

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

BRYAN, LITTLE, HALEY & KENT P C
P.O. BOX 2306
BARTLESVILLE, OKLAHOMA 74005

MAY 13, 2021

BARTLESVILLE COMMUNITY FOUNDATION
208 E 4TH STREET
BARTLESVILLE, OK 74003

BARTLESVILLE COMMUNITY FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

FORM 512 E RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2018.

MAIL TO - OKLAHOMA TAX COMMISSION
P.O. BOX 26800
OKLAHOMA CITY, OK 73126-0800

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

BRYAN, LITTLE, HALEY & KENT P C

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

BARTLESVILLE COMMUNITY FOUNDATION

73-1575838

Name and title of officer

**BRET SHOEMAKE
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>4,011,375.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BRYAN, LITTLE, HALEY & KENT P C** to enter my PIN **75838**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73381412345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BARTLESVILLE COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 208 E 4TH STREET City or town, state or province, country, and ZIP or foreign postal code BARTLESVILLE, OK 74003 F Name and address of principal officer: BRITTANY SHOEMAKE 208 E 4TH STREET, BARTLESVILLE, OK 74003 | D Employer identification number 73-1575838 E Telephone number 918-337-2287 G Gross receipts \$ 4,084,761. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.BARTLESVILLECF.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1999 | | M State of legal domicile: OK |

Part I Summary

| | | |
|------------|---|---|
| 1 | Briefly describe the organization's mission or most significant activities: TO PROVIDE A SIMPLE WAY TO DO GOOD WORKS. | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 15 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 4 |
| 6 | Total number of volunteers (estimate if necessary) | 6 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 | 7b 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 2,585,671. Current Year 3,564,644. |
| 9 | Program service revenue (Part VIII, line 2g) | 136,976. 165,606. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 395,172. 210,726. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,655. 70,399. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,119,474. 4,011,375. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,354,638. 1,495,254. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 252,989. 293,673. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,166. | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 300,930. 304,444. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,908,557. 2,093,371. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,210,917. 1,918,004. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year 14,177,333. End of Year 15,879,299. |
| 21 | Total liabilities (Part X, line 26) | 4,502,416. 4,454,828. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,674,917. 11,424,471. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|---|------------------------|---|--------------------------|
| Sign Here | Signature of officer BRITTANY SHOEMAKE, CO-CHAIR Type or print name and title | Date _____ | | | |
| Paid Preparer Use Only | Print/Type preparer's name ROBERT HALEY | Preparer's signature <i>Robert Haley CPA</i> | Date 5/17/21 | Check if self-employed <input type="checkbox"/> | PTIN P00639812 |
| | Firm's name ▶ BRYAN, LITTLE, HALEY & KENT P C | Firm's EIN ▶ 73-0941849 | | | |
| | Firm's address ▶ P. O. BOX 2306 BARTLESVILLE, OK 74005-2306 | Phone no. (918) 336-1433 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO PROVIDE A SIMPLE WAY TO DO GOOD WORKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,944,205. including grants of \$ 1,495,254.) (Revenue \$ 226,606.) TO RECEIVE, MANAGE, AND DISTRIBUTE GIFTS FROM INDIVIDUALS AND ORGANIZATIONS FOR THE BETTERMENT OF THE BARTLESVILLE, OKLAHOMA AREA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,944,205.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 [OK]
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [BARTLESVILLE COMMUNITY FOUNDATION - 918-337-2287, 208 E 4TH STREET, BARTLESVILLE, OK 74003]

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DEBBIE MUEGGENBORG MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) BILL BEIERSCHMITT MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) SPENCER KING MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) CHARLIE BOWERMAN MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) MARKLAND HEADLEY PAST CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (6) JOHN M WILT EXECUTIVE DIRECTOR | 40.00 | X | | X | | | 95,182. | 0. | 0. | |
| (7) JOHN B KANE CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (8) SARA FREEMAN MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) BRET SHOEMAKE TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (10) BRITTANY ROVENSTINE - SHOEMAKE VICE-CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (11) KRISTEN LINDBLOM SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) KEVIN HAY MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) PENNY JOHNSON MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) CANA MIZE MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) BILLIE KORSUNSKIY MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 56,210. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,508,434. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 142,582. | | | | |
| | h Total. Add lines 1a-1f | | ▶ 3,564,644. | | | | |
| Program Service Revenue | 2 a ADMINISTRATIVE FEES | Business Code | | | | | |
| | | 561000 | 165,606. | 165,606. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ 165,606. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | ▶ 210,726. | | | 210,726. | |
| | 4 Income from investment of tax-exempt bond proceeds | | ▶ | | | | |
| | 5 Royalties | | ▶ 9,399. | | | 9,399. | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | b Less: rental expenses | 6b | (ii) Personal | | | |
| | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | (ii) Other | | | |
| | | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ 56,210. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 73,386. | | | |
| | | b Less: direct expenses | 8b | 73,386. | | | |
| | | c Net income or (loss) from fundraising events | | ▶ 0. | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | ▶ | | | | |
| Miscellaneous Revenue | 11 a OTHER INCOME | Business Code | | | | | |
| | | 999999 | 61,000. | 61,000. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | ▶ 61,000. | | | | | |
| 12 Total revenue. See instructions | | ▶ 4,011,375. | 226,606. | 0. | 220,125. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,495,254. | 1,495,254. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 95,182. | 61,868. | 14,277. | 19,037. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 167,250. | 108,713. | 25,087. | 33,450. |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 31,241. | 20,307. | 4,686. | 6,248. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,500. | 6,175. | 1,425. | 1,900. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 147,706. | 147,706. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 5,055. | 5,055. | | |
| 12 Advertising and promotion | 3,075. | 1,999. | 461. | 615. |
| 13 Office expenses | 9,952. | 6,469. | 1,493. | 1,990. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 20,066. | 13,043. | 3,009. | 4,014. |
| 17 Travel | | | | |
| 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 | 1,873. | 1,217. | 281. | 375. |
| 23 Insurance | 2,227. | 1,448. | 334. | 445. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SOFTWARE EXPENSE | 74,785. | 48,610. | 11,218. | 14,957. |
| b MISCELLANEOUS | 24,126. | 22,473. | 708. | 945. |
| c DUES | 1,924. | 1,250. | 289. | 385. |
| d POSTAGE | 1,770. | 1,150. | 266. | 354. |
| e All other expenses | 2,385. | 1,468. | 466. | 451. |
| 25 Total functional expenses. Add lines 1 through 24e | 2,093,371. | 1,944,205. | 64,000. | 85,166. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 138,794. | 1 | 161,726. |
| | 2 Savings and temporary cash investments | 543,062. | 2 | 803,395. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 42,032. | 4 | 43,787. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 23,438. | | |
| | b Less: accumulated depreciation | 10b 22,847. | 2,464. | 10c 591. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 13,420,029. | 13 | 14,838,848. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 30,952. | 15 | 30,952. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 14,177,333. | 16 | 15,879,299. | |
| Liabilities | 17 Accounts payable and accrued expenses | 18,554. | 17 | 63,890. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 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 | 4,483,862. | 25 | 4,390,938. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,502,416. | 26 | 4,454,828. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 4,324,251. | 27 | 4,856,582. |
| | 28 Net assets with donor restrictions | 5,350,666. | 28 | 6,567,889. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 9,674,917. | 32 | 11,424,471. |
| 33 Total liabilities and net assets/fund balances | 14,177,333. | 33 | 15,879,299. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,011,375. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,093,371. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,918,004. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9,674,917. |
| 5 | Net unrealized gains (losses) on investments | 5 | -168,450. |
| 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 on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 11,424,471. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | X |
| 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? _____ | | X |
| 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 on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **BARTLESVILLE COMMUNITY FOUNDATION** Employer identification number **73-1575838**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and 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 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3463340. | 2986774. | 1555987. | 2462255. | 3587790. | 14056146. |
| 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 Total. Add lines 1 through 3 | 3463340. | 2986774. | 1555987. | 2462255. | 3587790. | 14056146. |
| 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. | | | | | | 14056146. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 3463340. | 2986774. | 1555987. | 2462255. | 3587790. | 14056146. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 107,314. | 415,571. | 364,624. | 395,172. | 210,726. | 1493407. |
| 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 VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 15549553. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 90.40 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 90.85 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

BARTLESVILLE COMMUNITY FOUNDATION

Employer identification number

73-1575838

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization BARTLESVILLE COMMUNITY FOUNDATION | Employer identification number 73-1575838 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | LYON FOUNDATION PO BOX 546 BARTLESVILLE, OK 74005 | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | DONALD D DOTY 2407 KYLE CT BARTLESVILLE, OK 74006 | \$ 84,010. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | BLUESTEM MEDICAL FOUNDATION 3500 SE FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 | \$ 565,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization BARTLESVILLE COMMUNITY FOUNDATION | Employer identification number 73-1575838 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|--|---|
| Name of organization BARTLESVILLE COMMUNITY FOUNDATION | Employer identification number 73-1575838 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **BARTLESVILLE COMMUNITY FOUNDATION** Employer identification number **73-1575838**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 5,350,666. | 4,140,159. | 3,992,848. | 3,600,908. | 3,134,967. |
| b Contributions | 2,538,830. | 1,960,832. | 1,209,645. | 1,063,730. | 1,408,676. |
| c Net investment earnings, gains, and losses | 6,892. | 388,659. | 203,735. | 298,611. | -9,284. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,328,499. | 1,138,984. | 1,266,069. | 970,401. | 933,451. |
| f Administrative expenses | | | | | |
| g End of year balance | 6,567,889. | 5,350,666. | 4,140,159. | 3,992,848. | 3,600,908. |

- 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 Term endowment _____ %
- The percentages on 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 23,438. | 22,847. | 591. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 591. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) ARVEST ASSET MANAGEMENT | | |
| (2) INVESTMENT ACCOUNTS | 14,838,848. | END-OF-YEAR MARKET VALUE |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 14,838,848. | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AGENCY FUNDS PAYABLE | 4,390,938. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,390,938. |

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,916,311. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -168,450. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 73,386. |
| e | Add lines 2a through 2d | 2e | -95,064. |
| 3 | Subtract line 2e from line 1 | 3 | 4,011,375. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 4,011,375. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,166,757. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 73,386. |
| e | Add lines 2a through 2d | 2e | 73,386. |
| 3 | Subtract line 2e from line 1 | 3 | 2,093,371. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 2,093,371. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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 information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND FURTHER THE EXEMPT PURPOSE OF THE VARIOUS ORGANIZATIONS AS ADVISED BY THESE ORGANIZATIONS.

PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740-10, "ACCOUNTING FOR THE UNCERTAINTY IN INCOME TAXES," THE FOUNDATION ANALYZED ITS TAX FILING POSITIONS IN ALL OF THE FEDERAL, STATE, AND FOREIGN TAX JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS FOR ALL OPEN TAX YEARS IN THESE JURISDICTIONS. BASED ON THIS REVIEW, THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT

Part XIII Supplemental Information (continued)

HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 73,386.

OTHER EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 73,386.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|----------------------------------|---------------------|--|----------|
| | | LEGACY EVENT (event type) | ANNUAL APPEAL (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 23,165. | 24,525. | 81,906. | 129,596. |
| | 2 | Less: Contributions | 11,677. | 22,581. | 21,952. | 56,210. |
| | 3 | Gross income (line 1 minus line 2) | 11,488. | 1,944. | 59,954. | 73,386. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 11,488. | 1,944. | 59,954. | 73,386. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 73,386. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 0. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **BARTLESVILLE COMMUNITY FOUNDATION** Employer identification number **73-1575838**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| BOYS AND GIRLS CLUB OF BARTLESVILLE - 401 S SEMINOLE AVE - BARTLESVILLE, OK 74003 | 73-0618201 | 501(C)3 | 25,065. | 0. | | | TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY. |
| FIRST WESLEYAN CHURCH 1776 SILVER LAKE RD BARTLESVILLE, OK 74006 | 73-0927667 | | 23,500. | 0. | | | TO PROVIDE ASSISTANCE TO THE LESS FORTURNATE IN THE AREA. |
| BARTLESVILLE PUBLIC SCHOOL ISD #30 PO BOX 1357 BARTLESVILLE, OK 74005 | 73-6021263 | | 140,822. | 0. | | | TO PROVIDE ASSISTANCE FOR THE STAFF AT THE SCHOOL. |
| BIG BROTHERS BIG SISTERS OF OKLAHOMA - 320 SE DELAWARE AVE, STE 7 - BARTLESVILLE, OK 74003 | 73-1226237 | 501(C)3 | 13,425. | 0. | | | TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY. |
| CHILDRENS MUSICAL THEATRE OF BARTLESVILLE - 101 S WYANDOTTE - BARTLESVILLE, OK 74003 | 73-1619297 | 501(C)3 | 7,050. | 0. | | | FOR THE ADVANCEMENT OF THE ARTS THROUGH CHILDREN. |
| BARTLESVILLE ART ASSOCIATION PO BOX 961 BARTLESVILLE, OK 74005 | 73-6107217 | 501(C)3 | 12,175. | 0. | | | TO SERVE THE COMMUNITY THROUGH THE LOVE OF VISUAL ARTS. |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BARTLESVILLE EDUCATION PROMISE 208 E FOURTH ST BARTLESVILLE, OK 74003 | 81-1119285 | 501(C)3 | 17,750. | 0. | | | TO IMPROVE EDUCATIONAL OUTCOMES FOR ALL STUDENTS IN OUR SCHOOLS. |
| EAST CROSS UNITED METHODIST CHURCH 820 S MADISON BLVD BARTLESVILLE, OK 74006 | 73-6084237 | | 20,300. | 0. | | | MAKING DISCIPLES OF JESUS CHRIST FOR THE TRANSFORMATION OF THE WORLD. |
| WASHINGTON COUNTY ELDER CARE INC 1223 SWAN DRIVE BARTLESVILLE, OK 74006 | 73-1197617 | 501(C)3 | 7,500. | 0. | | | TO HELP MATURE ADULTS LIVE HAPPY, HEALTHY, INDEPEDENT LIVES. |
| K-LIFE OF BARTLESVILLE PO BOX 3994 BARTLESVILLE, OK 74006 | 73-1307215 | 501(C)3 | 33,870. | 0. | | | TO IMPACT A YOUTH CULTURE FOR CHRIST. |
| LIFE.CHURCH - OWASSO 14008 E 96TH OWASSO, OK 74055 | | | 26,450. | 0. | | | TO LEAD PEOPLE TO BECOME FULLY DEVOTED FOLLOWERS OF CHRIST. |
| PATHS TO INDEPENDENCE, INC 4041 SHERIDAN RD BARTLESVILLE, OK 74006 | 45-4111813 | 501(C)3 | 13,650. | 0. | | | TO PROVIDE EDUCATIONAL AND SUPPORT SERVICES TO CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDERS |
| ST LUKES ON THE LAKE EPISCOPAL CHURCH - 5600 RR 620 NORTH - AUSTIN, TX 78732 | 74-1654821 | | 39,315. | 0. | | | TO PROVIDE QUALITY ARTISTIC EXPERIENCES FOR THE ENTERTAINMENT, ENRICHMENT, AND EDUCATION |
| TRI COUNTY TECHNOLOGY FOUNDATION 6101 SE NOWATA RD BARTLESVILLE, OK 74006 | 73-1192143 | 501(C)3 | 81,784. | 0. | | | TO ELEVATE FUTURES BY PROVIDING SUPERIOR AND RELEVANT TRAINING. |
| WASHINGTON COUNTY SPCA 16620 HIGHWAY 123 BARTLESVILLE, OK 74003 | 73-6107239 | 501(C)3 | 23,375. | 0. | | | TO PROVIDE SHELTER AND MEDICAL CARE FOR STRAY, ABANDONED, AND SURRENDERED ANIMALS. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHRIST COMMUNITY CHURCH 5210 SE WASHINGTON BLVD BARTLESVILLE, OK 74006 | 73-1617282 | 501(C)3 | 19,060. | 0. | | | TO LOVE AND LEAD PEOPLE TO TAKE NEXT STEPS TO FIND AND FOLLOW JESUS. |
| GRACE COMMUNITY CHURCH 1500 KING DR BARTLESVILLE, OK 74006 | | | 23,150. | 0. | | | TO CONNECT TO A FAMILY, COMMIT TO A JOURNEY, AND SERVE IN HIS NAME. |
| LOWE FAMILY YOUNG SCHOLARS 401 S DEWEY STE 820 BARTLESVILLE, OK 74003 | 20-8786692 | 501(C)3 | 5,600. | 0. | | | TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY. |
| ON THE ROCK MINISTRIES PO BOX 442 BARTLESVILLE, OK 74005 | 73-1536924 | 501(C)3 | 8,979. | 0. | | | TO SPONSOR AND PROMOTE EDUCATIONAL, CHARITABLE, CULTURAL EVENTS FOR DISADVANTAGED CHILDREN |
| BARTLESVILLE HIGH SCHOOL ALL SPORTS BOOSTER CLUB - PO BOX 234 - BARTLESVILLE, OK 74005 | 73-1198617 | 501(C)3 | 33,025. | 0. | | | TO PROVIDE FINANCIAL AND MORAL SUPPORT TO BARTLESVILLE ATHLETIC PROGRAMS. |
| NORTHEASTERN STATE UNIVERSITY | 23-7135815 | | 14,250. | 0. | | | TO EMPOWER STUDENTS, FACULTY, STAFF AND THE COMMUNITY TO REACH THEIR FULL INTELLECTUAL AND |
| CITY CHURCH 4222 RICE CREEK RD BARTLESVILLE, OK 74003 | 20-3076212 | | 31,500. | 0. | | | THE MISSION OF CITY CHURCH IS SIMPLE: HELPING PEOPLE THAT ARE FAR FROM GOD FIND AND |
| GREAT AMERICAN CONFERENCE PO BOX 863 RUSSELLVILLE, AR 72811 | | | 5,000. | 0. | | | THE MISSION OF THE GREAT AMERICAN CONFERENCE IS TO DEVELOP STUDENT-ATHLETES AT EACH OF ITS MEMBER |
| HILL COLLEGE 112 LAMAR HILLSBORO, TX 76645 | | | 9,000. | 0. | | | HILL COLLEGE PROVIDES HIGH QUALITY, COMPREHENSIVE EDUCATIONAL PROGRAMS AND SERVICES. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| OKLAHOMA STATE UNIVERSITY OKLAHOMA STATE UNIVERSITY STILLWATER, OK 74078 | 73-1383996 | | 28,715. | 0. | | | BUILDING ON ITS LAND-GRANT HERITAGE, OKLAHOMA STATE UNIVERSITY PROMOTES LEARNING, |
| PLAY FOR BURK | | 501(C)3 | 9,000. | 0. | | | EMPOWER YOUTH THROUGH SERVICE, FAITH, PERSONAL DEVELOPMENT, AND RECREATIONAL |
| WESLEYAN CHRISTIAN SCHOOL 1780 SILVER LAKE ROAD BARTLESVILLE, OK 74006 | | | 15,000. | 0. | | | ESLEYAN CHRISTIAN SCHOOL EXISTS TO ASSIST CHRISTIAN FAMILIES IN PROVIDING THEIR CHILDREN |
| BLUESTEM MEDICAL FOUNDATION 415 S DEWEY AVE STE 204 BARTLESVILLE, OK 74003 | 73-1081013 | 501(C)3 | 19,715. | 0. | | | ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL |
| CONCERN 333 S PENN BARTLESVILLE, OK 74003 | 73-6113224 | 501(C)3 | 5,770. | 0. | | | THE MISSION OF CHURCHES UNITED FOR COMMUNITY CONCERN IS TO PROVIDE COMPASSIONATE SUPPORT TO |
| DEWEY UNITED METHODIST CHURCH 618 N DELAWARE ST DEWEY, OK 74029 | | | 10,250. | 0. | | | DO CHURCH. WITH A CARING, AUTHENTIC GROUP OF PEOPLE DEVOTED TO SERVICE AND PROVING |
| BARTLESVILLE FIRST CHURCH 4715 PRICE RD BARTLESVILLE, OK 74006 | | | 8,750. | 0. | | | THE MISSION OF BARTLESVILLE FIRST CHURCH IS THE SAME MISSION JESUS GAVE HIS FOLLOWERS: GO |
| BARTLESVILLE POLICE DEPARTMENT 615 S JOHNSTON AVE BARTLESVILLE, OK 74003 | | | 39,569. | 0. | | | THE MISSION OF THE BARTLESVILLE POLICE DEPARTMENT IS TO ENHANCE THE QUALITY OF LIFE IN |
| AGAPE 309 S BUCY AVE BARTLESVILLE, OK 74003 | 73-1608794 | 501(C)3 | 29,440. | 0. | | | FEEDING THE HUNGRY, HURTING AND HOMELESS IN WASHINGTON COUNTY AREA WITH DIGNITY AND LOVE! |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ALL SPORTS BOOSTER CLUB PO BOX 234 BARTLESVILLE, OK 74005 | 73-1198617 | | 7,502. | 0. | | | PURPOSE AND OBJECTIVE THE BARTLESVILLE ALL SPORTS BOOSTER CLUB'S |
| BARTLESVILLE ATHLETIC ALUMNI ASSOC 1821 SE WASHINGTON BLVD BARTLESVILLE, OK 74003 | 21-2087812 | | 6,500. | 0. | | | PROMOTION OF SCHOOL ATHLETICS. |
| CATHOLIC CHURCH OF MMO | | | 23,000. | 0. | | | PROVIDING FOOD, CLOTHING AND CRISIS AID TO THE PEOPLE WHO NEED THEM MOST IN BARTLESVILLE AND |
| GREATER FIRST BAPTIST CHURCH 213 W 10TH ST BARTLESVILLE, OK 74003 | | | 10,000. | 0. | | | TO PRESENT THE GOSPEL OF JESUS CHRIST IN A WAY THAT ENCOURAGES AND EDUCATES DISCIPLES TOWARD |
| GREEN COUNTRY FREE CLINIC 500 SE FRANK PHILLIPS BLVD BARTLESVILLE, OK 74003 | 73-1363792 | | 10,000. | 0. | | | PROVIDE FREE DIAGNOSIS, TREATMENT AND EDUCATION TO THE MEDICALLY INDIGENT OF BARTLESVILLE OK AND TO |
| BARTLESVILLE SPORTS COMMISSION 302 S OSAGE AVE BARTLESVILLE, OK 74003 | 26-1502228 | | 17,079. | 0. | | | THE BSC MISSION IS TO INSTILL IN THE HEARTS AND MINDS OF BARTLESVILLE YOUTH THE MOTIVATION TO |
| MISSOURI SOUTHERN STATE 3950 NEWMAN RD JOPLIN, MO 64801 | 43-0907114 | | 5,000. | 0. | | | MISSOURI SOUTHERN STATE UNIVERSITY WILL EDUCATE AND GRADUATE KNOWLEDGEABLE, |
| NOWATA COUNTY FREE FAIR 612 E ROXY NOWATA, OK 74048 | | | 5,000. | 0. | | | OSU EXTENSION HELPS OKLAHOMANS SOLVE LOCAL ISSUES AND CONCERNS, PROMOTE LEADERSHIP AND |
| OKLAHOMA BAPTIST UNIVERSITY 500 WEST UNIVERSITY SHAWNEE, OK 74804 | | | 5,000. | 0. | | | AS A CHRISTIAN LIBERAL ARTS UNIVERSITY, OBU TRANSFORMS LIVES BY EQUIPPING STUDENTS TO |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BARTLESVILLE COMMUNITY CENTER 300 SE ADAMS BLVD BARTLESVILLE, OK 74003 | 73-1059883 | | 21,000. | 0. | | | THE PURPOSE OF THE BARTLESVILLE COMMUNITY CENTER IS TO PROVIDE CULTURAL AND EDUCATIONAL |
| SEDAN CITY HOSPITAL 300 W NORTH ST SEDAN, KS 67361 | | | 16,111. | 0. | | | SEDAN CITY HOSPITAL IS A CRITICAL ACCESS HOSPITAL THAT OPERATES IN SEDAN, KANSAS. |
| SUTTON AVIAN RESEARCH CENTER 393636 GAP RD BARTLESVILLE, OK 74003 | 73-1023595 | 501(C)3 | 6,700. | 0. | | | THE GEORGE MIKSCH SUTTON AVIAN RESEARCH CENTER (SUTTON CENTER) WAS FOUNDED IN 1983 WITH THE |
| TULSA COMMUNITY COLLEGE 10300 EAST 81ST STREET TULSA, OK 74133 | | | 6,000. | 0. | | | BUILDING SUCCESS THROUGH EDUCATION |
| UNIVERSITY OF CENTRAL OKLAHOMA 100 N UNIVERSITY DR EDMOND, OK 73034 | 73-6108032 | | 7,500. | 6,140. | | | UCO HELPS STUDENTS LEARN THROUGH TRANSFORMATIVE EDUCATIONAL EXPERIENCES, GROWING PRODUCTIVE, |
| WASHINGTON COUNTY SCHOOL SUPPLY DRIVE - 5111 WOODLAND RD - BARTLESVILLE, OK 74006 | 21-1221853 | | 0. | 0. | | | THE WASHINGTON COUNTY SCHOOL SUPPLY DRIVE IS A CHARITABLE ORGANIZATION HELPING AREA STUDENTS IN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PATHS TO INDEPENDENCE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATIONAL AND SUPPORT SERVICES TO CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: ST LUKES ON THE LAKE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE QUALITY ARTISTIC EXPERIENCES FOR THE ENTERTAINMENT, ENRICHMENT, AND EDUCATION OF THE

Part IV Supplemental Information

COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ON THE ROCK MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPONSOR AND PROMOTE EDUCATIONAL, CHARITABLE, CULTURAL EVENTS FOR DISADVANTAGED CHILDREN AND YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEASTERN STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER STUDENTS, FACULTY, STAFF AND THE COMMUNITY TO REACH THEIR FULL INTELLECTUAL AND HUMAN POTENTIAL BY CREATING AND EXPANDING A CULTURE OF LEARNING, DISCOVERY, AND DIVERSITY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF CITY CHURCH IS SIMPLE: HELPING PEOPLE THAT ARE FAR FROM GOD FIND AND FOLLOW JESUS. AS JESUS SAYS IN MARK 16:15 (TLB), "PROCLAIM THE GOOD NEWS TO EVERYONE, EVERYWHERE."

NAME OF ORGANIZATION OR GOVERNMENT: GREAT AMERICAN CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF THE GREAT AMERICAN CONFERENCE IS TO DEVELOP STUDENT-ATHLETES AT EACH OF ITS MEMBER INSTITUTIONS PHYSICALLY, ACADEMICALLY AND SOCIALLY BY ALLOWING THEM THE OPPORTUNITY FOR A QUALITY EDUCATION, COMPETE IN ATHLETICS, AND TO BECOME PRODUCTIVE CITIZENS WITHIN THEIR COMMUNITIES. CONFERENCE MEMBER INSTITUTIONS STRIVE TOWARD THIS MISSION BY FOLLOWING THE ACADEMIC GUIDELINES SET FORTH WITHIN THEIR OWN INSTITUTIONS, ADHERING TO NCAA AND CONFERENCE RULES AND REGULATIONS, EMBRACING THE NCAA DIVISION II STRATEGIC POSITIONING PLATFORM, AND BY EMPLOYING SOUND FINANCIAL PRINCIPLES IN THE ADMINISTRATION OF THEIR ATHLETICS PROGRAMS. THE GAC

Part IV Supplemental Information

SHALL PROMOTE THE CONDUCT OF COMPETITIVE SPORTS PROGRAMS WITHIN THE CONFERENCE, REGION AND NATIONALLY. EACH MEMBER INSTITUTION SHALL PROMOTE GOOD SPORTSMANSHIP, DIVERSITY AND GENDER BALANCE WHILE STRIVING TO FIELD COMPETITIVE PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: HILL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: HILL COLLEGE PROVIDES HIGH QUALITY, COMPREHENSIVE EDUCATIONAL PROGRAMS AND SERVICES. THE COLLEGE ENHANCES THE EDUCATIONAL, CULTURAL, AND ECONOMIC DEVELOPMENT OF ITS SERVICE AREA AND PREPARES INDIVIDUALS FOR A MORE PRODUCTIVE LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING ON ITS LAND-GRANT HERITAGE, OKLAHOMA STATE UNIVERSITY PROMOTES LEARNING, ADVANCES KNOWLEDGE, ENRICHES LIVES, AND STIMULATES ECONOMIC DEVELOPMENT THROUGH TEACHING, RESEARCH, EXTENSION, OUTREACH AND CREATIVE ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PLAY FOR BURK

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER YOUTH THROUGH SERVICE, FAITH, PERSONAL DEVELOPMENT, AND RECREATIONAL OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: WESLEYAN CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ESLEYAN CHRISTIAN SCHOOL EXISTS TO ASSIST CHRISTIAN FAMILIES IN PROVIDING THEIR CHILDREN WITH AN OUTSTANDING EDUCATION THAT IS THOROUGHLY GROUNDED IN BIBLICAL TRUTH AND EFFECTIVE IN FORMING GODLY CHARACTER.

NAME OF ORGANIZATION OR GOVERNMENT: BLUESTEM MEDICAL FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.

NAME OF ORGANIZATION OR GOVERNMENT: CONCERN

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF CHURCHES UNITED FOR COMMUNITY CONCERN IS TO PROVIDE COMPASSIONATE SUPPORT TO INDIVIDUALS AND FAMILIES NEEDING ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: DEWEY UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DO CHURCH. WITH A CARING, AUTHENTIC GROUP OF PEOPLE DEVOTED TO SERVICE AND PROVING THE LOVE OF CHRIST DO CHURCH WITH A CARING, AUTHENTIC GROUP OF PEOPLE DEVOTED TO SERVICE AND PROVING THE LOVE OF CHRIST.

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE FIRST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF BARTLESVILLE FIRST CHURCH IS THE SAME MISSION JESUS GAVE HIS FOLLOWERS: GO THEREFORE AND MAKE DISCIPLES OF ALL NATIONS, BAPTIZING THEM IN THE NAME OF THE FATHER AND OF THE SON AND OF THE HOLY SPIRIT.

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE POLICE DEPARTMENT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF THE BARTLESVILLE POLICE DEPARTMENT IS TO ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY BY WORKING COOPERATIVELY WITH THE PUBLIC AND WITHIN THE FRAMEWORK OF THE UNITED STATES CONSTITUTION TO ENFORCE THE LAWS, PRESERVE THE PEACE, REDUCE FEAR AND PROVIDE A SAFE ENVIRONMENT FOR ALL OF OUR CITIZENS.

NAME OF ORGANIZATION OR GOVERNMENT: ALL SPORTS BOOSTER CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: PURPOSE AND OBJECTIVE THE BARTLESVILLE ALL SPORTS BOOSTER CLUB'S PURPOSE IS TO PROVIDE BOTH FINANCIAL AND MORAL SUPPORT TO THE BARTLESVILLE ATHLETIC PROGRAMS AND TO PROMOTE ATTENDANCE AND INTEREST IN SCHOOL ATHLETIC EVENTS. IT IS THE DESIRE OF THIS ORGANIZATION TO WORK IN COOPERATION WITH BARTLESVILLE SCHOOLS FOR A BETTER ATHLETIC PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHURCH OF MMO

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING FOOD, CLOTHING AND CRISIS AID TO THE PEOPLE WHO NEED THEM MOST IN BARTLESVILLE AND NORTHEAST OKLAHOMA.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER FIRST BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESENT THE GOSPEL OF JESUS CHRIST IN A WAY THAT ENCOURAGES AND EDUCATES DISCIPLES TOWARD CHRIST-LIKE MATURITY AND EQUIPS THE CHURCH BODY TO SERVE THE NEEDS OF HUMANITY, IN ORDER THAT GOD'S NAME, LOVE AND POWER WILL BE MAGNIFIED THROUGH:

1. CHANGED AND RENEWED LIVES.
2. BIBLE-CENTERED FAMILIES.
3. SELFLESS SERVICE WITHIN OUR COMMUNITY AND THE WORLD.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GREEN COUNTRY FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FREE DIAGNOSIS, TREATMENT AND EDUCATION TO THE MEDICALLY INDIGENT OF BARTLESVILLE OK AND TO THE SURROUNDING AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE SPORTS COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE BSC MISSION IS TO INSTILL IN THE HEARTS AND MINDS OF BARTLESVILLE YOUTH THE MOTIVATION TO EXCEL IN ATHLETICS, TO BUILD EXCITEMENT AROUND ALL REGIONAL ATHLETIC EVENTS, AND TO GENERATE AND PROMOTE ATHLETIC ACTIVITIES THAT WILL HAVE A POSITIVE ECONOMIC IMPACT ON THE BARTLESVILLE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: MISSOURI SOUTHERN STATE

(H) PURPOSE OF GRANT OR ASSISTANCE: MISSOURI SOUTHERN STATE UNIVERSITY WILL EDUCATE AND GRADUATE KNOWLEDGEABLE, RESPONSIBLE, SUCCESSFUL GLOBAL CITIZENS.

NAME OF ORGANIZATION OR GOVERNMENT: NOWATA COUNTY FREE FAIR

(H) PURPOSE OF GRANT OR ASSISTANCE: OSU EXTENSION HELPS OKLAHOMANS SOLVE LOCAL ISSUES AND CONCERNS, PROMOTE LEADERSHIP AND MANAGE RESOURCES WISELY.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA BAPTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AS A CHRISTIAN LIBERAL ARTS UNIVERSITY, OBU TRANSFORMS LIVES BY EQUIPPING STUDENTS TO PURSUE ACADEMIC EXCELLENCE, INTEGRATE FAITH WITH ALL AREAS OF KNOWLEDGE, ENGAGE A DIVERSE WORLD, AND LIVE WORTHY OF THE HIGH CALLING OF GOD IN CHRIST.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE BARTLESVILLE COMMUNITY CENTER IS TO PROVIDE CULTURAL AND EDUCATIONAL FACILITIES AND ACTIVITIES WHICH WILL STRENGTHEN THE CULTURE AND ECONOMY OF THE CITY OF BARTLESVILLE.

NAME OF ORGANIZATION OR GOVERNMENT: SUTTON AVIAN RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GEORGE MIKSCH SUTTON AVIAN RESEARCH CENTER (SUTTON CENTER) WAS FOUNDED IN 1983 WITH THE MISSION OF FINDING COOPERATIVE CONSERVATION SOLUTIONS FOR BIRDS AND THE NATURAL WORLD THROUGH SCIENCE AND EDUCATION. THE SUTTON CENTER IS A PRIVATE, NONPROFIT ORGANIZATION LOCATED NEAR BARTLESVILLE, OKLAHOMA.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CENTRAL OKLAHOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: UCO HELPS STUDENTS LEARN THROUGH TRANSFORMATIVE EDUCATIONAL EXPERIENCES, GROWING PRODUCTIVE, CREATIVE, ETHICAL AND ENGAGED CITIZENS AND LEADERS.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON COUNTY SCHOOL SUPPLY DRIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WASHINGTON COUNTY SCHOOL SUPPLY DRIVE IS A CHARITABLE ORGANIZATION HELPING AREA STUDENTS IN HEADSTART THROUGH 12TH GRADE AND TEACHERS BY PROVIDING SCHOOL SUPPLIES TO THOSE STUDENTS IN NEED OF ASSISTANCE DUE TO FINANCIAL DIFFICULTIES THUS HELPING TO MAKE SCHOOL A BETTER EXPERIENCE FOR BOTH TEACHERS AND STUDENTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BARTLESVILLE COMMUNITY FOUNDATION** Employer identification number **73-1575838**

| Part I Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 24 | 111,630. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ROYALTIES -) | X | 1 | 0. | FMV OF FOUR YEAR ROY |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BARTLESVILLE COMMUNITY FOUNDATION

Employer identification number

73-1575838

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE AND BOARD OF TRUSTEES REVIEW THE 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FORM 990, PAGE 6, PART VI, LINE 12C: CONFLICT OF INTEREST POLICY.

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY. ALL NEW BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE UPON ELECTION TO THE BOARD. BOARD MEMBERS COMPLETE AN UPDATED DISCLOSURE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

FORM 990, PAGE 6, PART VI, LINE 15A: EXECUTIVE DIRECTOR COMPENSATION THE FOUNDATION CONDUCTS AN ANNUAL PERFORMANCE REVIEW. COMPARATIVE POSITIONS ARE IDENTIFIED AND SALARY INFORMATION REVIEWED.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PAGE 6, SECTION C, LINE 19: DOCUMENTS AVAILABLE TO PUBLIC COPIES OF ALL DOCUMENTS ARE MAINTAINED AT THE OFFICE AND AVAILABLE TO THE PUBLIC UPON REQUEST.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. BARTLESVILLE COMMUNITY FOUNDATION | Taxpayer identification number (TIN) 73-1575838 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 208 E 4TH STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BARTLESVILLE, OK 74003 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

BARTLESVILLE COMMUNITY FOUNDATION

- The books are in the care of ▶ **208 E 4TH STREET - BARTLESVILLE, OK 74003**
Telephone No. ▶ **918-337-2287** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BARTLESVILLE COMMUNITY FOUNDATION

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | | | |
| 1 | EQUIPMENT | 070106 | SL | 5.00 | 16 | 9,153. | | | 9,153. | 9,153. | | 0. |
| 3 | DELL COMPUTER | 060111 | SL | 5.00 | 16 | 1,477. | | | 1,477. | 1,477. | | 0. |
| 4 | COMPUTER | 040313 | SL | 5.00 | 16 | 1,134. | | | 1,134. | 1,134. | | 0. |
| 5 | PHONE SYSTEM AND PROJECTOR | 011615 | SL | 5.00 | 16 | 5,541. | | | 5,541. | 4,894. | | 647. |
| 6 | SUNSCREEN SHADES FOR OFFICE | 110615 | SL | 5.00 | 16 | 2,532. | | | 2,532. | 1,856. | | 506. |
| 7 | LEGACY HALL OF FAME WALL | 020116 | SL | 5.00 | 16 | 3,601. | | | 3,601. | 2,460. | | 720. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPM | | | | | 23,438. | | 0. | 23,438. | 20,974. | | 1,873. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 23,438. | | 0. | 23,438. | 20,974. | | 1,873. |

Oklahoma Return of Organization Exempt from Income Tax

Form 512E
2019



Section 501(c) of the Internal Revenue Code

| | | |
|---------------|--|---|
| PART 1 | For the year January 1 - December 31, 2019, or other taxable year beginning: <input type="text" value="07/01"/> , <input type="text" value="2019"/> ending: <input type="text" value="06/30"/> , <input type="text" value="2020"/> | Place an 'X' if: |
| | | (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Amended return (See Schedule 512E-X on page 2) |

| | |
|--|--|
| Name of Organization BARTLESVILLE COMMUNITY FOUNDATION Address (number and street) 208 E 4TH STREET City, State or Province, Country and ZIP or Foreign Postal Code BARTLESVILLE, OK 74003 | Federal Employer Identification Number 73-1575838 Date Qualified for Tax Exempt Status 1999 <div style="text-align:center;">OFFICE USE ONLY</div> |
|--|--|

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

| | Total Federal | Allocable Oklahoma |
|--|---------------|--------------------|
| A Total unrelated trade or business income - applicable Federal Form(s) 990 | 0 | 0 |
| B Total unrelated trade or business deductions - applicable Fed. Form(s) 990 | 0 | 0 |
| C Unrelated business taxable income - Enter here and on line 1 below | 0 | 0 |

| INCOME SUBJECT TO TAX | | |
|-----------------------|--|------|
| 1 | Unrelated business taxable income - from statement above (allocable to Oklahoma) | 0.00 |
| 2 | Other net income - enclose schedule..... | 0.00 |
| 3 | Oklahoma Capital Gain deduction (provide Form 561-C) | 0.00 |
| 4 | Oklahoma taxable income (total of lines 1, 2 and 3)..... | 0.00 |

| TAX COMPUTATION | | |
|-----------------|--|-----------|
| 5 | Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box..... | 0.00 |
| 6 | Less: Other Credits Form (total from Form 511CR) | 0.00 |
| 7 | Balance of tax due (line 5 minus line 6, but not less than zero)..... | 0.00 |
| 8 | 2019 Oklahoma estimated tax and extension payments and prior year carryforward..... | 0.00 |
| 9 | Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)..... | 0.00 |
| 10 | Amount paid with original return and amount paid after it was filed (amended return only)..... | 0.00 |
| 11 | Any refunds or overpayment applied (amended return only)..... | (0) .00 |
| 12 | Total of lines 8 through 11..... | 0.00 |
| 13 | Overpayment (if line 12 is larger than line 7 enter amount overpaid) | 0.00 |
| 14 | Amount of line 13 to be credited to 2020 estimated tax (original return only) | 0.00 |

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

| | | |
|----|---|------|
| 15 | Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ | 0.00 |
| 16 | Add lines 14 and 15 and enter amount..... | 0.00 |
| 17 | Amount to be refunded to you (line 13 minus line 16) | 0.00 |

Direct Deposit Note: ➔

All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my: checking account savings account

Routing Number: Account Number:

| | | |
|----|---|------|
| 18 | Tax Due (if line 7 is larger than line 12 enter tax due) | 0.00 |
| 19 | (a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3) 19a | 0.00 |
| | (b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8)..... 19b | 0.00 |
| 20 | For delinquent payment, add penalty of 5% plus interest at 1.25% per month | 0.00 |
| 21 | Underpayment of estimated tax interest | 0.00 |
| 22 | Total tax, penalty and interest due - Add lines 18-21; pay in full with return..... | 0.00 |

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

| | | | |
|---------------------------------|--------------|--|--------------------------------------|
| Signature of Officer or Trustee | Date | Signature of Preparer <i>Robert Haley CPA</i> | Date 5/17/21 |
| Print Name | | Printed Name of Preparer ROBERT HALEY | |
| Title | Phone Number | Phone Number: 918-336-1433 | Preparer's PTIN: P00395763 |

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.