				0	0	0
(7) SCOTT P WILBER										
DIRECTOR	2.00			X				0	0	0
(8) SUSIE HANNER										
DIRECTOR	5.00			X				0	0	0
(9)										
<del></del>										
(10)										
(11)										
(11)										
(12)										
(13)										
(14)										

EEA

757328	Page 8
--------	--------

	90 (2012) STOVETEAM INTER	NATIONAL								42-1757	328		Page 8
Part	VII Section A. Officers, Directors, Trust	tees, Key Employ	yees, a	and	High	nest	Comp	ens	ated Employees (	(continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per	(do n	ot ch		ition ore t	han one		Reportable compensation	Reportable compensation from		Estimate amount c	
		week (list any					both an	1	from	related		other	
		hours for related					ustee)	I -	the organization	organizations (W-2/1099-MISC)	1	mpensat from the	
		organizations	l t d			K e	H c e i o m	F o	(W-2/1099-MISC)	(11 2) 1000 111100)		rganizati	
		below dotted line)	d u r i s e	t s	i	y e	g mp h p l	r m				ınd relate ganizatio	
		11116)	v t c i e t d e o	t e	e	m p	e e o s n y	e r				garnzan	Jilo
			d e o u r a o	t i	'	I O	t s e a e t						
			i r	o n		y e	e d						
				a I		е	ľ						
(15)													
(16)													
(17)											+		
(18)													
											<del> </del>		
(19)													
(20)											+		
(==)													
(21)													
											<u> </u>		
(22)													
(23)											+		
(20)													
(24)													
(25)													
	Cub total							Ļ			+		
1b c	Sub-total	Section A					· · ·				+		
d	·								0	0	+		0
2	Total number of individuals (including but not li							_	•	•			
	reportable compensation from the organization									0			
												Yes	No
3	Did the organization list any former officer, dir		•		ee,	or hi	ighest	com	pensated				
	employee on line 1a? If "Yes," complete Sched										3		X
4	For any individual listed on line 1a, is the sum	•	•										
	organization and related organizations greater individual										. 4		Х
5	Did any person listed on line 1a receive or acc												122
	for services rendered to the organization? If "Y	•		-			-				5		Х
Secti	on B. Independent Contractors	-											
1	Complete this table for your five highest compe												
	compensation from the organization. Report co	ompensation for the	he cale	enda	r yea	ar ei	nding \	with	or within the organ	ization's tax			
	year.								1 6				
	(A) Name and business ad	ldress							(B) Description of	services	Com	(C) npensatio	on
	Hame and Business de	101000							Description of	50171005		porioditi	<u></u>
		·											
	Total number of independent contractors (incl.	iding but not limite	ad to th	1000	licto	ام ما	DOV(C) .	who					
4	Total number of independent contractors (inclu	-			note	u al	oove) \	vviiU					

42-1757328

Part VIII

٠	404	em	an	•	~f	D	^,			_
9	ιaι	em	en	L	UI	П	Ľ١	/ei	IIU	u

		Check if Schedule O contains a resp	onse to a	ny question in this I	Part VIII • • •			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
<u>8 8</u>	1a	Federated campaigns	. 1a					· ·
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b		1			
عَ ق	C	Fundraising events			-			
fts r A	d	Related organizations			-			
ig je	e	Government grants (contributions) -			1			
Sin	f	All other contributions, gifts, grants,	10		-			
er fic	l '	and similar amounts not included abov	e 1f	104 614				
들	_	Noncash contributions included in lines		104,614				
ng	g	Total. Add lines 1a-1f			104 614			
<u>0 a</u>	h	Total. Add lines 1a-11			104,614			
<u>o</u>	_			Business Code				
/enr	2a							
Re	b							
vice	С							
Ser	d							
ram	е							
Program Service Revenue	1	All other program service revenue • •						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends	interest,					
		and other similar amounts)			245	245		
	4	Income from investment of tax-exempt b	ond proc	eeds · · · ▶				
	5	Royalties		<b>.</b>				
		(i)	Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)			1			
	1	Net rental income or (loss)		·				
		` ′	curities	(ii) Other				
	'a	assets other than inventory		(4) 5 445	•			
	_	Less: cost or other basis			-			
	"	and sales expenses						
	٦	Gain or (loss)			-			
		Net gain or (loss)						
<b>o</b>	1	Gross income from fundraising						
enne	Oa	· ·						
		events (not including \$						
Other Rev		of contributions reported on line 1c).  See Part IV, line 18	_					
ф		Less: direct expenses			-			
0		Net income or (loss) from fundraising ev						
	1	-	ents •					
	9a	Gross income from gaming activities.						
	١.	See Part IV, line 19 · · · · · · · ·			.			
		Less: direct expenses						
	С	Net income or (loss) from gaming activity	ies • •					
	10a	Gross sales of inventory, less						
		returns and allowances			.			
		Less: cost of goods sold		L				
	С	Net income or (loss) from sales of inven	tory • •	<u> </u>				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	<b>Total revenue.</b> See instructions • •			104,859	245	0	0

Part IX

42-1757328

# 2) STOVETEAM INTERNATIONAL Statement of Functional Expenses

4:	E04(-)(0)	 ) organizations must	 - All -41	 	Λ \

	Check if Schedule O contains a response to any questi	on in this Part IX •	1		
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 •				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,800	25,350	3,380	5,070
8	Pension plan accruals and contributions (include		-	-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	2,373		2,373	
11	Fees for services (non-employees):	•		-	
а	Management				
b	Legal	89		89	
С	Accounting	1,230		1,230	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,454	150		6,304
13	Office expenses	1,321	21	1,017	283
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	43,988	43,988		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112		112	
23	Insurance	4,133		4,133	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RESEARCH AND DEVELOPMENT	15,084	15,084		
b	EVENTS	2,140			2,140
С	OUTGOING DONATIONS AND GRANT	17,166	17,166		
d	REPAIR AND MAINTENANCE	135		135	
е	All other expenses	6,384	3,657	2,038	689
25	Total functional expenses. Add lines 1 through 24e	134,409	105,416	14,507	14,486
26	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

		Check if Schedule O contains a response to any question in this Part X	(A)		(B)
	4	Cook non interest heaving	Beginning of year		End of year
	1	Cash - non-interest-bearing	150 106	1	100 510
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	152,186	2	128,512
	3			3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	7	organizations (see instructions). Complete Part II of Schedule L	15.000	7	15.000
sts	7	<b>.</b>	15,000	8	15,000
Assets	8	Inventories for sale or use		9	
⋖	9			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D · · · · 10a 976			
	h		202	10c	170
	11	Less: accumulated depreciation	282	11	170
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	167,468	16	143,682
	17	Accounts payable and accrued expenses	746	17	594
	18	Grants payable	23,000	18	28,916
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		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 · · · · · · · · · · · · · · · · · ·	23,746	26	29,510
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
ses		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> u	27	Unrestricted net assets	57,948	27	
Ba	28	Temporarily restricted net assets	85,774	28	114,172
<u>n</u>	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
s of		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	<b>.</b>
	33	Total net assets or fund balances	143,722	33	114,172
	34	Total liabilities and net assets/fund balances	167.468	34	143.682

Forn	n 990 (2012) STOVETEAM INTERNATIONAL	42-175732	8	Pa	age <b>1</b> :
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.04,8	359
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.34,4	109
3	Revenue less expenses. Subtract line 2 from line 1	3	(	29,	550)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4	1	43,	722
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	- 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	.   10	1	14,	L72
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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 Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х

EEA Form **990** (2012)

**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

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

 OMB No. 1545-0047

Employer identification number

2012

Open to Public Inspection

		EAM INTERNATIO								757328			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete thi	s part.) S	See instr	uctions.			
The	orga	nization is not a privat	e foundation becar	use it is: (For lines 1 thro	ugh 11, ch	eck only o	ne box.)						
1		A church, convention	of churches, or as	ssociation of churches de	escribed in	section 1	70(b)(1)(A	)(i).					
2		A school described in	n section 170(b)(1	)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coope	erative hospital ser	vice organization describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii).						
4		A medical research of	organization opera	ted in conjunction with a	hospital de	scribed in	section 17	70(b)(1)(A)	(iii). Enter	the			
		hospital's name, city,	and state:										
5		An organization oper	ated for the benefi	it of a college or universi	ty owned o	r operated	by a gove	rnmental u	nit describ	ed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	art II.)									
6		A federal, state, or lo	cal government or	governmental unit descr	ribed in <b>se</b> d	ction 170(	b)(1)(A)(v)	•					
7		An organization that	normally receives	a substantial part of its s	upport fron	n a govern	mental uni	t or from th	ne general	public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust de	escribed in <b>section</b>	170(b)(1)(A)(vi). (Comp	olete Part II	.)							
9	X	An organization that	normally receives:	(1) more than 33 1/3% of	of its suppo	rt from cor	ntributions,	membersl	hip fees, a	nd gross			
		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 in	nvestment income	and unrelated business	taxable inc	ome (less	section 51	1 tax) from	businesse	es			
		acquired by the orga	nization after June	30, 1975. See <b>section</b>	509(a)(2). (	Complete	Part III.)						
10		An organization orga	nized and operate	d exclusively to test for p	ublic safet	y. See <b>sec</b>	tion 509(a	)(4).					
11		An organization orga	nized and operate	d exclusively for the ben	efit of, to p	erform the	functions of	of, or to ca	rry out the				
		purposes of one or n	nore publicly suppo	orted organizations descri	ribed in sec	tion 509(a	)(1) or sec	tion 509(a)	(2). See <b>s</b>	ection			
		509(a)(3). Check the	box that describes	s the type of supporting of	organizatio	n and com	plete lines	11e throug	gh 11h.				
		a 🗌 Type I	<b>b</b> 🗌 Typ	e II   c 🔲 Type	III-Function	nally integr	ated	d 🗌	Type III-	Non-funtio	nally inte	egrated	þ
е		By checking this box	, I certify that the o	rganization is not contro	lled directly	or indirec	tly by one	or more dis	squalified p	ersons			
		other than foundation	n managers and ot	her than one or more pu	blicly supp	orted orga	nizations d	escribed ir	section 5	09(a)(1)			
		or section 509(a)(2).											
f		If the organization re	ceived a written de	etermination from the IRS	that it is a	Type I, Ty	pe II, or Ty	pe III supp	orting				
		organization, check t	his box										
g		Since August 17, 200	06, has the organiz	zation accepted any gift of									
		following persons?											🕒
				, ,,	or contribut	ion from a							
		(i) A person who d	irectly or indirectly	controls, either alone or			ny of the		 I			Yes	No
		.,	•		together w		ny of the		 		11g(i)	Yes	No
		(iii) below, the g	overning body of t	controls, either alone or	together won?	ith person	ny of the	d in (ii) and			11g(i) 11g(ii)	Yes	No
		(iii) below, the g (ii) A family member (iii) A 35% controlled	overning body of ter of a person described entity of a person	controls, either alone or he supported organization cribed in (i) above? • • n described in (i) or (ii) a	together won? • bove? •	ith person	ny of the	d in (ii) and				Yes	No
h_		(iii) below, the g (ii) A family member (iii) A 35% controlled	overning body of ter of a person described entity of a person	controls, either alone or he supported organization cribed in (i) above? • •	together won? • bove? •	ith person	ny of the	d in (ii) and			11g(ii)	Yes	No
<u>h</u>	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of ter of a person described entity of a person	controls, either alone or he supported organization or it is a cribed in (i) above?  n described in (i) or (ii) and the supported organization or it is a control or	together won?  bove?  ion(s).	ith person	s described	d in (ii) and	(vi) ls		11g(ii) 11g(iii) (vii) Amou	unt of mo	
<u>h</u>	(i) N	(iii) below, the g (ii) A family membe (iii) A 35% controlled Provide the following	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization cribed in (i) above?  n described in (i) or (ii) at the supported organization controls.	together won?	rith person	s described  (v) Did you the organic col. (i) o	d in (ii) and	(vi) ls organizati (i) organiz	on in col. ed in the	11g(ii) 11g(iii) (vii) Amou		
h	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization ribed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	rganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won?  bove?  ion(s).  (iv) Is the oring in col. (i) list	rith person	s described  (v) Did you the organic col. (i) o	d in (ii) and	(vi) ls organizati (i) organiz	on in col. ed in the	11g(ii) 11g(iii) (vii) Amou	unt of mo	
	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	rganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B) (C)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	
(A) (B) (C)	(i) N	(iii) below, the g (ii) A family member (iii) A 35% controlled Provide the following ame of supported	overning body of t er of a person desc ed entity of a perso information about	controls, either alone or he supported organization or ibed in (i) above? • n described in (i) or (ii) at the supported organization (described on lines 1-9 above or IRC section	together won? - bove? - ion(s).  (iv) Is the oin col. (i) list governing of	ganization locument?	y Did yo the organical. (i) c sup	u notify zation in of your	(vi) Is organizati (i) organiz U.3	on in col. ed in the S.?	11g(ii) 11g(iii) (vii) Amou	unt of mo	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	and to quamy			product compre	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3 · · · · ·						
5	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)						
6	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 •						
12	Gross receipts from related activities, etc. (s	see instructions)				- 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
14	Public support percentage for 2012 (line 6,	` '	•	. , ,			%
15	Public support percentage from 2011 Scheo						%
16a	33 1/3% support test - 2012. If the organiz						
	box and <b>stop here.</b> The organization qualifi						▶ ⊔
b	33 1/3% support test - 2011. If the organiz						
	check this box and <b>stop here.</b> The organiza	•	. ,	· ·			▶ ⊔
17a	10%-facts-and-circumstances test - 2012	-					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac						
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2011	J		,		line	
	15 is 10% or more, and if the organization n						
	Explain in Part IV how the organization mee			-		•	
	supported organization						▶ ∐
18	<b>Private foundation.</b> If the organization did						▶ □
	instructions						· · · · · — 📋

# Schedule A (Form 990 or 990-EZ) 2012 STOVETEAM INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	128,826	133,290	110,595	212,487	104,614	689,812
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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	128,826	133,290	110,595	212,487	104,614	689,812
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						689,812
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	128,826	133,290	110,595	212,487	104,614	689,812
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		6	308	260	246	820
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		6	308	260	246	820
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 IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	128,826	133,296	110,903	212,747	104,860	690,632
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here					3)	▶ 🗆
Se	ction C. Computation of Public Su	• •					
15	Public support percentage for 2012 (line 8, co	•	,	))		15	99.88 %
16	Public support percentage from 2011 Schedu					16	99.90 %
	ction D. Computation of Investme					<u> </u>	
17	Investment income percentage for 2012 (line			lumn (f))		17	0.12 %
18	Investment income percentage from 2011 Sc					18	0.10 %
	33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box at	and <b>stop here.</b> The	organization qual	ifies as a publicly s	upported organiza	tion	▶ 🏻
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this be	oox and stop here.	The organization	qualifies as a publi	cly supported orga	nization • • •	▶ 🖺
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box an	d see instructions		▶ ∐

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
Nam	ne of organization			Employer	identification number
SI	OVETEAM INTERNATIONAL			42-175	
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 orga	anization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV.		
2	Political expenditures • • • • • • •				
3	Volunteer hours			· · · · · · · · ·	
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurr		. , , ,	· · · · · · · *	
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 495				· 🗌 Yes 🛛 No
4a	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)(	3).
1	Enter the amount directly expended by th	e filing organization for section 527 exer	npt function		
	activities			\$	
2	Enter the amount of the filing organization				
	527 exempt function activities • • • • •			<b>.</b> \$	
3	Total exempt function expenditures. Add I	lines 1 and 2. Enter here and on Form 1	120-POL,		
	line 17b			\$	
4	Did the filing organization file Form 1120-	-POL for this year?			· · 🗌 Yes 📗 No
5	Enter the names, addresses and employe				
	organization made payments. For each o	rganization listed, enter the amount paid	I from the filing org	anization's funds. Also ent	er
	the amount of political contributions recei	ved that were promptly and directly deliv	ered to a separate	political organization, suc	h
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, ¡	provide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

.2-1757 <b>768 (el</b> e	328 Page 2 ection under
ling on's totals	(b) Affiliated group totals
in s totals	group totals

Schedule C (Form 990 or 990-EZ) 2012 STOVETEAM INTERNATIONAL Complete if the organization is exempt under section 501(c)(3) and filed Form 5 Part II-A section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ □ if the filing organization checked box A and "limited control" provisions apply. (a) Fil Limits on Lobbying Expenditures organizatio (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) С Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

# columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

EEA Schedule C (Form 990 or 990-EZ) 2012

	cash "Van" represents lines to through the below provide in Don't IV a detailed	(	a)	(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? • • • • • • • • • • • • • • • • • • •				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or s	ection	
	501(c)(6).			1, 1,	_
					lo_
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 <b>D</b> a	Did the organization agree to carry over lobbying and political expenditures from the prior year?  rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	
ıa	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				ie
	answered "Yes."	// (D	, . u.	t III A, IIIIC 0,	.5
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		-		
_	political expenses for which the section 527(f) tax was paid).				
а	Current year · · · · · · · · · · · · · · · · · · ·		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	group			
ist);	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.				

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Inspection

Employer identification number

2012 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization STOVETEAM INTERNATIONAL 42-1757328 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. ∣Part II ∣ 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ 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 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 3 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to 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. b 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

42-1757328	Page 2
Historical Treasures, or Other Similar Assets (	continued)
ck any of the following that are a significant use of its	

a   Duble caribiblion   d   Loan or exchange programs	3	Using the organization's acquisition, accession,	and othe	rieco	rus, check any	or the folic	wing that are	a signili	cant use of its			
Scholarly research   Gither		collection items (check all that apply):		_								
C   Preservation for future generations	а	☐ Public exhibition	d	ı 📙	Loan or exch	ange progi	rams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part    XIII	b	Scholarly research	€		Other							
SIL	С	Preservation for future generations										
50 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV	4	Provide a description of the organization's collection	ctions and	d expl	ain how they fu	rther the o	rganization's	exempt	ourpose in Part			
Seasests to be sold to raise funds rather than to be maintained as part of the organizations collection?   Yes   No		XIII.										
Seasests to be sold to raise funds rather than to be maintained as part of the organizations collection?   Yes   No	5	During the year, did the organization solicit or re	ceive dor	nation	s of art, histori	cal treasure	es, or other sir	nilar				
Iline 9, or reported an amount on Form 990, Part X, line 21.    Interval   In											☐ Yes	□No
Iline 9, or reported an amount on Form 990, Part X, line 21.    Interval   In	Pa	rt IV Escrow and Custodial Arran	gemer	nts.	Complete if	the orga	anization ar	nswere	ed "Yes" to Fo	rm 99	0, Part	ĪV,
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Septial the arrangement in Part XIII and complete the following table:   Amount		line 9, or reported an amount of	on Forr	n 99	0, Part X, lii	ne 21.						
included on Form 990, Part X?    Beginning balance     Amount		·					other assets	not				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount		•			•						□ Yes	Пио
Amount   Italian   Amount   Italian   Italia	h	•									00	
c Beginning balance d Additions during the year 11d		ii res, explain the arrangement iii r art xiii and	1 complet	.0 1110	ionowing table				Δ,	mount		
d Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  In Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  In Ending balance  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		Reginning halance						10	+	nount		
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990. Part X, line 21? 2 Did the organization include an amount on Form 990. Part X, line 21? 3 Did the organization include an amount on Form 990. Part X, line 21? 4 Did the organization include an amount on Form 990. Part X, line 10.  Fart VI Endowment Funds. Complete if the organization answered "Yes" to Form 990. Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back.  (b) Four years back (d) Three years back (e) Four years	_	3 3						_	+			
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    The provided in Part XIII. Check here if the explanation answered "Yes" to Form 990, Part IV, line 10.    The part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    The part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    The part V   Endowment Funds and programs   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years ba		3 ,						_	+			
Did the organization include an amount on Form 990, Part X, line 21?    Ves   Ves   No   Ves   No   Ves   No	_											
B   f   Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII												
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    A   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Fou	_	•									_	=
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back											<u> </u>	<u> </u>
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment b Permanent endowment b Response in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) aliquia ret related organizations isted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  1a Land  b Buildings c Leasehold improvements d Equipment 976 806 170	Га	True Endowment Funds. Complete							İ			
b Contributions c Net investment earnings, gains, and losses		<b>5</b> , , , ,	(a) Cur	rent yea	ar <b>(b)</b> F	rior year	(c) Two years	s back	(d) Three years back	(e)	Four years	back
c Net investment earnings, gains, and losses	1a	,								+		
Content of Scholarships   Content of Schol	b		<del></del>							+		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  8 Board designated or quasi-endowment	С											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		, t	<u> </u>							$\bot$		
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment  % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (ii) b Buildings c Leasehold improvements d Equipment 976 806 170 e Other	d	Grants or scholarships	<b></b>									
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  % b Permanent endowment  % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	е	·										
g End of year balance		programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses										
a Board designated or quasi-endowment	g	End of year balance										
b Permanent endowment	2	Provide the estimated percentage of the current	year end	l balaı	nce (line 1g, co	lumn (a)) h	neld as:					
Temporarily restricted endowment	а	Board designated or quasi-endowment		%								
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iv) unrelated organizations  (iv) related organizations  (i	b	Permanent endowment										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) unrelated organizations  (iv) related organizations  (iv) related organizations  (iv) related organizations  (iv) ves" to 3a(ii), are the related organizations listed as required on Schedule R?  (iv) vescribe in Part XIII the intended uses of the organization's endowment funds.    Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	С	Temporarily restricted endowment		%								
organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) and the related organization sendowment funds.    Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.		The percentages in lines 2a, 2b, and 2c should e	 equal 100	)%.								
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  to Buildings  c Leasehold improvements  d Equipment 976 806 170 e Other	3a	Are there endowment funds not in the possession	on of the	organi	ization that are	held and a	administered fo	or the				
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  to Buildings  c Leasehold improvements  d Equipment  976  806  170  e Other		organization by:									Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  976  806  170  e Other		(i) unrelated organizations								[?	Ba(i)	
A Describe in Part XIII the intended uses of the organization's endowment funds.    Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (other)   (c) Accumulated depreciation		(ii) related organizations								3	a(ii)	
A Describe in Part XIII the intended uses of the organization's endowment funds.    Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (other)   (c) Accumulated depreciation	b	If "Yes" to 3a(ii), are the related organizations lis	ted as re	quired	d on Schedule	R?				[	3b	
Part VI     Land, Buildings, and Equipment. See Form 990, Part X, line 10.       Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation       1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other	4									_		
tall Land         (investment)         (other)         depreciation           b Buildings         Section	Pa						e 10.					
tall Land         (investment)         (other)         depreciation           b Buildings         Section								(c)	Accumulated	(d	) Book value	
b         Buildings						``	(other)				•	
b         Buildings	1a	Land										
c         Leasehold improvements												
d Equipment         976         806         170           e Other         976         976         806         170	С	· ·										
e Other · · · · · · · · · · · · · · · · · · ·	d	•			97	5			806			170
		- '										
	_		al Form !	990, P	art X, column	B), line 10	(c).) • •		▶			170

42-1757328

Part VII	investments - Other Securitie	s. See Form 990, Part X, line	12.	
(	(including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(1) Financial der	rivatives			
(2) Closely-held	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) (I)		_		
	ust equal Form 990, Part X, col. (B) line 12.)	<b>•</b>		
Part VIII	Investments - Program Relate	ed. See Form 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	ust equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, P	art X, line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	(b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal inc				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	west agreed Forms 000, Port V. and J. (P.) 11, 207	<b>&gt;</b>		
	nust equal Form 990, Part X, col. (B) line 25.) 740) Footnote. In Part XIII, provide the tex		financial statements that reports the	organization's
- ,	,			-

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par		2-175 Retu		Page 4
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5		
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·			
C	Other losses 2c			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a			
	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •			
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5		
Par	t XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and			
Part \	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part XII, lines 2d and 4b.	tional		
nform	nation.			

EEA Schedule D (Form 990) 2012

### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number STOVETEAM INTERNATIONAL 42-1757328 01. Form 990 governing body review (Part VI, line 11) COPY NOT FURNISHED TO GOVERNING BOARD 02. Conflict of interest policy compliance (Part VI, line 12c) PERSONS COVERED: ANY DIRECTOR, PRINCIPLE OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS: AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A CONFLICT OF INTEREST IS DETERMINED, THE GOVERNING BOARD OR COMMITTEE SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. 03. CEO, executive director, top management comp (Part VI, line 15a) NO OFFICERS ARE COMPENSATED AT THIS TIME 04. Governing documents, etc, available to public (Part VI, line 19) COPIES AVAILABLE UPON REQUEST

Form 4562

# **Depreciation and Amortization**

OMB No. 1545-0172

2012

(Including Information on Listed Property) Attachment Department of the Treasury Sequence No. 179 Attach to your tax return. See separate instructions. Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates FORM 990EZ - 1 42-1757328 STOVETEAM INTERNATIONAL **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election ...... 15 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property service only-see instructions) 19a 3-year property b 5-year property 7-vear property d 10-year property 15-year property 20-year property S/L 25-year property 25 vrs. g MM S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. Nonresidential real MM S/L 39 yrs. property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L c 40-vear 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 112 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 112 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the

23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	24b, colu	ımns (a) through (	(c) of Sectior	n A, all of	Section	B, and	Section	C if app	licable.						
	Section A - De	oreciation and O	ther Informa	ation (Ca	ution: S	See the	instructio	ons for I	imits for pa	assenge	r autom	obiles.)	)		
24:	a Do you have evidence						Yes	No	24b If "					Yes	□ No
	a bo you have evidence	to support the busines	(c)	oc ciaimica.		<u> </u>				1				(i	
-	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		Depre			ction 179
25	Special depreciati						_		•	•					
	the tax year and u					(see in	struction	ıs) •			- 25				
	Property used mo			iness use					1						
ΕZ	UP 10X10 BO	20090810	100 %		976	5		976	5	200 I	OB-HY		112		
			%												
27	Property used 509	% or less in a qua	lified busines	ss use:					•	•		•		•	
	, ,	1 1	%							S/L-					
			%							S/L-					
			%							S/L-					
20	Add amounts in co	olumn (h) lings 26			oro and	an line 1	21 page	1		10/2	. 28		112		
		. ,	•				. •								
29	Add amounts in co	olumn (I), line 26.										• • •	29		
				Section											
	mplete this section											•	•		
to y	your employees, fire	st answer the que	stions in Sec	ction C to	see if yo	ou meet	t an exce	eption to	completing	ng this s	ection fo	or those	e vehicles		
				(a)		(b)		(c)		(d)		(e)		(f)	
30	Total business/inv	Total business/investment miles driven during		Vehicle 1		Vehic	ele 2	Vehi	icle 3	Vehicle 4		Vehicle 5		Vehicle 6	
	the year (do not in	year (do not include commuting miles)													
31	Total commuting r	niles driven during	g the year												
32	Total other person	al (noncommuting	g)												
	miles driven														
33	Total miles driven	during the year. A	\dd												
	lines 30 through 3														
34	Was the vehicle a			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.	use during off-dut	•		100			1.0	100				100	1.0	100	
35	Was the vehicle u	•													
<b>J</b> J	than 5% owner or		IIIOIE												
26			onaluas?												
30	Is another vehicle			<u> </u>		D.			f I I I .						
			Questions		-										
	swer these question				n to con	npleting	Section	B for ve	enicles use	ed by en	nployees	s who <b>a</b>	are not		
	ore than 5% owners	· · · · · · · · · · · · · · · · · · ·	`											1	
37	Do you maintain a	written policy sta	tement that	prohibits	all perso	nal use	of vehic	cles, inc	luding con	nmuting	, by			Yes	No
	your employees?														
38	Do you maintain a			•							our				
	employees? See t											• • • •			
39	Do you treat all us	se of vehicles by e	employees as	s persona	ıl use?										
40	Do you provide m		•		s, obtair	n inform	ation fro	m your	employee	s about	the				
	use of the vehicles	s, and retain the in	nformation re	eceived?											
41	Do you meet the r	equirements cond	erning quali	fied autor	nobile d	emonst	ration us	e? (Se	e instruction	ons.)					
	Note: If your answ	ver to 37, 38, 39, 4	40, or 41 is "	Yes," do	not com	plete Se	ection B	for the o	covered ve	ehicles.					
Р	art VI Amor	tization													
	•			- \		,	->		(-I)		(e)	1		<b>(0</b> )	
	(a) Date amo		( <b>b)</b> ortization Amort gins			(c) tizable amount		(d) Code section		(e) Amortization period or percentage		Amortizat	(f) ion for this	/ear	
42	Amortization of co	sts that begins du	ıring vour 20	12 tax ve	ar (see	instructi	ions):					-			
		oto that bogino de	7001 20	tan ye	1 ,300	1017 401									
			1		1										
42	Amortization of co	sete that hagan ha	fore vour 20	12 tay va	 ar							43			
		_													
44	Total. Add amoun	iis in column (t). S	ee me instru	มะแบทร 10	wnere	to repor	ι • •					44			