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GOVERNMENT COPY

Form 8879-TE	***	** T IF	REALIS IS NOT A STREET AND A STREET AND A STREET	FILEABLE ature Auth Exempt E	COPY ***** norization ntity	ļ	OMB No. 1545-0047
			fiscal year beginning JUI			. 20 2 3	0000
D		,	Do not send to the				2022
Department of the Treasury Internal Revenue Service		Go	o to www.irs.gov/Form				
Name of filer						EIN or SSN	
BART	LESVILLE	COMM	UNITY FOUNDA	TION		73-15	575838
Name and title of officer	or person subject to		PENCER KING REASURER				
Part I Type	of Return and		rn Information				
Check the box for the Form 5330 filers may or 10a below, and the	return for which y enter dollars and c amount on that lii	ou are u cents. Fo	sing this Form 8879-TE a or all other forms, enter v e return being filed with	/hole dollars only. this form was blan	If you check the box or k, then leave line 1b, 2	line 1a, 2a, b, 3b, 4b, 5b	n. Form 8038-CP and 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 che	eck here	XI	b Total revenue, if any	(Form 990, Part V	III, column (A), line 12)		ть <u>2,300,669.</u>
	check here						2b
3a Form 1120-P	OL check here		b Total tax (Form 1120				
4a Form 990-PF	check here		b Tax based on invest				4b
5a Form 8868 ch	neck here		b Balance due (Form 8	868, line 3c)			
6a Form 990-T	heck here		b Total tax (Form 990-7	, Part III, line 4)			6b
7a Form 4720 ch	neck here		b Total tax (Form 4720	, Part III, line 1)			7b
	neck here		b FMV of assets at end	d of tax year (Forr	n 5227, Item D)		8b
9a Form 5330 cł	neck here	L I	b Tax due (Form 5330,	Part II, line 19)			9b
10a Form 8038-C			b Amount of credit pa				10b
		-	e Authorization of am an officer of the above				
acknowledgement of a of any refund. If applic entry to the financial in financial institution to later than 2 business of payment of taxes to re personal identification PIN: check one box o X I authorize as my signa	receipt or reason f able, I authorize th nstitution account debit the entry to days prior to the p eceive confidential number (PIN) as r only BRYAN , LI	or reject ne U.S. ⁻ indicate this accc ayment (informa ny signa TTLE ar 2022 (Treasury and its designated in the tax preparation ount. To revoke a payme (settlement) date. I also a tion necessary to answe ature for the electronic restance HALEY & KE ERO firm na electronically filed return	(b) the reason for ted Financial Ager software for paym nt, I must contact authorize the finan r inquiries and res turn and, if applica <u>NT PC</u> me . If I have indicated	any delay in processing t to initiate an electroni- ent of the federal taxes the U.S. Treasury Finar cial institutions involver olve issues related to the able, the consent to ele	y the return of c funds witho owed on this ncial Agent at d in the proce he payment. I ctronic funds to enter my F a copy of the	refund, and (c) the date frawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal. PIN 75838 Enter five numbers, but do not enter all zeros e return is being filed
on the retur As an office return. If I ha	n's disclosure con r or person subjec ave indicated with te program, I will e	sent scr t to tax v in this re enter my	arities as part of the IRS een. with respect to the entity eturn that a copy of the r PIN on the return's disc 'HIS IS NOT A	r, I will enter my Pl eturn is being filed losure consent sc	N as my signature on th with a state agency(ies reen.	ne tax year 20	22 electronically filed harities as part of the
	fication and A					Ddlt	
ERO's EFIN/PIN. Ent	er your six-digit ele	ectronic	filing identification				
number (EFIN) followe			-	[7338141234 Do not enter all zero		
•	•	-	which is my signature or quirements of Pub. 416 3		nically filed return indica	ated above. I	
ERO's signature					Date		
I HA For Privacy Act		ot Sub	RO Must Retain Th mit This Form to th on Act Notice, see inst	ne IRS Unless		o So	Form 8879-TE (2022)
202521 12-16-22							

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

STATE COPY

Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code

Form 512-E 2022



PART 1 For the year January 1 - December 31, 2022, or other taxable year beginning: JUL 1 2022 er	nding: JUN 30 2023
Name of Organization Federal Employer Identification Number	Date Qualified for Tax Exempt Status
Address (Number and Street)	
City State or Province Country	ZIP or Foreign Postal Code
BARTLESVILLE	74003
	hedule 512E-X on page 2)
PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 3-4) Total Federa	I 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
5 Tax at 4% of line 4. If trust - see rate schedule on page 3 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 OS 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 2022 Oklahoma estimated tax and extension payments and prior year carryforward	
9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	
10 Amount paid with original return and amount paid after it was filed (amended return only)	
11 Any refunds or overpayment applied (amended return only)	
12 Total of lines 8 through 11	
13 Overpayment (if line 12 is larger than line 7 enter amount overpaid)	
Amount of line 13 to be credited to 2023 estimated tax (original return only)	

Name of Organization: BARTLESVILLE COMM	UNITY FOUNDATI	ON		Federal Empl 73–15	oyer Identification Number: 75838
			Amount from line 14 o	on page 1	00
Line 15 provides you the opportu organizations. Place the line num the amount you are donating. If g schedule showing how you would	ber of the organization from iving to more than one org	m page 4 of this	form in the box below	v and enter	
Donations from your refund	\$2	\$5	S	1	5 00
16 Add lines 14 and 15 and enter	amount			1	6 00
17 Amount to be refunded to you	(line 13 minus line 16)			Refund 1	7 00
Direct Deposit Note:	Is this refund going to o	r through an accou	int that is located outside	of the United S	tates?
All refunds must be by direct deposit. See Direct Deposit	Deposit my refund ir	n my: Ch	ecking Account	Savings	Account
Information on page 5 for details.	Routing Number:				
	Account Number:				
18 Tax Due (if line 7 is larger than	line 12 enter tax due)			Tax Due 1	8 00
19 Donation: Public School Class	room Support Fund (For info	ormation regardir	ng this fund, see page 4	l, #5) 1	9 00
20 For delinquent payment, add p	penalty of 5% plus interest a	t 1.25% per mon	th		0 00
21 Underpayment of estimated ta	x interest		Annuali	zed 2	1 00
22 Total tax, penalty and interest	due - Add lines 18-21; pay ir	n full with return	Ва	alance Due 2	2 []00
Under penalty of perjury, I declare the information Signature of Officer or Trustee	contained in this document, attachme Date	ents and schedules are Check this box if the Oklahoma Tax	true and correct to the best of Signature of Preparer	my knowledge and	belief. Date
Printed Name		Commission may discuss this return with your	Printed Name of Preparer		
SPENCER KING		tax preparer.	ROBERT HALES	Z	
	Phone Number		Phone Number:		Preparer's PTIN:
TREASURER			(918)336-143	3	P00639812
SCHEDULE 512-E-X: AMENDED	RETURN SCHEDULE (See	instructions on r	page 3)		
A Did you file an amended Federa Provide a copy of the amended		of "Statement of		id check or de	posit slip.
B If this return is being filed due to			•		·
C Explanation or reason for amen	aea return (Provide all nece	essary schedules):		

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

2022 Form 512-E - Page 2 Oklahoma Return of Organization Exempt from Income Tax



	_		EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047			
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022			
	-		Do not enter social security numbers on this form as it may	• •	Open to Public			
Intern	nal Rever	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection			
<u>A</u> F	or the			JUN 30, 2023				
B C a	heck if pplicable	e: C Name of	organization	D Employer identifie	cation number			
	Addres	es BART	LESVILLE COMMUNITY FOUNDATION					
Name change Doing business as 73-1575838								
Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberFinal return/208 E 4TH STREET918-337-2287								
L	⊥return/ termin ated	_	bwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,336,218.			
X	Ameno		LESVILLE, OK 74003	H(a) Is this a group re				
	Applic tion	^{a-} F Name a	nd address of principal officer: SPENCER KING	for subordinates				
	pendir	^{יg} 208 E	4TH STREET, BARTLESVILLE, OK 74003	H(b) Are all subordinates in	Included? X Yes No			
<u>I</u> T	ax-exe	empt status:			list. See instructions			
	Vebsit		BARTLESVILLECF.ORG	H(c) Group exemptio				
			X Corporation Trust Association Other L Y	ear of formation: 1999	A State of legal domicile: OK			
Pa	art I	Summary						
e			e the organization's mission or most significant activities: TO PROVI	DE A SIMPLE WA	AY TO DO			
anc		GOOD WO						
Activities & Governance		Check this bo		ore than 25% of its net ass 3				
No.		Number of vot	14					
ن ھ			ependent voting members of the governing body (Part VI, line 1b)		14			
ies			of individuals employed in calendar year 2022 (Part V, line 2a)		4			
tivit			of volunteers (estimate if necessary)		0.			
Act			d business revenue from Part VIII, column (C), line 12		0.			
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	2,168,748.	1,787,173.			
anı				228,233.	206,158.			
Revenue			ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	488,769.	275,745.			
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,607.	31,593.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,913,357.	2,300,669.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	1,952,112.	1,999,088.			
			o or for members (Part IX, column (A), line 4)	0.	0.			
Ś	45	<u> </u>		235,615.	219,226.			
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 5-10)	0.	0.			
ber	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 60,598.					
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	329,409.	295,281.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,517,136.	2,513,595.			
		Revenue less	expenses. Subtract line 18 from line 12	396,221.	-212,926.			
s or ces				Beginning of Current Year	End of Year			
Assets Balanc	20	Total assets (F	Part X, line 16)	20,291,379.	21,332,903.			
t As	21		(Part X, line 26)	4,295,884.	4,651,463.			
			iund balances. Subtract line 21 from line 20	15,995,495.	16,681,440.			
	art II	Signature						
			declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is			
true,	correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.				

Sign	Signature of officer		Date
Here	SPENCER KING, TREASURER		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Dat	te Check PTIN
Paid	ROBERT HALEY		self-employed P00639812
Preparer	Firm's name BRYAN, LITTLE, HA	LEY & KENT PC	Firm's EIN 73-0941849
Use Only	Firm's address P. O. BOX 2306		
	BARTLESVILLE, OK	74005-2306	Phone no. (918) 336-1433
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments Crock: 15 Scheduk 0. Contains a reasonare on tob to any line in this Part III 1 Briefy describe the organization is mission: 2 Did the organization undertake any significant program services during the year which were not listed on the pror form 980 or 980 E2? 1 If "Yes," describe these new services on Schedule 0. 1 Was," describe these new services on Schedule 0. 1 Yes, "describe these thanges on Schedule 0. 1 Yes, "describe the organization obsection during and service sports. Section the organization case, contains are required to report the amount of grants and allocations to others, the total expenses, and revenue, fav, to cash or fave, Section Schedule 0. 1 TOR RECEIVE, MANARE, AND DISTRIBUTE GFTS FRMO INDIVIDUALS AND ORGANIZATIONS FOR THE BETTERMENT OF THE BARTLESVILLE, OKLAHOMA AREA. 4 (crea:			COMMUNITY FOU	NDATION	73-15	75838	Page 2
1 Bielly 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 980 of 980 E27 Ures [2] 1 Weity Cascribe these new services on Schedule O. Ures [2] 1 Weity Cascribe these new services on Schedule O. Ures [2] 1 Weity Cascribe these new services on Schedule O. Ures [2] 1 Weity Cascribe these changes on Schedule O. Ures [2] 1 Obtot the organization casc conclusions are required to report the amount of grants and allocations to others, the total expenses. 2 Obtot the organization casc conclusions are required to report the amount of grants and allocations to others, the total expenses. 2 Obtot the organization casc conclusions are required to report the amount of grants and allocations to others, the total expenses. 2 Obtot the organization case conclusions are required to report the amount of grants and allocations to others. 10 Records the anguited to find the program service sported. 2 Obtot total expenses. 2 Obtot total expenses. 3 Ures of the mount of grants and allocations to others, the total expenses. 4 (totex	Par	t III Statement of Program Service Ac	complishments				
TO PROVIDE À SIMPLE WAY TO DO GOOD WORKS. 2 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 680 of 827 Ive: [2] 11 "Ve: [2] IVe: [2] Ive: [2] 12 Not the organization cases conducting, or make significant changes in how it conducts, any program services? Ive: [2] 14 "Ve: [2] IVe: [2] Ive: [2] 14 "Ve: [2] Ive: [2] Ive: [2] 20 Control the organization's program service accomplatments for each of a three largest program services; as measured by exponse. Section 501(6)(2) and 501(6)(4) gramizations are required to report the amount of grants and allocations to others, the total expenses, and resenues, if any, for each program service reported. 206, 11 20 Cost::::::::::::::::::::::::::::::::::::		Check if Schedule O contains a response or	note to any line in this Part	III			
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 960-E27 IV ver [2] If "Yes," describe these new services on Schedule 0. IV ver [2] If "Yes," describe these shanges on Schedule 0. IV ver [2] If "Yes," describe these shanges on Schedule 0. IV ver [2] If "Yes," describe these shanges on Schedule 0. IV ver [2] If "Yes," describe the organization sear completiments for each of its three largest program services, as measured by expenses. Section 5010(x)(0) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service accompletiments for each of its three largest program services [2] (0 × 100	1						
prior Form 390 or 900-E27		TO PROVIDE A SIMPLE WAY TO	<u>) DO GOOD WORK</u>	S.			
prior Form 390 or 900-E27							
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prior Form 390 or 900-E27							
If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe the changes on Schedule 0. 4 Describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses. Secton SO(6)(8) and SO(4) organizations are required to program services its to total expenses, and revenue, if any, for each program service reported. 4 (code) (byperses 2, 407, 548. 4 (code) (byperses 3, AND DISTRIBUTE GIFTS FROM INDIVIDUALS AND ORGANIZATIONS FOR THE BETTERMENT OF THE BARTLESVILLE, OKLAHOMA AREA.	2	Did the organization undertake any significant prog	gram services during the yea	r which were not listed on th	е		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Image: Source		prior Form 990 or 990-EZ?				Yes	XNo
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Form 990	4e	Total program service expenses 2	,407,548.				
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 Form 990 (2022)
 BARTLESVILLE
 COMMUNITY
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	- 23	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	37	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a	<u></u>	
D		126		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	• •		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30	Nates All Forms 2020 filese are used in a complete Cabedula C	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	55		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par				<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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If "Yes," complete Form 6069.

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		•		х
•	officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	•		v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		A 77
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
		10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		10-	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedOK			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	ial	
13	statements available to the public during the tax year.	man	101	
20				
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			
		Form	990	(2000
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BARTLESVILLE COMMUNITY FOUNDATION

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

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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, box 6 of 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)	(B)			(Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles	heck ss per	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LAURA JENSEN EXECUTIVE DIRECTOR	40.00	x		x				108,489.	0.	0.
(2) DEBBIE MUEGGENBORG	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(3) DAVID INGRAM	1.00									
MEMBER		Х						0.	0.	0.
(4) SPENCER KING	1.00								0	0
TREASURER (5) DONNA BODE	1 00	Х		Х				0.	0.	0.
(5) DONNA BODE MEMBER	1.00	x						0.	0.	0.
(6) JANIE KIRKPATRICK	1.00	^						0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(7) GREG COLLINS	1.00									
MEMBER		x						0.	0.	0.
(8) SARA FREEMAN	1.00									
MEMBER		Х						0.	0.	0.
(9) MAT SADDORIS	1.00									
MEMBER		х						0.	0.	0.
(10) KRISTEN LINDBLOM	1.00								0	0
SECRETARY (11) KEVIN HAY	1.00	Х		X				0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(12) PENNY JOHNSON	1.00									
MEMBER		x						0.	0.	0.
(13) CANA MIZE	1.00									
CHAIR		Х		Х				0.	0.	0.
(14) BILL BEIERSCHMITT	1.00									
MEMBER		Х						0.	0.	0.

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Form 990 (2022)

	<u>990 (2022)</u> BARTLESV	ILLE COM	IMU	NI	ΓY	FC	DUNI	DATION	73	<u>3-1575</u>	838	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees, a	and	High	nest C	ompensated Empl	loyees (continue	ed)		
	(A) (B) (C) (D) (E)							,	(F)		
	Name and title	Average			osit	ion		Reportable	Repor	-		nated
		hours per					an one both an	compensation				unt of
		week	offic	er and	a dire	ector/	trustee)	from	from r		ot	her
		(list any	ctor					the	organiz	zations	compe	nsation
		hours for	r dire			70	D.	organization	(W-2/109	9-MISC/	fron	n the
		related	tee o	ustee		toot		(W-2/1099-MISC	C/ 1099-	NEC)	organ	ization
		organizations	l trus	nal tr		oyee		1099-NEC)			and r	elated
		below	Individual trustee or director	In stitutional trustee	cer	Key employee	employee Former				organi	zations
		line)	Indi	Inst	Officer	Key	employ Former					
					+							
					_	_						
					_							
						-						
	• • • • •							100 /0		0.		
	Subtotal							108,48				0.
	Total from continuation sheets to Part V								0.	0.		0.
d	Total (add lines 1b and 1c)							108,48	9.	0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	listed	abc	ove)	who r	eceived more than \$	\$100,000 of repo	ortable		
	compensation from the organization											1
											Y	es No
3	Did the organization list any former officer	director, truste	ee, k	ey en	nplo	yee,	or hig	hest compensated	employee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4	For any individual listed on line 1a, is the su											
-											4	x
-	and related organizations greater than \$150											
5	Did any person listed on line 1a receive or a									lices	-	x
Cost	rendered to the organization? If "Yes." con	<u>iplete Schedule</u>	e J fo	or suc	<u>h pe</u>	erso	<u>n</u>				5	_ A
	ion B. Independent Contractors											
	Complete this table for your five highest co									compensa	tion from	
	the organization. Report compensation for	the calendar ye	ear e	nding) wit	h or	withir	the organization's	tax year.			
	(A)								(B)		(C)	
	Name and business address NONE Description of services									C	ompens	ation
	Name and Dusiness											
	Total number of independent contractors (i		ot lin	nited	to th	-	listec	above) who receive	ed more than			
		ncluding but no	ot lin	nited	to th	nose	listec	above) who receive	ed more than			0 (2022)

				E COMMUNITY	FOUNDATIC	ON	73-1575	838 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respon	se or note to any line		(P)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am 6	с	Fundraising events		42,375.				
Gift İlar	d	Related organizations						
ns, Sim	e	Government grants (contri						
utio	т	All other contributions, gifts, similar amounts not included		1,744,798.				
ltrib	a	Noncash contributions included in I		164,907.				
Con	h	Total. Add lines 1a-1f		-	,787,173.			
				Business Code				
e	2 a	ADMINISTRATIV	E FEES	561000	206,158.	206,158.		
ervio	b							
n Sí	С			_				
Program Service Revenue	d							
Proj	e f	All other program service	revenue	_				
_	•	Total. Add lines 2a-2f			206,158.			
	3	Investment income (includ						
					275,745.			275,745.
	4	Income from investment o	of tax-exempt bon	d proceeds				
	5	Royalties			31,593.			31,593.
		0	(i) Real	(ii) Personal				
	6а ь	Gross rents Less: rental expenses	6a 6b					
	c b	<i>(</i> , , , , , , , , , , , , , , , , , , ,	6c					
		Net rental income or (loss)	· · · · ·					
		Gross amount from sales of	(i) Securitie					
		assets other than inventory	7a					
	b	Less: cost or other basis						
venue		and sales expenses	7b					
eve		Gain or (loss)	7c					
er Re		Net gain or (loss) Gross income from fundraisir						
Other	0 4	including \$42						
Ŭ		contributions reported on						
		Part IV, line 18		8a 35,549.				
		Less: direct expenses	L	8b 35,549.				
		Net income or (loss) from		s	0.			
	9 a	Gross income from gamin	-					
	L	Part IV, line 19 Less: direct expenses		9a 9b				
		Net income or (loss) from						
		Gross sales of inventory, le						
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from	sales of inventory					
S				Business Code				
leou ue	11 a							
∳llan veni	b			- +				
Miscellaneous Revenue	c d	All other revenue						
Σ	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructio		-	,300,669.	206,158.	0.	307,338.
23200	9 12-13							Form 990 (2022)

BARTLESVILLE COMMUNITY FOUNDATION 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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,999,088.	1,999,088.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 400	70 510	1 (072	21 600
	trustees, and key employees	108,489.	70,518.	16,273.	21,698.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	70 502	51,729.	11 020	15 016
7	Other salaries and wages	79,583.	51,129.	11,938.	15,916.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,154.	20,250.	4,673.	6,231.
10	Payroll taxes	51,154.	20,230.	4,075.	0,251.
11	Fees for services (nonemployees):	211,514.	211,514.		
a	Management	211, 514.	211, 514.		
b		11,500.	7,475.	1,725.	2,300.
C L	Accounting	11,500.	7, 17, 5,	±,72J•	2,500.
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion	2,320.	1,508.	348.	464.
12		11,039.	7,175.	1,656.	2,208.
13 14	Office expenses Information technology	11,055.	7,175.	1,0501	2,200.
14 15					
15 16	Royalties Occupancy	25,322.	16,460.	3,798.	5,064.
17		25,522.	10,100.	5,750.	5,001
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,647.	1,071.	247.	329.
22	Insurance	2,368.	1,539.	355.	474.
20 24	Other expenses. Itemize expenses not covered	_/ • • • • •	_,		_ / _ ·
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SOFTWARE EXPENSE	18,515.	12,035.	2,777.	3,703.
b	DUES	5,954.	3,870.	893.	1,191.
c	PROFESSIONAL DEVELOPMEN	2,525.	1,641.	379.	505.
d	POSTAGE	1,946.	1,265.	292.	389.
	All other expenses	631.	410.	95.	126.
25	Total functional expenses. Add lines 1 through 24e	2,513,595.	2,407,548.	45,449.	60,598.
26	Joint costs. Complete this line only if the organization				• -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

BARTLESVILLE COMMUNITY FOUNDATION

73-1575838 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			212,849.	1	204,383.
	2	Savings and temporary cash investments	1,198,355.	2	525,586.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			54,319.	4	57,513.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		F		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		57,879. 25,319.	4 0 7 2		
		Less: accumulated depreciation			4,873.	10c	32,560.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1	10 700 021	12	20 491 000		
	13	Investments - program-related. See Part IV, line	18,790,031.	13	20,481,909.		
	14	Intangible assets	30 052	14	30,952.		
	15	Other assets. See Part IV, line 11			<u> </u>	15 16	21,332,903.
	16	Total assets. Add lines 1 through 15 (must equa			91,639.	16 17	90,727.
	17 18	Accounts payable and accrued expenses		51,055.	17	50,727.	
	10 19	Grants payable			10 19		
	20	Deferred revenue Tax-exempt bond liabilities				20	
	20	Escrow or custodial account liability. Complete I				20	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Γ		24	
	25	Other liabilities (including federal income tax, pa		Γ			
		parties, and other liabilities not included on lines					
		of Schedule D			4,204,245.	25	4,560,736.
	26	Total liabilities. Add lines 17 through 25			4,295,884.	26	4,560,736. 4,651,463.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		5,430,825.	27	5,790,007.	
Ba	28	Net assets with donor restrictions	10,564,670.	28	10,891,433.		
pun		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
si S	29	Capital stock or trust principal, or current funds				29	
.əse	30	Paid-in or capital surplus, or land, building, or ec		Γ		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31	
Ne	32	Total net assets or fund balances			15,995,495.	32	16,681,440.
	33	Total liabilities and net assets/fund balances	<u></u>		20,291,379.	33	21,332,903.

Form 990 (2022)

	990 (2022) BARTLESVILLE COMMUNITY FOUNDATION	73-	1575	838	Pa	_{ge} 12
Pa	rt 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		,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,51	3,5	95.
3	Revenue less expenses. Subtract line 2 from line 1	3		-212		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,99		
5	Net unrealized gains (losses) on investments	5		898	8,8	71.
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	16	,683	1,4	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Т

Nan	ne of	the organization						Employer	identification number				
		BART	LESVILLE CO	OMMUNITY FOUN	IDATIC	ON		7	3-1575838				
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in secti	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:						-					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem											
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3).	Check the box on				
		lines 12a through 12d that	- describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must c	complete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or											
f	Ent	ter the number of supported o	organizations										
g	Pro	ovide the following information		d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Tet													
Tota	al								1				

BARTLESVILLE COMMUNITY FOUNDATION

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 failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2462255.	3587790.	5852882.	2278775.	1922206.	16103908.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0460055				100000	1.61.00000
	Total. Add lines 1 through 3	2462255.	3587790.	5852882.	2278775.	1922206.	16103908.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	column (f)						16102000
	Public support. Subtract line 5 from line 4. ction B. Total Support						16103908.
	••	(a) 2018	(1) 2010	(a) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 2462255.	(b) 2019 3587790.	(c) 2020 5852882.	(d) 2021 2278775.	(e) 2022	(f) Total 16103908.
8	Gross income from interest,	2402255.	5567756.	5052002.	22/0//31	19222000	101033000
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	395,172.	210,726.	864,610.	488,769.	275,745.	2235022.
9	Net income from unrelated business	55571720	220,7200	001/0100	100,7031	2/3//130	22330221
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						18338930.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	·
13	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stor	-		-			
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	87.81 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	87.13 %
16a	1 33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	o 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
•	organization meets the facts-and-circu		•		••••		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

BARTLESVILLE COMMUNITY FOUNDATION 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

Sec	LION A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6			(0) =0=0	(4) = 3 = 1		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	rcentage			<u> </u>	
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · · ·			18	%
	33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
a	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	τιοn
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		·····
23202	3 12-09-22					Sched	lule A (Form 990) 2022

BARTLESVILLE COMMUNITY FOUNDATION

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	i in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No
					-

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Port VI have many indian and have fit as wind as the summary of the summary and a many institution (a) that an another	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

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Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
			_

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*232025 12-09-22

Schedule A (Form 990) 2022

1

2

Yes No

Schedule A	Form 990) 2022
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Schedule A (Form 990) 2022 BARTLESVILLE COMMUNITY FOUNDATION

	Check have if the exception estimated the Integral Part Test as a gualifying			Dout VII Cas instructions
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See Instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	(D) Oursent) (a an
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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 of supported organizations in excess of income from activity 2 2 Amounts paid to parter activity turbres exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt supposes of supported organizations 3 4 Amounts paid to acquire exempt supposes 4 5 Outline distributions (gescribe in Part VI). See instructions. 6 6 Other distributions to attentive supported organizations to which the organization is responsive (covide datalis in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (covide datalis in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (mount of 2022) for Section C, line 6 9 10 Line 8 amount for 2022 from Section C, line 6 9 11 Distributional for 2022 for Section C, line 6 9 12 Underdistributions, argin in Part VI). See instructions. 10 13 Excess distributions acaryover, if any, to 2022 10			COMMUNITY FOUNI		7	3-1575838	Page 7
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2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income trom activity 2 3 Administrative expenses paid to accomplete hexempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets 4 5 Outlified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions. Add lines 1 through 6. 7 7 Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions (atternity or sees prior to 2022 from Section C, line 6 9 10 Line 8 amount for 2022 from Section C, line 6 9 2 Underdistributions, dary or years prior to 2022 (reason-atternity and atternity an	Sect	on D - Distributions				Current Yea	ar
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2 Underdistributions, if any, for years prior to 2022 (reason- able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions of prior years h Applied to underdistributions of prior years j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: jine 7: \$ a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to underdistributions for years prior to 2022, if arry. Subtract lines 3g and 4a from line 4. 5 5 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain	Sect	on E - Distribution Allocations (see instructions)		Underdistributior	าร	Distributab	
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3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) i Carryover from 2017 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: § S a Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remaining underdistributions for prior years b Applied to 2022 distributable amount c Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 4. c Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.	2	Underdistributions, if any, for years prior to 2022 (reason-					
3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) i Carryover from 2017 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: § S a Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remaining underdistributions for prior years b Applied to 2022 distributable amount c Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 4. c Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.		able cause required - explain in Part VI). See instructions.					
a From 2017 a b From 2018 a c From 2019 a d From 2020 a e From 2021 a f Total of lines 3a through 3e a g Applied to underdistributions of prior years a h Applied to 2022 distributable amount a i Carryover from 2017 not applied (see instructions) a j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. a 4 Distributions for 2022 from Section D, line 7: \$ ine 7: \$ a a Applied to underdistributions of prior years a b Applied to 2022 distributable amount b c Remainder. Subtract lines 4a and 4b from line 4. b c Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. and 4b	3	•					
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g Applied to underdistributions of prior years	е	From 2021					
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h Applied to 2022 distributable amount	g	Applied to underdistributions of prior years					
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Part VI. See instructions. Image: Construction of the second se							
7 Excess distributions carryover to 2023. Add lines 3j and 4c.							
and 4c.	7						
	•						
8 Breakdown of line 7:	8	Breakdown of line 7:					
a Excess from 2018							
b Excess from 2019							
c Excess from 2020							
d Excess from 2021							
e Excess from 2022							

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	BARTLESVILLE	COMMUNITY	FOUNDATION	73-1575838 Page 8
Part VI				y 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	a, 9b, 9c, 11a, 11b, a	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, Sect	ion E, lines 1c, 2a, 2	b, 3a, and 3b; Part V, line 1; Part \	/, Section B, line 1e; Part V,
	Section D, lines 5, 6, and	8; and Part V, Section E, li	nes 2, 5, and 6. Also	complete this part for any additio	nal information.
	(See instructions.)				

Schedule A (Form 990) 2022

232028 12-09-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

73-	15	75	838	

	BARTLESVILLE COMMUNITY FOUNDATION	73-
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X 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 for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless to

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.

223452 11-15-22

BARTLESVILLE, OK 74006

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONOCOPHILLIPS COMPANY 208 E 4TH STREET BARTLESVILLE, OK 74003	\$85,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LYON FOUNDATION PO BOX 546 BARTLESVILLE, OK 74005	\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRI-COUNTY FOUNDATION ENDOWMENT 6101 SE NOWATA RD BARTLESVILLE, OK 74006	\$60,055. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BPSF AFFILIATE BCF 208 E 4TH STREET BARTLESVILLE, OK 74003	\$124,603.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANONYMOUS DONOR ANONYMOUS BARTLESVILLE, OK 74006	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ANONYMOUS DONOR		Person X Payroll Noncash X
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	φ Ξυ, J/Ξ•	

BARTLESVILLE COMMUNITY FOUNDATION

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

(Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2022)

73-1575838

BARTL	ESVILLE COMMUNITY FOUNDATION		73
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	IS
7	MOYNE G PHILLIPS SCHOLARSHIP FUND		
	800 N OSAGE	\$70,0	00.
	DEWEY, OK 74029	_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs
8_	ANONYMOUS DONOR	_	
	ANONYMOUS	\$50,00	00.
	EDMOND, OK 73013	_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	IS
9	ANONYMOUS DONOR		

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

10

(a)

No.

11

(a)

No.

223452 11-15-22

Employer identification number

Person Payroll

Noncash (Complete Part II for

> Person Payroll Noncash

Person

(Complete Part II for

noncash contributions.)

(d) Type of contribution

(d)

Type of contribution

noncash contributions.)

(d) Type of contribution

X

X

X

-1575838

Payroll 100,000. ANONYMOUS Noncash \$ (Complete Part II for BARTLESVILLE, OK 74006 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution ANONYMOUS DONOR X Person Payroll ANONYMOUS 46,500. Noncash \$ (Complete Part II for BARTLESVILLE, OK 74006 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution RUN THE STREETS X Person Payroll 200 SE FRANK PHILLIPS BLVD 143,117. Noncash \$ (Complete Part II for BARTLESVILLE, OK 74003 noncash contributions.) (c) (d) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page 2

BARTL	ESVILLE COMMUNITY FOUNDATION	7	3-1575838
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	BOK FINANCIAL STOCK		
		\$46,574.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
вартт.	ESVILLE COMMUNITY FOUND	<u>አ</u> መፐ () N	73-1575838
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	<pre>/. For organizations ss for the year. (Enter this info. once.) \$</pre>
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2022)

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.

OMB No. 1545-0047

	ment of the Treasury I Revenue Service		0 for instructions and the latest informal	ion.	Inspectio	
Nam	e of the organizati	on		Employer	identification	number
		BARTLESVILLE COMMU			3-15758	
Par		ations Maintaining Donor Advise		or Accounts.	Complete if th	e
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds an	d other accour	ıts
1		nd of year	52			
2		f contributions to (during year)	711,183.			
3		f grants from (during year)	861,793.			
4		t end of year				
5		on inform all donors and donor advisors in v				
	are the organization	on's property, subject to the organization's	exclusive legal control?		X Yes	└── No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor o		•	37	<u> </u>
Par	impermissible priv		· · · · · · · · · · · · · · · · · · ·		X Yes	No No
		ation Easements. Complete if the org		art IV, line 7.		
1		servation easements held by the organization			4 4	
		n of land for public use (for example, recrea		a historically impor		
	=	of natural habitat	Preservation of	a certified historic	structure	
0		n of open space	fied concernation contribution in the form o	f a concernation of	accoment on the	o loot
2	day of the tax year	through 2d if the organization held a qualif r	lied conservation contribution in the form d		at the End of the	
~						
a h						
0	•	vation easements on a certified historic stru	ucture included in (a)			
d		vation easements included in (c) acquired a		20		
u			• • •	2d		
3		vation easements modified, transferred, rel	eased extinguished or terminated by the	·····	the tax	
•	year			siga landa aa ing	,	
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
	-	forcement of the conservation easements it			Yes	No
6		r hours devoted to monitoring, inspecting,			during the ye	ar
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements duri	ing the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?			Yes	No No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense s	statement and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes	the	
D -		ounting for conservation easements.		0		
Par		ations Maintaining Collections of		ier Similar Ass	sets.	
		f the organization answered "Yes" on Form				
1a	-	elected, as permitted under FASB ASC 95	-		orks	
		easures, or other similar assets held for put		•		
_	· •	Part XIII the text of the footnote to its finar			_	
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public se	rvice,	
	-	ing amounts relating to these items:		•		
		Ided on Form 990, Part VIII, line 1				
~						
2		received or held works of art, historical tre		gain, provide		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:			

Schedule D (Form 990) 2022

\$

\$

232051 09-01-22

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

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

b Assets included in Form 990, Part X

Sche		VILLE COMMU					73-15	75838	3 Р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or Oth	er S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the f	ollowing that make	signi	ficant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of		,	,				_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organizatio	n answered "Yes" o	on Foi	rm 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	rv for contributions	s or other assets no	ot incl	uded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, I S		3					Amount	:	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo				bility?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d)		/ears back	(e) Four	years	back
1a	Beginning of year balance	10,562,428.	11,929,513.	6,567,889			50,666.			159.
b	Contributions	1,261,994.	1,469,289.	5,107,026	•	2,5	38,830.			832.
с	Net investment earnings, gains, and losses	797,101.	-1,251,179.	1,729,577	•		6,892.		388,	659.
d	Grants or scholarships				_					
е	Other expenditures for facilities									
	and programs	1,732,332.	1,585,195.	1,474,979	•	1,3	28,499.	1,	138,	984.
f	Administrative expenses				_					
g	End of year balance			11,929,513	•	6,5	67,889.	5,	350,	666.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	· · · · · · · · · · · · · · · · · · ·								
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held ar	id administered for	the			Г	Yes	Na
	organization by:								res	No X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza							3b		
Par	t VI Land, Buildings, and Equipm		ment tunas.							
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line	10				
	Description of property	(a) Cost or oth	,		,	mulate				
	Description of property	basis (investme	• •			ciation	eu	(d) Bool	(valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			2,772.		$\frac{4,1}{1}$				08.
	Other			5,107.		1,1				<u>52.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>column (B), line 1</u>	<u>)c.)</u>					2,5	

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes"			
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financi	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must equal Form 000, Dart V, col. (D) line 10.)			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	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-vear market value
(1) AF	RVEST ASSET MANAGEMENT			
	IVESTMENT ACCOUNTS	20,481,909.	END-OF-YEAR MARKE	T VALUE
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)	20,481,909.		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	"· · · · · · · · · · · · · · · · · · ·			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		
Turtx	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. (1) Eor				
	deral income taxes GENCY FUNDS PAYABLE			4,560,736
(3)	biner round rainbil			4,500,750
(3)				
(5)				
(6)				
(7)				
<u>\'</u>				
(8)				
(8)				
(9)	umn (b) must equal Form 990. Part X. col. (B) line	25)		4,560,736

BARTLESVILLE COMMUNITY FOUNDATION

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

_	dule D (Form 990) 2022 BARTLESVILLE COMMUNITY FOU		-		1575838 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			
1	Total revenue, gains, and other support per audited financial statements			1	3,235,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	898,871.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	35,549.		
е	Add lines 2a through 2d			2e	934,420.
3	Subtract line 2e from line 1			3	2,300,669.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
				5	2,300,669.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,300,009.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		<u>2,300,009.</u> n.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		2,549,144.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Returi	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Returi	n.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per F	Returi	n.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per F	Returi	n. 2,549,144.
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per F	Returi	n. <u>2,549,144</u> . 35,549.
Pa 1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	Expenses per F	1	n. 2,549,144.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per F	1 2e	n. <u>2,549,144</u> . 35,549.
Pa 1 2 a b c d e 3	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With	Expenses per F	1 2e	n. <u>2,549,144</u> . 35,549.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a2b2c2d2d4a	Expenses per F	1 2e	n. <u>2,549,144</u> . 35,549.
Pa 1 2 a b c d e 3 4 a b	XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,549,144. 35,549. 2,513,595. 0.
Pa 1 2 a b c d a b c d b c 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With	Expenses per F	1 2e 3	n. 2,549,144. 35,549. 2,513,595.

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 232054 09-01-22 Schedule D (Form 990) 2022

chedule D (Form 990) 2022 BARTLESVILLE COMMUNITY FOUNDATION	73-1575838 Page
AVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINA	ANCIAL
TATEMENTS.	
ART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNDRAISING EXPENSES	35,549.
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
UNDRAISING EXPENSES	35,549.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Info	rmation Regard	ling Fu	Ind	raisi	ng or Gaming A	ctiv	ities	ON	1B No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								or if the	2022		
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public Inspection											
Internal Revenue Service Name of the organization											•	
								575838				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not												
required to complete this part.												
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.												
a Mail solicitations e Solicitation of non-government grants												
b Internet and email solicitations f Solicitation of government grants												
c Phone solicitations g Special fundraising events d In-person solicitations												
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or												
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?												
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be												
compensated at least \$5,000 by the organization.												
(i) Name and address of individual						Did	(iu) Cross ressints	(v) Amount paid to (or retained by fundraiser			(vi) Amount paid	
or entity (fund	(ii) Activity			(iii) Did fundraiser have custody or control of		(iv) Gross receipts from activity	•			to (or retained by) organization		
	,					tions?		listed in col. (i))	organization	
				Y	es	No						
					_							
					_							
					_							
-												
Total	ch the organizatio	n is reaiste	red or licensed to so	licit cont	tribi		or has been notified	it is d	exempt from		stration	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.												

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

Schedule G (Form 990) 2022

232081 10-27-22

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	(-1) T - + -
				ANNUAL	()	(d) Total events
			LEGACY EVENT		2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue			30,000	24 711	22 212	77 024
	1	Gross receipts	30,900.	24,711.	22,313.	77,924
	2	Less: Contributions	-868.	23,436.	19,807.	42,375
╞	3	Gross income (line 1 minus line 2)	31,768.	1,275.	2,506.	35,549
	4	Cash prizes				
	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs				
DIrect E	7	Food and beverages				
	8	Entertainment		1,275.	2,506.	35,549
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				35,549
	11 t I			000 Dert IV/ line 10		0
a		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or re	eported more than	
Т		\$13,000 011 F0111 990-EZ, line 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add
allue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
нечепие	1	Gross revenue				
G C C	2	Cash prizes				
Dells	3	Nanaash asiraa				
Ы		Noncash prizes				
Uirect Expenses	4	Rent/facility costs				
UIRECT EX						
	5	Rent/facility costs	└────────────────────────────────────	☐ Yes% ☐ No	Yes% No	
	<u>5</u>	Rent/facility costs Other direct expenses	No		No	
	<u>5</u>	Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
	<u>5</u> 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	No	No	
a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming additional conduct gaming additiona conduct gaditional conduct gaming additiona conduct ga	No No No No No Crown (d)	No	No	Yes N
) a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	No No No No No Crown (d)	No	No	Yes N
a b b	5 6 7 8 Ent Is ti If "I	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain: re any of the organization's gaming licenses re	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	No	□ No	
a b	5 6 7 8 Ent Is ti If "I	Rent/facility costs	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	No	□ No	

232082 10-27-22

Sch	edule G (Form 990) 2022	BARTLESVILLE	COMMUNITY	FOUNDATION	N 73-1	575838	Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?			Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust,	or a member of a p	artnership or other e	entity formed		
	to administer charitable gaming?					Yes	No No
	Indicate the percentage of gaming						
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	e person who prepares the	organization's gam	ing/special events be	ooks and records:		
	Name						
	Address						
15a	Does the organization have a cont	ract with a third party from	whom the organiza	ation receives gamin	g revenue?	Yes	🗌 No
r	If "Yes," enter the amount of gami	na revenue received by the	e organization	\$	and the amount		
~	of gaming revenue retained by the						
c	If "Yes," enter name and address of						
-	······						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	carning manager compensation	Ψ					
	Description of services provided						
	Director/officer	Employee	Independen	t contractor			
17	Mandatory distributions:						
a	Is the organization required under					V aa	
						Yes	└── No
Ľ	Enter the amount of distributions r organization's own exempt activiti	•		iner exempt organiza	ations or spent in the		
Pa	rt IV Supplemental Inform		\$ anations required b	v Part L line 2b, colu	mns (iii) and (v): and Par	t III lines 9 (h 10h
	15b, 15c, 16, and 17b, as					,	, 100,
	, , , , , , ,						

Schedule G	(Form 990)
Dort IV	Sumplan

Part IV Supplemental Information	(continued)	
		Sabadula C (Ecum 000)
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury	Gov	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047 2022 Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization BARTLESVI	LLE COMMUI	NITY FOUNDA	TION				Employer identification number $73 - 1575838$
Part I General Information on Grants an							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?	pring the use of grant	funds in the United	States.			Yes X No
Part II Grants and Other Assistance to I	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (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 noncash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF BARTLESVILLE - 401 S SEMINOLE AVE - BARTLESVILLE, OK 74003	73-0618201	501(C)3	7,700.	0.			TO PROVIDE ASSISTANCE TO CHILDREN IN THE COMMUNITY.
FIRST WESLEYAN CHURCH 1776 SILVER LAKE RD BARTLESVILLE, OK 74006	73-0927667		14,280.	0.			TO PROVIDE ASSISTANCE TO THE LESS FORTURNATE IN THE AREA.
BARTLESVILLE PUBLIC SCHOOL ISD #30 PO BOX 1357 BARTLESVILLE, OK 74005	73-6021263		181,939.	0.			TO PROVIDE ASSISTANCE FOR THE STAFF AT THE SCHOOL.
CHILDRENS MUSICAL THEATRE OF BARTLESVILLE - 101 S WYANDOTTE - BARTLESVILLE, OK 74003	73-1619297	501(C)3	9,443.	0.			FOR THE ADVANCEMENT OF THE ARTS THROUGH CHILDREN.
BARTLESVILLE ART ASSOCIATION PO BOX 961 BARTLESVILLE, OK 74005	73-6107217	501(C)3	13,600.	0.			TO SERVE THE COMMUNITY THROUGH THE LOVE OF VISUAL ARTS.
BARTLESVILLE EDUCATION PROMISE 208 E FOURTH ST BARTLESVILLE, OK 74003	81-1119285	501(C)3	18,700.	0.			TO IMPROVE EDUCATIONAL OUTCOMES FOR ALL STUDENTS IN OUR SCHOOLS.

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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) BARTLESVILLE COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(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
							MAKING DISCIPLES OF JESUS
EAST CROSS UNITED METHODIST CHURCH							CHRIST FOR THE
820 S MADISON BLVD							TRANSFORMATION OF THE
BARTLESVILLE, OK 74006	73-6084237		22,250.	0.			WORLD.
WASHINGTON COUNTY ELDER CARE INC							TO HELP MATURE ADULTS
1223 SWAN DRIVE							LIVE HAPPY, HEALTHY,
BARTLESVILLE, OK 74006	73-1197617	501(C)3	7,398.	٥.			INDEPEDENT LIVES.
K-LIFE OF BARTLESVILLE							
PO BOX 3994							TO IMPACT A YOUTH CULTURE
BARTLESVILLE, OK 74006	73-1307215	F01(C)2	5,600.	0.			FOR CHRIST.
BARILESVILLE, OK /4000	75-1507215	501(0)5	5,000.	0.			FOR CHRIST.
LIFE.CHURCH - OWASSO							TO LEAD PEOPLE TO BECOME
14008 E 96TH							FULLY DEVOTED FOLLOWERS
OWASSO, OK 74055			30,200.	0.			OF CHRIST.
			,				TO PROVIDE EDUCATIONAL
PATHS TO INDEPENDENCE, INC							AND SUPPORT SERVICES TO
4041 SHERIDAN RD							CHILDREN AND ADULTS WITH
BARTLESVILLE, OK 74006	45-4111813	501(C)3	233,289.	0.			AUTISM SPECTRUM DISORDERS
			,				TO PROVIDE QUALITY
ST LUKES ON THE LAKE EPISCOPAL							ARTISTIC EXPERIENCES FOR
CHURCH - 5600 RR 620 NORTH -							THE ENTERTAINMENT,
AUSTIN, TX 78732	74-1654821		18,585.	٥.			ENRICHMENT, AND EDUCATION
TRI COUNTY TECHNOLOGY FOUNDATION							TO ELEVATE FUTURES BY
6101 SE NOWATA RD							PROVIDING SUPERIOR AND
BARTLESVILLE, OK 74006	73-1192143	501(0)3	98,448.	0.			RELEVANT TRAINING.
DARTEDOVIDE, OK /4000	/5 1192145	JUT (C) J	50,440.	0.			TO PROVIDE SHELTER AND
WASHINGTON COUNTY SPCA							MEDICAL CARE FOR STRAY
16620 HIGHWAY 123							ABANDONED, AND
BARTLESVILLE, OK 74003	73-6107239	501(C)3	11,172.	0.			SURRENDERED ANIMALS.
Entransville, or /4005	15 010/255	501(0)5		0.			POWNERDENED ANTIMAD.
CHRIST COMMUNITY CHURCH							TO LOVE AND LEAD PEOPLE
5210 SE WASHINGTON BLVD							TO TAKE NEXT STEPS TO
BARTLESVILLE, OK 74006	73-1617282	501(C)3	19,200.	0.			FIND AND FOLLOW JESUS.

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Part II Continuation of Grants and Other				verninents (Sche	edule i (Form 990), Fa		
(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
GRACE COMMUNITY CHURCH							TO CONNECT TO A FAMILY,
1500 KING DR							COMMIT TO A JOURNEY, AND
BARTLESVILLE, OK 74006			68,400.	0.			SERVE IN HIS NAME.
LOWE FAMILY YOUNG SCHOLARS							TO PROVIDE ASSISTANCE TO
401 S DEWEY STE 820							CHILDREN IN THE
	20-8786692	501(0)2	6 750	0.			COMMUNITY.
BARTLESVILLE, OK 74003	20-0700092	501(C/5	6,750.	0.			TO SPONSOR AND PROMOTE
ON THE ROCK MINISTRIES							
							EDUCATIONAL, CHARITABLE,
PO BOX 442	FD 150000	F01 (a) 2	0.7.000				CULTURAL EVENTS FOR
BARTLESVILLE, OK 74005	73-1536924	501(C)3	27,062.	0.			DISADVANTAGED CHILDREN
							TO PROVIDE FINANCIAL AND
BARTLESVILLE HIGH SCHOOL ALL							MORAL SUPPORT TO
SPORTS BOOSTER CLUB - PO BOX 234 -							BARTLESVILLE ATHLETIC
BARTLESVILLE, OK 74005	73-1198617	501(C)3	6,600.	0.			PROGRAMS.
							THE MISSION OF CITY
CITY CHURCH							CHURCH IS SIMPLE:
4222 RICE CREEK RD							HELPING PEOPLE THAT ARE
BARTLESVILLE, OK 74003	20-3076212		20,000.	0.			FAR FROM GOD FIND AND
							BUILDING ON ITS
OKLAHOMA STATE UNIVERSITY							LAND-GRANT HERITAGE,
OKLAHOMA STATE UNIVERSITY							OKLAHOMA STATE UNIVERSITY
STILLWATER, OK 74078	73-1383996		19,000.	0.			PROMOTES LEARNING,
							ESLEYAN CHRISTIAN SCHOOL
WESLEYAN CHRISTIAN SCHOOL							EXISTS TO ASSIST
1780 SILVER LAKE ROAD							CHRISTIAN FAMILIES IN
BARTLESVILLE, OK 74006			8,000.	٥.			PROVIDING THEIR CHILDREN
							ROOTED IN THE LOVING
BLUESTEM MEDICAL FOUNDATION							MINISTRY OF JESUS AS
415 S DEWEY AVE STE 204							HEALER, WE COMMIT
BARTLESVILLE, OK 74003	73-1081013	501(C)3	17,913.	0.			OURSELVES TO SERVING ALL
							THE MISSION OF CHURCHES
CONCERN							UNITED FOR COMMUNITY
333 S PENN							CONCERN IS TO PROVIDE
BARTLESVILLE, OK 74003	73-6113224	501(C)3	7,745.	Ο.			COMPASSIONATE SUPPORT TO

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	(1) = 11				(a)		
(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
							THE MISSION OF
BARTLESVILLE FIRST CHURCH							BARTLESVILLE FIRST CHURCH
4715 PRICE RD							IS THE SAME MISSION JESUS
BARTLESVILLE, OK 74006			16,500.	0.			GAVE HIS FOLLOWERS: GO
							TO PRESENT THE GOSPEL OF
GREATER FIRST BAPTIST CHURCH							JESUS CHRIST IN A WAY
213 W 10TH ST							THAT ENCOURAGES AND
BARTLESVILLE, OK 74003			24,787.	0.			EDUCATES DISCIPLES TOWARD
							THE PURPOSE OF THE
BARTLESVILLE COMMUNITY CENTER							BARTLESVILLE COMMUNITY
300 SE ADAMS BLVD							CENTER IS TO PROVIDE
BARTLESVILLE, OK 74003	73-1059883		15,295.	٥.			CULTURAL AND EDUCATIONAL
							THE GEORGE MIKSCH SUTTON
SUTTON AVIAN RESEARCH CENTER							AVIAN RESEARCH CENTER
393636 GAP RD							(SUTTON CENTER) WAS
BARTLESVILLE, OK 74003	73-1023595	501(C)3	6,550.	0.			FOUNDED IN 1983 WITH THE
							UCO HELPS STUDENTS LEARN
UNIVERSITY OF CENTRAL OKLAHOMA							THROUGH TRANSFORMATIVE
100 N UNIVERSITY DR							EDUCATIONAL EXPERIENCES,
EDMOND, OK 73034	73-6108032		7,500.	0.			GROWING PRODUCTIVE,
							ESTABLISH OUTPOSTS OF
CORNERSTONE CHURCH TULSA							JESUS' PERSON, WORD, AND
3333 E 41ST ST							POWER IN THE MIDST OF A
TULSA, OK 74135			5,700.	0.			STRUGGLING HUMANITY.
FRANK PHILLIPS FOUNDATION							PRESERVE THE HISTORY OF
1107 CHEROKEE AVE							THE WEST, EDUCATION AND
BARTLESVILLE, OK 74003	73-0636562	501(C)3	24,198.	٥.			, ENTERTAIN.
,			,				PROVIDE FOOD, SHELTER,
LIGHTHOUSE OUTREACH CENTER							AND CLOTHING FOR HOMELESS
1411 W HENSLEY BLVD							PEOPLE THAT EXHIBIT
BARTLESVILLE, OK 74003	73-1395606	501(C)3	9,150.	0.			FEELINGS OF HOPELESSNESS.
, , , , , , , , , , , , , , , , , , , ,							
OKLAHOMA WESLEYAN UNIVERSITY							LIVE OUT WHAT IT MEANS TO
2201 SILVER LAKD RD							BE A CHRIST-CENTERED
BARTLESVILLE, OK 74006	73-6085616		17,575.	Ο.			UNIVERSITY.

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Schedule I (Form 990) BARTLESVI Part II Continuation of Grants and Other		NITY FOUNDA		vornmonte (Sch	adula I (Form 990) Pa		'3-1575838 Page
(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
OKMUSIC							DELIVER HIGH QUALITY
415 SE DEWEY							MUSICA AND CULTURAL
BARTLESVILLE, OK 74003	73-1340172	501(C)3	153,100.	0.			EXPERIENCES FOR ALL AGES
							TO PREACH THE GOSPEL OF
SALVATION ARMY							JESUS CHRIST AND TO MEET
101 N BUCY							HUMAN NEEDS IN HIS NAME
BARTLESVILLE, OK 74003	58-0660607	501(C)3	6,257.	0.			WITHOUT DISCRIMINATION.
,			, ,				PROVIDE A HOME FOR
JOURNEY HOME							INDIVIDUALS WHERE GUESTS
900 WASHINGTON BLVD							RECEIVE COMPASSIONATE
BARTLESVILLE, OK 74006	46-2378169	501(C)3	6,300.	0.			CARE AND DIGNITY AT THE
,,							CULTIVATE INTERCONNECTED
UNIVERSITY OF TULSA							LEARNING EXPERIENCES TO
800 S TUCKER DR							EXPLORE COMPLEX IDEAS AN
TULSA, OK 74104	73-0579298	501(C)3	22,000.	0.			CREATE NEW KNOWLEDGE IN Z
,			,				
YOUTH AND FAMILY SERVICES							
2200 SE WASHINGTON BLVD							SERVE AND STRENGTHEN
BARTLESVILLE, OK 74006	73-1006095	501(C)3	10,728.	0.			YOUTH AND FAMILIES.
,			, ,				TO UNITE AND UPLIFT OUR
WESTSIDE COMMUNITY CENTER							COMMUNITY BY UNITING
501 S BUCY							, NURTURING, AND EMPOWERIN
BARTLESVILLE, OK 74003	73-0605595	501(C)3	6,100.	0.			ITS YOUTH.
			, -				-
BARTLESVILLE SYMPHONY ORCHESTRA							PROVIDE COMMUNITY
PO BOX 263							ENRICHMENT THROUGH ARTS
BARTLESVILLE, OK 74005	73-1073952	501(C)3	17,050.	0.			AND ENTERTAINMENT
							PROVIDE FINANCIAL
BARTLESVILLE PUBLIC SCHOOL							RESOURCES, CULTIVATE
FOUNDATION - 1100 SOUTH JENNINGS -							COMMUNITY PARTNERSHIPS
BARTLESVILLE, OK 74003	73-1256865	501(C)3	96,978.	0.			AND CELEBRATE
,, 1000							INVITING ALL PEOPLE TO
KINGSLAND BAPTIST CHURCH							EXPERIENCE TRUE
20555 KINGSLAND BLVD							FULFILLMENT IN JESUS
KATY, TX 77450	74-2114929	501(C)3	10,000.	0.			CHRIST ONE HOME AT A TIM

BARTLESVILLE COMMUNITY FOUNDATION

		NITY FOUNDA					3-1575838 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(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
NOWATA PUBLIC SCHOOLS							
707 W OSAGE AVE							TO EDUCATE STUDENTS IN
NOWATA, OK 74048			12,650.	0.			NOWATA OK
Nomin, ok /1010			12,030.				UNITE DONOR PASSIONS WITH
OKLAHOMA STATE UNIVERSITY							UNIVERSITY PRIORITIES TO
FOUNDATION - 400 S MONROE -							ELEVATE THE IMPACT OF
STILLWATER, OK 74003	73-6097060	501(C)3	17,413.	0.			OKLAHOMA STATE
	/3 003/000	501(0)5	17,115.				THE MISSION OF THE PRICE
PRICE TOWER ARTS CENTER							TOWER IS TO PRESERVE THE
PO BOX 2464							PRICE TOWER, INSPIRE
BARTLESVILLE, OK 74005	73-1280004	501(C)3	56,759.	0.			ARTISTS AND AUDIENCES,
,							TO BRING A LIFE-AFFIRMING
THE COTTAGE							VOICE TO PREGNANT WOMEN
307 S SENECA							BY ESTABLISHING
BARTLESVILLE, OK 74003	47-3919006	501(C)3	33,300.	0.			RELATIONSHIPS AND
			,				EMPOWER INDIVIDUALS WITH
ABILITYWORKS							INTELLECTUAL AND
501 S VIRGINIA							DEVELOPMENTAL
BARTLESVILLE, OK 74003	73-1164067	501(C)3	12,850.	0.			DISABILITIES.
BARTLESVILLE ALLIED ARTS AND							
HUMANITIES - 401 S DEWEY -							SUPPORT CULTURAL PROGRAMS
BARTLESVILLE, OK 74003	23-7072026	501(C)3	7,298.	0.			IN THE BARTLESVILLE AREA.
GRACE BIBLE CHURCH							
7415 E 15TH ST							WORSHIP, TEACH,
TULSA, OK 74112	73-1357896		5,500.	Ο.			FELLOWSHIP, PRAYER
							TO IMPROVE THE QUALITY OF
NEHEMIAH COMMUNITY DEVELOPMENT							LIFE FOR FAMILIES AND
PO BOX 3263							NEIGHBORHOODS USING A
BARTLESVILLE, OK 74006	94-3465494	501(C)3	10,350.	0.			COMMUNITY ECONOMIC
OGLESBY VOLUNTEER FIRE DEPARTMENT							
401501 W 2700 RD							FIRE PREVENTION AND
RAMONA, OK 74061	73-1274165	501(C)3	33,234.	Ο.			EMERGENCY RESPONSE.

Schedule I (Form 990) BARTLESVILLE COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(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
UN THE STREETS							
00 SE FRANK PHILLIPS BLVD							MENTOR YOUTH USING LONG
ARTLESVILLE, OK 74003	81-3772914	501(C)3	6,495.	0.			DISTANCE RUNNING.
,							ADVANCE KNOWLEDGE THROUG
EXAS TECH UNIVERSITY							INNOVATIVE AND CREATIVE
500 BROADWAY							TEACHING, RESEARCH, AND
UBBOCK, TX 79409	75-6043842	501(C)3	7,000.	0.			SCHOLARSHIP.
EXAS-OKLAHOMA KIWANIS FOUNDATION							
24 SIX FLAGS DR							ENRICH YOUTH THROUGH A
RLINGTON, TX 76011	74-6073526	501(C)3	5,151.	0.			SERVICE FOUNDATION.
							PROVIDE EDUCATION
NIVERSITY OF OKLAHOMA							EXPERIENCE THROUGH
00 ASP AVE							TEACHING, RESEARCH, AND
IORMAN, OK 73019	73-6017987	501(C)3	20,050.	0.			CREATIVE ACTIVITY AND
						1	

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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

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

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Part IV Supplemental Info	ormation				

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

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 BARTLESVILLE COMMUNITY FOUNDATION
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 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

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 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.

NAM	E OF	ORGZ	ANIZ	ATION	OR	GOVERN	MENT:	GRE	EATER	FIRS	ST E	BAPTI	ST	CHUR	CH			
(H)	PUR	POSE	OF	GRANT	OR	ASSIST	ANCE:	то	PRES	ENT I	HE	GOSE	EL	OF J	ESUS	3		
CHR	IST	IN A	WAY	ТНАТ	ENC	COURAGE	S AND	EDU	JCATE	S DIS	SCIE	PLES	TOW	ARD	CHRI	[ST-	-LIKI	2
MATI	JRIT	Y ANI) EČ	UIPS '	THE	CHURCH	BODY	то	SERVI	E THE	E NE	EEDS	OF	HUMA	NITY	ζ, Ξ	IN	
ORD	ER TI	НАТ (GOD '	S NAM	E, I	LOVE ANI	D POWI	ER V	VILL I	BE MA	GN	FIED) ТН	IROUG	н:			
1. (CHAN	GED A	AND	RENEW	ED I	JIVES.												
2. 1	BIBL	E-CEI	NTER	ED FA	MILI	IES.												
3.	SELF	LESS	SER	VICE	WITH	HIN OUR	COMM	UNIT	TY AN) THE	e wo	ORLD.						

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 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.

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Part IV Supplemental Information									
NAME OF ORGANIZATION OR GOVERNMENT: BARTLESVILLE COMMUNITY	CENTER								
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE BART	LESVILLE								
COMMUNITY CENTER IS TO PROVIDE CULTURAL AND EDUCATIONAL FAC	ILITIES 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

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COMMUNITIES.

Schedule I (Form 990)

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.

Schedule I (Form 990) BARTLESVILLE COMMUNITY FOUNDATION
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

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Schedule I (Form 990)

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

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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.

NAME OF ORGANIZATION OR GOVERNMENT: NEHEMIAH COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE QUALITY OF LIFE FOR

FAMILIES AND NEIGHBORHOODS USING A COMMUNITY ECONOMIC DEVELPMENT

STRATEGY.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF OKLAHOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATION EXPERIENCE THROUGH

TEACHING, RESEARCH, AND CREATIVE ACTIVITY AND SERVICE TO THE STATE AND

SOCIETY.

Schedule I (Form 990)

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

22

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

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

Name of the organization

COMMUNITERV FOUNDABLON

Employer identification number 72 1 5 7 5 0 2 0

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	BARTLESVILLE	COMMU.	NTLA LOONI	DATION	/3-1	. 5 / 5 8	538	
Pa	rt 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 de noncash contribu	eterminir	•	3
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	Х	24	164,907.	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 \ldots							
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 organiz	-	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ich isn't required to be used t	or			
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	/ for which column (a) is cheo	;ked,			

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	BARTLESVI	LLE COMMUN	NITY FOU	NDATION	73-1575838	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information.	Provide the informa	tion required by tions, the numbe	Part I, lines 30b, 32 er of items received,	b, and 33, and whether the organizat or a combination of both. Also comp	ion lete
	. ,						
232142 09-09-2	2					Schedule M (Form	990) 2022

SCHEDULE O (Form 990)

1 990) Complete to pro Form 990 o

Department of the Treasury Internal Revenue Service Name of the organization

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 for the latest information.



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.

BARTLESVILLE COMMUNITY FOUNDATION

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.

FORM 990 SCHEDULE D

THIS RETURN IS BEING AMENDED TO REPORT DONOR ADVISED FUND INFORMATION

ON SCHEDULE D PAGE 1 PART 1 THAT WAS OMITTED FROM THE ORIGINALLY FILED

RETURN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22