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CLIENT'S COPY

May 12, 2023

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

BARTLESVILLE COMMUNITY FOUNDATION:

Enclosed is the organization's 2021 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-TE 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.

OKLAHOMA FORM 512E RETURN:

The Oklahoma Form 512E should be mailed as soon as possible to:

Oklahoma Tax Commission  
P.O. Box 26800  
Oklahoma City, OK 73126-0800

The return should be signed and dated by the authorized individual(s).

No payment is required.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

ROBERT HALEY

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>BARTLESVILLE COMMUNITY FOUNDATION</b>		EIN or SSN <b>73-1575838</b>
Name and title of officer or person subject to tax <b>LAURA JENSEN EXECUTIVE DIRECTOR</b>		

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>2,913,357.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

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

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax \_\_\_\_\_ 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 2021 electronically filed return 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 Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>BARTLESVILLE COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>208 E 4TH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>BARTLESVILLE, OK 74003</b>	<b>D</b> Employer identification number <b>73-1575838</b>  <b>E</b> Telephone number <b>918-337-2287</b>
<b>F</b> Name and address of principal officer: <b>LAURA JENSEN</b> <b>208 E 4TH STREET, BARTLESVILLE, OK 74003</b>		<b>G</b> Gross receipts \$ <b>2,960,635.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.BARTLESVILLECF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>OK</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A SIMPLE WAY TO DO GOOD WORKS.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>14</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	<b>4</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 5,709,505.	<b>Current Year</b> 2,168,748.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		211,910.	228,233.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		864,610.	488,769.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		39,619.	27,607.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		6,825,644.	2,913,357.	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,622,547.	1,952,112.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	309,056.	235,615.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>62,024.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	335,501.	329,409.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,267,104.	2,517,136.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	4,558,540.	396,221.		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 23,253,166.	<b>End of Year</b> 20,291,379.	
	<b>21</b> Total liabilities (Part X, line 26) .....	5,382,210.	4,295,884.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	17,870,956.	15,995,495.	

**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.

<b>Sign Here</b>	Signature of officer <b>LAURA JENSEN, EXECUTIVE DIRECTOR</b> <small>Type or print name and title</small>	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT HALEY</b>	Preparer's signature <i>Robert Haley CPA</i>	Date <b>5/12/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00639812</b>
	Firm's name ▶ <b>BRYAN, LITTLE, HALEY &amp; KENT PC</b> Firm's address ▶ <b>P. O. BOX 2306 BARTLESVILLE, OK 74005-2306</b>	Firm's EIN ▶ <b>73-0941849</b>	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 [X] No

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

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

4a (Code: ) (Expenses \$ 2,408,594. including grants of \$ 1,952,112. ) (Revenue \$ 228,233. ) 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 2,408,594.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 17 regarding employee reporting, tax shelter transactions, foreign accounts, and various organizational requirements.



**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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     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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MIKE WILT EXECUTIVE DIRECTOR	40.00	X		X				96,461.	0.	0.
(2) DEBBIE MUEGGENBORG VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DAVID INGRAM MEMBER	1.00	X						0.	0.	0.
(4) SPENCER KING TREASURER	1.00	X		X				0.	0.	0.
(5) DONNA BODE MEMBER	1.00	X						0.	0.	0.
(6) JANIE KIRKPATRICK MEMBER	1.00	X						0.	0.	0.
(7) GREG COLLINS MEMBER	1.00	X						0.	0.	0.
(8) SARA FREEMAN MEMBER	1.00	X						0.	0.	0.
(9) MAT SADDORIS MEMBER	1.00	X						0.	0.	0.
(10) BRITTANY ROVENSTINE - SHOEMAKE PAST 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 CHAIR	1.00	X		X				0.	0.	0.
(15) BILL BEIERSCHMITT 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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	60,706.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,108,042.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 163,528.				
	<b>h Total.</b> Add lines 1a-1f		▶ 2,168,748.				
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	Business Code					
		561000	228,233.	228,233.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 228,233.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		▶ 488,769.			488,769.	
	<b>4</b> Income from investment of tax-exempt bond proceeds		▶				
	<b>5</b> Royalties		▶ 27,607.			27,607.	
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)		▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)		▶					
<b>8 a</b> Gross income from fundraising events (not including \$ 60,706. of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>	47,278.				
	<b>b</b> Less: direct expenses		<b>8b</b>	47,278.			
<b>c</b> Net income or (loss) from fundraising events		▶	0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>					
	<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities		▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>					
	<b>b</b> Less: cost of goods sold		<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory		▶					
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		▶				
<b>12 Total revenue.</b> See instructions		▶	2,913,357.	228,233.	0.	516,376.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,952,112.	1,952,112.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	96,461.	62,700.	14,469.	19,292.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	107,389.	69,803.	16,108.	21,478.
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	31,765.	20,647.	4,765.	6,353.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	10,500.	6,825.	1,575.	2,100.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	254,903.	254,903.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	4,301.	2,796.	645.	860.
<b>13</b> Office expenses	13,405.	8,713.	2,011.	2,681.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	22,150.	14,397.	3,323.	4,430.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	234.	152.	35.	47.
<b>23</b> Insurance	2,495.	1,622.	374.	499.
<b>24</b> 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.)				
<b>a</b> <b>SOFTWARE EXPENSE</b>	15,183.	9,869.	2,277.	3,037.
<b>b</b> <b>DUES</b>	2,492.	1,620.	374.	498.
<b>c</b> <b>POSTAGE</b>	1,825.	1,186.	274.	365.
<b>d</b> <b>PROFESSIONAL DEVELOPMEN</b>	1,186.	771.	178.	237.
<b>e</b> All other expenses	735.	478.	110.	147.
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,517,136.	2,408,594.	46,518.	62,024.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	170,212.	<b>1</b>	212,849.
	<b>2</b> Savings and temporary cash investments .....	934,837.	<b>2</b>	1,198,355.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	63,760.	<b>4</b>	54,319.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,545.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 23,672.	<b>10c</b> 0.	4,873.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	22,053,405.	<b>13</b>	18,790,031.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	30,952.	<b>15</b>	30,952.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,253,166.	<b>16</b>	20,291,379.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,255.	<b>17</b>	91,639.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,366,955.	<b>25</b>	4,204,245.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,382,210.	<b>26</b>	4,295,884.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,939,201.	<b>27</b>	5,430,825.
	<b>28</b> Net assets with donor restrictions .....	11,931,755.	<b>28</b>	10,564,670.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	17,870,956.	<b>32</b>	15,995,495.
	<b>33</b> Total liabilities and net assets/fund balances .....	23,253,166.	<b>33</b>	20,291,379.

**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	2,913,357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,517,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	396,221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,870,956.
5	Net unrealized gains (losses) on investments	5	-2,271,682.
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	15,995,495.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2021)

SCHEDULE A (Form 990)

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

2021

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1555987.	2462255.	3587790.	5852882.	2278775.	15737689.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1555987.	2462255.	3587790.	5852882.	2278775.	15737689.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						15737689.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1555987.	2462255.	3587790.	5852882.	2278775.	15737689.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	364,624.	395,172.	210,726.	864,610.	488,769.	2323901.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						18061590.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.13	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	87.96	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2021)



Name of organization  <b>BARTLESVILLE COMMUNITY FOUNDATION</b>	Employer identification number  <b>73-1575838</b>
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**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	<u>CONOCOPHILLIPS COMPANY</u>  <u>208 E 4TH STREET</u>  <u>BARTLESVILLE, OK 74003</u>	\$ <u>85,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>LYON FOUNDATION</u>  <u>PO BOX 546</u>  <u>BARTLESVILLE, OK 74005</u>	\$ <u>403,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>TRUITY EDUCATION FOUNDATION INC</u>  <u>501 S JOHNSTONE AVE</u>  <u>BARTLESVILLE, OK 74003</u>	\$ <u>78,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>TRI-COUNTY FOUNDATION ENDOWMENT</u>  <u>6101 SE NOWATA RD</u>  <u>BARTLESVILLE, OK 74006</u>	\$ <u>92,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>BPSF AFFILIATE BCF</u>  <u>208 E 4TH STREET</u>  <u>BARTLESVILLE, OK 74003</u>	\$ <u>192,222.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>AUSTIN METTS</u>  <u>1123 GRANDVIEW RD</u>  <u>BARTLESVILLE, OK 74006</u>	\$ <u>164,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BARTLESVILLE COMMUNITY FOUNDATION</b>	Employer identification number  <b>73-1575838</b>
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**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
7	DAN ARNOLD  57450 E HIGHWAY 125  AFTON, OK 74331	\$ 100,000.	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.)
_____	_____  _____  _____	\$ _____	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  <b>BARTLESVILLE COMMUNITY FOUNDATION</b>	Employer identification number  <b>73-1575838</b>
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**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  <b>BARTLESVILLE COMMUNITY FOUNDATION</b>	Employer identification number  <b>73-1575838</b>
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**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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and revenue/asset reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	11,929,513.	6,567,889.	5,350,666.	4,140,159.	3,992,848.
b Contributions	1,469,289.	5,107,026.	2,538,830.	1,960,832.	1,209,645.
c Net investment earnings, gains, and losses	-1,251,179.	1,729,577.	6,892.	388,659.	203,735.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,585,195.	1,474,979.	1,328,499.	1,138,984.	1,266,069.
f Administrative expenses					
g End of year balance	10,562,428.	11,929,513.	6,567,889.	5,350,666.	4,140,159.

- 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? <input type="checkbox"/> | 3b  |    |
- 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.	23,438.	0.
e Other		5,107.	234.	4,873.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,873.

**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)		
<b>Total.</b> (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	18,790,031.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	18,790,031.	

**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)	
<b>Total.</b> (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	4,204,245.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,204,245.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	688,951.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,271,684.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	47,278.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,224,406.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,913,357.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,913,357.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,564,414.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	47,278.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	47,278.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,517,136.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,517,136.

**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 47,278.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 47,278.



**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	52,264.	15,558.	40,162.	107,984.
	2	Less: Contributions	8,179.	14,047.	38,480.	60,706.
	3	Gross income (line 1 minus line 2)	44,085.	1,511.	1,682.	47,278.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	44,085.	1,511.	1,682.	47,278.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				47,278.
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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUB OF BARTLESVILLE - 401 S SEMINOLE AVE - BARTLESVILLE, OK 74003	73-0618201	501(C)3	214,974.	0.			TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY.
FIRST WESLEYAN CHURCH 1776 SILVER LAKE RD BARTLESVILLE, OK 74006	73-0927667		19,000.	0.			TO PROVIDE ASSISTANCE TO THE LESS FORTURNATE IN THE AREA.
BARTLESVILLE PUBLIC SCHOOL ISD #30 PO BOX 1357 BARTLESVILLE, OK 74005	73-6021263		126,176.	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	7,050.	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	10,000.	0.			FOR THE ADVANCEMENT OF THE ARTS THROUGH CHILDREN.
BARTLESVILLE ART ASSOCIATION PO BOX 961 BARTLESVILLE, OK 74005	73-6107217	501(C)3	22,700.	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) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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	11,200.	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		26,000.	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, INDEPENDENT LIVES.
K-LIFE OF BARTLESVILLE PO BOX 3994 BARTLESVILLE, OK 74006	73-1307215	501(C)3	8,925.	0.			TO IMPACT A YOUTH CULTURE FOR CHRIST.
LIFE.CHURCH - OWASSO 14008 E 96TH OWASSO, OK 74055			19,700.	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	30,785.	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		39,032.	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	59,320.	0.			TO ELEVATE FUTURES BY PROVIDING SUPERIOR AND RELEVANT TRAINING.
WASHINGTON COUNTY SPCA 16620 HIGHWAY 123 BARTLESVILLE, OK 74003	73-6107239	501(C)3	10,060.	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 Domestic Organizations and Domestic Governments (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 noncash 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	35,419.	0.			TO LOVE AND LEAD PEOPLE TO TAKE NEXT STEPS TO FIND AND FOLLOW JESUS.
GRACE COMMUNITY CHURCH 1500 KING DR BARTLESVILLE, OK 74006			47,250.	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	31,064.	0.			TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY.
CITY CHURCH 4222 RICE CREEK RD BARTLESVILLE, OK 74003	20-3076212		8,000.	0.			THE MISSION OF CITY CHURCH IS SIMPLE: HELPING PEOPLE THAT ARE FAR FROM GOD FIND AND
OKLAHOMA STATE UNIVERSITY OKLAHOMA STATE UNIVERSITY STILLWATER, OK 74078	73-1383996		7,750.	0.			BUILDING ON ITS LAND-GRANT HERITAGE, OKLAHOMA STATE UNIVERSITY PROMOTES LEARNING,
WESLEYAN CHRISTIAN SCHOOL 1780 SILVER LAKE ROAD BARTLESVILLE, OK 74006			5,050.	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	22,682.	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	5,250.	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			7,000.	0.			DO CHURCH. WITH A CARING, AUTHENTIC GROUP OF PEOPLE DEVOTED TO SERVICE AND PROVING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTLESVILLE FIRST CHURCH 4715 PRICE RD BARTLESVILLE, OK 74006			9,000.	0.			THE MISSION OF BARTLESVILLE FIRST CHURCH IS THE SAME MISSION JESUS GAVE HIS FOLLOWERS: GO
CATHOLIC CHURCH OF MMO			610,880.	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			25,000.	0.			TO PRESENT THE GOSPEL OF JESUS CHRIST IN A WAY THAT ENCOURAGES AND EDUCATES DISCIPLES TOWARD
SUTTON AVIAN RESEARCH CENTER 393636 GAP RD BARTLESVILLE, OK 74003	73-1023595	501(C)3	7,500.	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		8,000.	0.			UCO HELPS STUDENTS LEARN THROUGH TRANSFORMATIVE EDUCATIONAL EXPERIENCES, GROWING PRODUCTIVE,
CORNERSTONE CHURCH TULSA 3333 E 41ST ST TULSA, OK 74135			7,000.	0.			ESTABLISH OUTPOSTS OF JESUS' PERSON, WORD, AND POWER IN THE MIDST OF A STRUGGLING HUMANITY.
BARTLESVILLE REGIONAL UNITED WAY 415 E SILAS ST BARTLESVILLE, OK 74003	23-7041295	501(C)3	11,316.	0.			LEADING THE FIGHT TO IMPROVE THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON
FRANK PHILLIPS FOUNDATION 1107 CHEROKEE AVE BARTLESVILLE, OK 74003	73-0636562	501(C)3	25,676.	0.			PRESERVE THE HISTORY OF THE WEST, EDUCATION AND ENTERTAIN.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OUTREACH CENTER 1411 W HENSLEY BLVD BARTLESVILLE, OK 74003	73-1395606	501(C)3	6,000.	0.			PROVIDE FOOD, SHELTER, AND CLOTHING FOR HOMELESS PEOPLE THAT EXHIBIT FEELINGS OF HOPELESSNESS.
OKLAHOMA WESLEYAN UNIVERSITY 2201 SILVER LAKD RD BARTLESVILLE, OK 74006	73-6085616		19,949.	0.			LIVE OUT WHAT IT MEANS TO BE A CHRIST-CENTERED UNIVERSITY.
JOURNEY HOME 900 WASHINGTON BLVD BARTLESVILLE, OK 74006	46-2378169	501(C)3	7,450.	0.			PROVIDE A HOME FOR INDIVIDUALS WHERE GUESTS RECEIVE COMPASSIONATE CARE AND DIGNITY AT THE
UNIVERSITY OF TULSA 800 S TUCKER DR TULSA, OK 74104	73-0579298	501(C)3	22,000.	0.			CULTIVATE INTERCONNECTED LEARNING EXPERIENCES TO EXPLORE COMPLEX IDEAS AND CREATE NEW KNOWLEDGE IN A
WESTSIDE COMMUNITY CENTER 501 S BUCY BARTLESVILLE, OK 74003	73-0605595	501(C)3	8,332.	0.			TO UNITE AND UPLIFT OUR COMMUNITY BY UNITING, NURTURING, AND EMPOWERING ITS YOUTH.
BARTLESVILLE BAND AND ORCHESTRA BOOSTER - PO BOX 2421 - BARTLESVILLE, OK 74005	73-1095243	501(C)3	8,250.	0.			PARENT SUPPORT GROUP FOR PUBLIC SCHOOL BAND AND ORCHESTRA
BARTLESVILLE SYMPHONY ORCHESTRA PO BOX 263 BARTLESVILLE, OK 74005	73-1073952	501(C)3	20,756.	0.			PROVIDE COMMUNITY ENRICHMENT THROUGH ARTS AND ENTERTAINMENT
BARTLESVILLE PUBLIC SCHOOL FOUNDATION - 1100 SOUTH JENNINGS - BARTLESVILLE, OK 74003	73-1256865	501(C)3	155,792.	0.			PROVIDE FINANCIAL RESOURCES, CULTIVATE COMMUNITY PARTNERSHIPS, AND CELEBRATE
CHEROKEE COUNCIL BOY SCOUTS 520 S QUAPAW BARTLESVILLE, OK 74003	22-1576300	501(C)3	5,544.	0.			TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL HOPE BUILDERS 8318 DEVINNEY CT ARVADA, CO 80005	27-2842382	501(C)3	7,500.	0.			TO PROVIDE SHELTER, RESTORE DIGNITY, AND BUILD HOPE IN SEVERELY IMPOVERISHED COUNTRIES
KINGSLAND BAPTIST CHURCH 20555 KINGSLAND BLVD KATY, TX 77450	74-2114929	501(C)3	10,000.	0.			INVITING ALL PEOPLE TO EXPERIENCE TRUE FULFILLMENT IN JESUS CHRIST ONE HOME AT A TIME
NOWATA PUBLIC SCHOOLS 707 W OSAGE AVE NOWATA, OK 74048			25,500.	0.			TO EDUCATE STUDENTS IN NOWATA OK
OK EAT 530 NE WILSHIRE AVE BARTLESVILLE, OK 74003		501(C)3	9,200.	0.			PROVIDE ENERGY AND AG TRAINING BY MATHCING TRAINEES TO LAND TASKS
OKLAHOMA STATE UNIVERSITY FOUNDATION - 400 S MONROE - STILLWATER, OK 74003	73-6097060	501(C)3	21,432.	0.			UNITE DONOR PASSIONS WITH UNIVERSITY PRIORITIES TO ELEVATE THE IMPACT OF OKLAHOMA STATE
PRICE TOWER ARTS CENTER PO BOX 2464 BARTLESVILLE, OK 74005	73-1280004	501(C)3	21,768.	0.			THE MISSION OF THE PRICE TOWER IS TO PRESERVE THE PRICE TOWER, INSPIRE ARTISTS AND AUDIENCES,
CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 1501 SWAN DR - BARTLESVILLE, OK 74006	87-0234341	501(C)3	6,000.	0.			TO HELP ALL OF GOD'S CHILDREN COME TO JESUS CHRIST3 THROUGH LEARNING ABOUT HIS GOSPEL, MAKING
THE COTTAGE 307 S SENECA BARTLESVILLE, OK 74003	47-3919006	501(C)3	12,500.	0.			TO BRING A LIFE-AFFIRMING VOICE TO PREGNANT WOMEN BY ESTABLISHING RELATIONSHIPS AND
UNIVERSITY OF ARKANSAS UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701	71-6003252	501(C)3	15,000.	0.			TO BUILD A BETTER WORLD BY PROVIDING TRANSFORMATIONAL OPPORTUNITIES AND SKILLS,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY ASSOCIATION FOR MENTAL HEALTH - 5718 ASHBROOK - BARTLESVILLE, OK 74006	73-1137776	501(C)3	8,858.	0.			TO PROMOTE MENTAL HEALTH IN WASHINGTON COUNTY OK

**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.

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE REGIONAL UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADING THE FIGHT TO IMPROVE THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR

**Part IV** Supplemental Information

COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: EVANGEL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: A COMPREHENSIVE CHRISTIAN UNIVERSITY COMMITTED TO EXCELLENCE IN EDUCATING AND EQUIPPING STUDENTS TO BECOME SPIRIT-EMPOWERED SERVANTS OF GOD WHO IMPACT THE CHURCH AND SOCIETY GLOBALLY.

NAME OF ORGANIZATION OR GOVERNMENT: RAY OF HOPE ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FACILITATE A COORDINATED, COMMUNITY RESPONSE AND TO PROVIDE HOPE AND SUPPORT TO CHILDREN AND FAMILIES IMPACTED BY ABUSE.

NAME OF ORGANIZATION OR GOVERNMENT:

TALL GRASS PRAIRIE OK 19 BLUE STAR MOTHERS

(H) PURPOSE OF GRANT OR ASSISTANCE: MOTHERS, STEPMOTHERS, GRANDMOTHERS, FOSTER MOTHERS AND FEMALE LEGAL GUARDIANS WHO HAVE CHILDREN SERVING IN THE MILITARY, GUARD OR RESERVE, OR CHILDREN WHO ARE VETERANS.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS STATE TECHNICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN THE COMPETITIVENESS OF TEXAS BUSINESS AND INDUSTRY BY BUILDING THE STATE'S CAPACITY TO DEVELOP THE HIGHEST QUALITY WORKFORCE.

NAME OF ORGANIZATION OR GOVERNMENT: JOURNEY HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A HOME FOR INDIVIDUALS WHERE GUESTS RECEIVE COMPASSIONATE CARE AND DIGNITY AT THE END OF LIFE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNC TEACCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE AND DISSEMINATE COMMUNITY-BASED SERVICES, TRAINING PROGRAMS, AND RESEARCH TO ENHANCE THE QUALITY OF LIFE INDIVIDUALS WITH AUTISM AND FAMILIES ACROSS THE LIFESPAN.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TULSA

(H) PURPOSE OF GRANT OR ASSISTANCE: CULTIVATE INTERCONNECTED LEARNING EXPERIENCES TO EXPLORE COMPLEX IDEAS AND CREATE NEW KNOWLEDGE IN A SPIRIT OF FREE INQUIRY.

NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE PUBLIC SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FINANCIAL RESOURCES, CULTIVATE COMMUNITY PARTNERSHIPS, AND CELEBRATE ACHIEVEMENTS TO ENGAGE STUDENTS, EMPOWER TEACHERS, AND ENRICH LEARNING WITHIN BARTLESVILLE PUBLIC SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: CHEROKEE COUNCIL BOY SCOUTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL HOPE BUILDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHELTER, RESTORE DIGNITY, AND BUILD HOPE IN SEVERELY IMPOVERISHED COUNTRIES THAT LACK THE MOST BASIC RESOURCES AND NECESSITIES FOR HUMAN LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNITE DONOR PASSIONS WITH UNIVERSITY

**Part IV** Supplemental Information

PRIORITIES TO ELEVATE THE IMPACT OF OKLAHOMA STATE UNIVERSITY.

NAME OF ORGANIZATION OR GOVERNMENT: PRICE TOWER ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF THE PRICE TOWER IS TO PRESERVE THE PRICE TOWER, INSPIRE ARTISTS AND AUDIENCES, AND CELEBRATE ART, ARCHITECTURE, AND DESIGN.

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ONTRIBUTE TO THE WORLD BY EDUCATING STUDENTS FOR LIVES OF LEADERSHIP AND PURPOSEFUL CONTRIBUTION; ADVANCING FUNDAMENTAL KNOWLEDGE AND CULTIVATING CREATIVITY; AND ACCELERATING SOLUTIONS AND AMPLIFYING THEIR IMPACT.

NAME OF ORGANIZATION OR GOVERNMENT:

CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ALL OF GOD'S CHILDREN COME TO JESUS CHRIST3 THROUGH LEARNING ABOUT HIS GOSPEL, MAKING AND KEEPING PROMISES WITH GOD (COVENANTS), AND PRACTICING CHRISTLIKE LOVE AND SERVICE.

NAME OF ORGANIZATION OR GOVERNMENT: THE COTTAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING A LIFE-AFFIRMING VOICE TO PREGNANT WOMEN BY ESTABLISHING RELATIONSHIPS AND PROVIDING CARE AT THEIR POINT OF NEED. WE ARE GUIDED BY THE LOVE OF JESUS AND GIVE HOPE TO ALL THOSE WE SERVE.

NAME OF ORGANIZATION OR GOVERNMENT: THEATRE BARTLESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE QUALITY ARTISTIC

**Part IV** Supplemental Information

EXPERIENCES FOR THE ENTERTAINMENT, ENRICHMENT, AND EDUCATION OF THE  
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ARKANSAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A BETTER WORLD BY PROVIDING  
TRANSFORMATIONAL OPPORTUNITIES AND SKILLS, PROMOTING AN INCLUSIVE AND  
DIVERSE CULTURE, NURTURING CREATIVITY, AND SOLVING PROBLEMS THROUGH  
RESEARCH AND DISCOVERY, ALL IN SERVICE TO ARKANSAS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	163,528.	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 ( )				
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 V, Donee Acknowledgement ..... **29**

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2021





**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	07/01/06	SL	5.00		16	9,153.				9,153.	9,153.		0.	9,153.
3	DELL COMPUTER	06/01/11	SL	5.00		16	1,477.				1,477.	1,477.		0.	1,477.
4	COMPUTER	04/03/13	SL	5.00		16	1,134.				1,134.	1,134.		0.	1,134.
5	PHONE SYSTEM AND PROJECTOR	01/16/15	SL	5.00		16	5,541.				5,541.	5,541.		0.	5,541.
6	SUNSCREEN SHADES FOR OFFICE	11/06/15	SL	5.00		16	2,532.				2,532.	2,532.		0.	2,532.
7	LEGACY HALL OF FAME WALL	02/01/16	SL	5.00		16	3,601.				3,601.	3,601.		0.	3,601.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						23,438.				23,438.	23,438.		0.	23,438.
	OTHER														
8	CHAIRS-MIDCENTURE SHOW WOOD	02/22/22	SL	5.00		16	2,428.				2,428.			162.	162.
9	PINE CONSOLE	03/15/22	SL	5.00		16	1,079.				1,079.			72.	72.
10	FOREVER BARTLESVILLE PAINTINGS	05/24/22	NC	.000		HY	1,600.				1,600.			0.	
	* 990 PAGE 10 TOTAL OTHER						5,107.				5,107.	0.		234.	234.
	* GRAND TOTAL 990 PAGE 10 DEPR						28,545.				28,545.	23,438.		234.	23,672.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						23,438.			0.	23,438.	23,438.			23,438.
	ACQUISITIONS						5,107.			0.	5,107.	0.			234.



2021 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.	5,541.		0.
6	SUNSCREEN SHADES FOR OFFICE	110615	SL	5.00	16	2,532.			2,532.	2,532.		0.
7	LEGACY HALL OF FAME WALL	020116	SL	5.00	16	3,601.			3,601.	3,601.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					23,438.		0.	23,438.	23,438.		0.
	OTHER											
8	CHAIRS-MIDCENTURE SHOW WOOD	022222	SL	5.00	16	2,428.			2,428.			162.
9	PINE CONSOLE FOREVER	031522	SL	5.00	16	1,079.			1,079.			72.
10	BARTLESVILLE PAINTI	052422	NC	.000		1,600.			1,600.			0.
	* 990 PAGE 10 TOTAL OTHER					5,107.		0.	5,107.	0.		234.
	* GRAND TOTAL 990 PAGE 10 DEPR					28,545.		0.	28,545.	23,438.		234.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					23,438.		0.	23,438.	23,438.		
	ACQUISITIONS					5,107.		0.	5,107.	0.		

**2021 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
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						28,545.		0.	28,545.	23,438.		

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

# Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512-E  
2021



<b>PART 1</b>	For the year January 1 - December 31, 2021, or other taxable year	Place an 'X' if:	
	beginning: <span style="border: 1px solid black; padding: 2px;">JUL 1</span> <span style="border: 1px solid black; padding: 2px;">2021</span> ending: <span style="border: 1px solid black; padding: 2px;">JUN 30</span> <span style="border: 1px solid black; padding: 2px;">2022</span>	<input type="checkbox"/> (1) Initial return <input type="checkbox"/> (2) Final return <input type="checkbox"/> (3) Amended return (See Schedule 512E-X on page 2)	

Name of Organization <b>BARTLESVILLE COMMUNITY FOUNDATION</b>		Federal Employer Identification Number <b>73-1575838</b>	Date qualified for tax exempt status
Address (number and street) <b>208 E 4TH STREET</b>			
City <b>BARTLESVILLE</b>	State or Province <b>OKLAHOMA</b>	Country	ZIP or Foreign Postal Code <b>74003</b>

**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		
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C Unrelated business taxable income - enter here and on line 1 below		

INCOME SUBJECT TO TAX			
1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	.00
2	Other net income - provide schedule	2	.00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3	.00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4	.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	5	.00
6	Less: Other Credits Form (total from Form 511CR)	6	.00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	.00
8	2021 Oklahoma estimated tax and extension payments and prior year carryforward	8	.00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	.00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	.00
11	Any refunds or overpayment applied (amended return only)	11	(.00)
12	Total of lines 8 through 11	12	.00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	.00
14	Amount of line 13 to be credited to 2022 estimated tax (original return only)	14	.00

15	Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	15	.00
16	Add lines 14 and 15 and enter amount	16	.00
17	Amount to be refunded to you (line 13 minus line 16) <b>Refund</b>	17	.00

<b>Direct Deposit Note:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account Routing Number: _____ Account Number: _____
---	--

18	Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	.00
19	Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #5)	19	.00	
20	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20	.00	
21	Underpayment of estimated tax interest Annualized <input type="checkbox"/>	21	.00	
22	Total tax, penalty and interest due - Add lines 18-21; pay in full with return <b>Balance Due</b>	22	.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	Date
Print Name <b>LAURA JENSEN</b>		<i>Robert Haley CPA</i>	<b>5/12/23</b>
Title	Phone Number	Printed Name of Preparer <b>ROBERT HALEY</b>	Preparer's PTIN:
<b>EXECUTIVE DIRECTO</b>		Phone Number: <b>(918) 336-143</b>	

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



**Schedule 512-E-X: Amended Return Schedule**

**A** Did you file an amended Federal income tax return?  Yes  No

**Provide** a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

**C** Explanation or reason for amended return (**Provide** all necessary schedules):

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