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## Form

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

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

OMB No 1545-0047

2008

Department of the Treasury

**Open to Public** Inspection

		2008 calendar year, or tax year beginning 07-01, 2008, an		<del></del>	5-30 , 20 09						
		applicable Please C Name of organizationBartlesville Community Foundation			D Employer Identification no						
_		use IRS Dalar Bushan As									
$\equiv$											
=	ame ch	type.	Roor		•						
$\equiv$	itial ret	Specific Clause and Till 1		540A	(918) 337 - 2287						
_	erminat	iisude-			G Gross receipts \$						
		BaltleBville, Ox 74003			941,195						
L A	ppiicati	on pending F Name and address of principal officerDebbie Mueggenborg	H(a)	Is this a group affiliates?	return for Yes 🔯 No						
		501 S Johnstone Ave, Bartlesville, OK 74003  npt status									
	ebsite:		II(D)	If "No," attach	s included? Tes No a list (see instructions) on number						
		rganization			al domicile OK						
Par	~~~~	Summary	JII 1333	M State of leg	gal dofflictie OK						
1 41	1				do good works						
	l '	briefly describe the organization's mission of most significant activities	a simpi	e way to	do good works.						
A			_		<del></del>						
c G											
i v V e	,	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of to 6								
į r	1 _	Number of voting members of the governing body (Part VI, line 1a)			1 10						
tn	3	Number of independent voting members of the governing body (Part VI, line 1b)		· -	18						
e n s c	4	Total number of amplayees (Part V, line 2a)		5	2						
a e	5	Total number of employees (Part V, line 2a)		6							
•	6	Total gross unrelated business revenue from Part VIII, line (2, column (C)									
	'a	101 1111/18/8 1/14/101		<b>—</b>	<u> </u>						
	0	Net unrelated business taxable income from Form 990-11 and 34.07 4. 2.0. UG V . 171		rior Year	Current Year						
ന R		Contributions and month (Both) (III has th)	FI		<del>_</del>						
<b>5</b>	8	Contributions and grants (Part VIII, line 1h)	•	429,04							
MOANNED	9	Program service revenue (Part VIII, line 2g)	•	32,18	<del></del>						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,12	(46,168						
∏ e	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		500.05	047.705						
	+	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		523,35							
) D D	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		195,60	6 1,251,171						
_	14	Benefits paid to or for members (Part IX, column (A), line 4)		76,06	02 115						
э х P		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		76,06	82,115						
e , n	1	Professional fundraising fees (Part IX, column (A), line 11e)	•		<u> </u>						
o n s e o		Total fundraising expenses (Part IX, column (D), line 25)▶ 0  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-		114 661						
Š s				271 67	114,661						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		271,67	<del></del>						
	19	Revenue less expenses Subtract line 18 from line 12		251,67	9 (506,752 End of Year						
Net Assets	5 20	Total assets (Part X. line 16)		ning of Year							
or Fund	20	Total liabilities (Part X, line 16)	•	2,424,78							
Bal-		Net assets or fund balances Subtract line 21 from line 20	•	1,247,68	<del></del>						
Par		Signature Block	• 1	1,177,10	0 1,104,658						
4. 1511	* 49 ]	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, a	nd to the best o	f my knowledge						
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informa									
		1. Milia K Crouch		1	3.29-10						
Sigr	1	Signature of officer	-		Date						
Here											
. 101	-	Julia Crouch, Executive Director  Type or print name and title									
		Date lo	heck If	Preparer's	Identifying number						
Paid		Preparer's War P	elf- ح	(see instru	. •						
	arer's		mployed ► L	<del>-  </del>							
Use (		Firm's name (or yours John D Wingard CPA Inc	EIN	•							
-50		if self-employed), address, and ZIP + 4		> 010 0	2F 6441						
<u></u>	he ID	Pryor, OK 74361		no ▶918-8							
		6 discuss this return with the preparer shown above? (see instructions)	· · · · · ·								
ror P	rivac'	Act and Paperwork Reduction Act Notice, see the separate instructions.		EEA	Form <b>990</b> (2008						

Par			Accomplishments (see instructions)		
1	Briefly describe to	he organization's mission			
	To provide	a simple way to do g	ood works.		
•					
2			ogram services during the year which were no		
	the prior Form 99	90 or 990-EZ?			
	If "Yes," describe	these new services on Schedu	ile O		
3	Did the organizat	tion cease conducting, or make	significant changes in how it conducts, any pi	rogram	
		these changes on Schedule O			
4		•	each of the organization's three largest progra	m services by expenses	
•			nd section 4947(a)(1) trusts are required to rep		
			renue, if any, for each program service reporte		
		,			
42	(Code	) (Expenses \$ 1,	395,550 including grants of \$ 1,2	51,171 ) (Revenue \$ 941,195	<u> </u>
	,	-		organizations for the bettermen	
		lesville, Oklahoma			
	or the bare	Tebville, onlum	4.04.	<del> </del>	
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
	_			<del></del>	
					-
	<del></del>				
		<del></del>			
	_				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				·	
				···	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<del> </del>				
			<del></del>		
				<del></del>	
4d	Other program a	services (Describe in Schedule	0)		
40	(Expenses \$			nnue \$	
4-			g grants of \$ ) (Reve 1,395,550 (Must equal Part IX, Line 2		
46	i otai program s	SELAICE EYAGUSES 🕨 🍨	エ, フラフ, つつひ (WiuSt equal Fait IA, Line 2)	o, committe (D) /	

Form 990 (2008) Bartlesville Community Foundation

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 1 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 9 Did the organization report an amount in Part X, line 21; 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," Х 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X 12 Did the organization receive an audited financial statement for the year for which it is completing this return Х Х 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I ............. 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . . . 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . . . . . . . . . X 20 20 Х Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . . 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 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 guestions X 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ..... 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

27

X

8) Bartlesville Community Foundation
Checklist of Required Schedules (continued) Part IV

	•	<del>,</del>	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28ъ		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		х

Form 990 (2008)

Form 990 (2008) Bartlesville Community Foundation 73-1575838 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a 2 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c X 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..... If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . . . 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O.............. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes." enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............ Х If "Yes," to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?...... 5c Х If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . . . . 7a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f q For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring X organization, have excess business holdings at any time during the year?............................ Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Х X Section 501(c)(7) organizations. Enter 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against

12a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

20

73-1575838 Bartlesville Community Foundation Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code ) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 18 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . . . . . . . . 3 Х X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . 5 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 9Ь affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 X 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 Х Section B. Policies No 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 X 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15a X X **b** Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Another's website ☑ Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

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

501 S Johnstone Ave Bartlesville, OK 74003

organization ▶ Julia Crouch (918)337-2287

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (	chec	k all	that app	oly)	Reportable	Reportable	Estimated
	hours per week	I t d nr! dur i se vtc i e o u o l r	l u e	Officer	Key employee	Hce gmp heoy esnse tae d	o r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Charles Bowerman										
Board Member	1	X			L	ļ		0	0	0
David King										
Board Member	1	X	L	<u> </u>	_			0	0	0
Brent Bonner				1						
Treasurer	1	X			$oxed{oxed}$	L		0	0	0
Julia Crouch			ļ	ŀ						
Executive Director	40			X	X	<u>:</u>		65,000	0	0
Diana Adams						1	l			
Board Member	1	X		<u> </u>	<u> </u>			0	0	. 0
Gene Batchelder								1		
Board Member	1	X				<u> </u>		0	0	0
Jamie Bennett		1						}		
Board Member	1	X					<u> </u>	0	0	0
Rand Berney										
Board Member	1	X	<u> </u>					O	0	0
Glenn Cox										
Board Member	1	X	<u> </u>	<u> </u>	<u> </u>			0	0	0
Kelly Diven										
Baord Member	1	X						0	0	0
Dan Gilliam										
Board Member	1	X	ļ	ļ.,				0	0	0
Beth Heaton					1					
Chairperson	1	X					ļ	0	0	0
David Kedy										
Board Member	1	X						0	0	0
Debbie Mueggenborg										
Vice Chairperson	1	X	<u> </u>		L	ļ	1	0	0	0
Bob Pomeroy										
Board Member	1	X	<u> </u>	<u> </u>	$oxed{oxed}$		_	0	0	0
Kevin Potter										
Board Member	1	X		$oxed{oxed}$	乚		$oldsymbol{ol}}}}}}}}}}}}}}}}}$	0	0	0
Patricia Romines										
Board Member	1	X		1	1		1	0	0	0

Form **990** (2008)

Form 990 (2008) Bartlesville Commun	nity Fou	ndat	ior	<u> </u>					73-15758	38	Р	age l
Part VII   Section A. Officers, Directors, Trustees, K	ey Employe	es, ar	nd H	ligh	est (	Comp	ensa	ted Employees (	ontinued)			
` (A)	(B)	ĺ		(C)				(D)	(E)		(F)	
Name and title	Average	Positi apply		heck	all th	nat		Reportable	Reportable		stimate	
	hours	-	Ti.	1.	lk o	Нсе	F	compensation	compensation	a	mount o	ıf
	per	l td	n t s r	O f	l <sub>a</sub> m	1.0	ا ما	from	from		other	
	week		t u	ין וי	уP	g p P h e l	r m	the	related	co	mpensa	
		, tc	t +	ا د	0	e no	e	organization	organizations		from t	
		d e o		e	y e	s s y t a e	ľ	(W-2/1099-MISC)	(W-2/1099-MISC)		organiza	
		u r a o			е	e e					and rela	
		1 7	a I			-				0	rganizai	ions
Earl Sears			$f^-$		-	<u> </u>	1-					
Board Member	1	X						0	0			0
Richard Sewell												
Board Member	11	X	_		1		<u> </u>	0	0			0
Donna Skelly	_	,,										_
Board Member	1	X		+	ļ	<del> </del>	1	0	0			0
Kent Stroman Board Member	1	x				į		0	0			0
BOATQ Member	*	1			$\vdash$	<del>                                     </del>	1	-		-		<del>-</del>
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		<u> </u>	-	-	<u> </u>	ļ	ļ					
1b Total	<u> </u>		<u> </u>	Ц.,	J	<u>.                                    </u>	Ļ	6E 000	0			0
Total number of individuals (including those in 1a) wh								able compensation				
organization •					0,00		,ρο					
											Yes	No
3 Did the organization list any former officer, director or					_							
employee on line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the sum of repo												İ
the organization and related organizations greater tha								J for such		4		Х
individual								on for				
services rendered to the organization? If "Yes," compl	-		-			_				5	:	Х
Section B. Independent Contractors	0.0 00,,000			p			-					<del></del> -
1 Complete this table for your five highest compensated	independe	nt con	itrac	tors	that	receiv	ved i	more than \$100,00	0 of			
compensation from the organization										_		
(A)								(B)			(C)	
Name and business addres	<u> </u>	_						Description of	f services	Comp	ensatio	<u>n</u>
						_						
				_					<del> </del>	<del></del>		
								1				
												-
2 Total number of independent contractors (including the	nose in 1) w	ho rec	eıve	d m	ore 1	than \$	100,	000 in			***********	
compensation from the organization ▶												

EEA

73-1575838

Part \	/111	· Statement of Revenue				
`			(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cgoa oitm nfho tteu rs,rn	1a b c	Federated campaigns		revenue		312, 313, 07314
i t bgss uri tam ini otl nsa	d e f	Related organizations				
s, r a n d	g h	similar amounts not included above	987,363			
PSR ree orv gve rin acu mee	2a b c d	Business Code				
	g	All other program service revenue				
	4	Investment income (including dividends, interest, and other similar amounts)	(46,168	) (46,168	)	
	6a b c	Gross Rents				
O t h	b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)				
er Revenu	Ь	Gross income from fundraising events (not including \$				
е	b	Gross income from gaming activities  See Part IV, line 19				
	ь	Gross sales of inventory, less returns and allowances				
	11a b c	All other revenue				
		Total. Add lines 11a-11d	941,195	(46,168	) 0	) (

## 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	mn (A) but are not req	uired to complete co	lumns (B), (C), and (D)	) <u>.                                    </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,251,171	1,251,171		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
_	trustees, and key employees	65,000	46,800	18,200	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)		0.100	2.152	
7	Other salaries and wages	11,280	8,122	3,158	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			· · · · · · ·	
10	Payroll taxes	5,835	4,201	1,634	
11	Fees for services (non-employees)	5,635	4,201	1,634	
''a	Management				
b	Legal				
_	Accounting	8,450	6,084	2,366	<del></del>
d	Lobbying	0,430	0,004	2,300	
e	Professional fundraising services See Part IV, line 17.		<del></del>		<del></del>
f	Investment management fees	14,548	10,475	4,073	
g	Other	11,310	10,173	1,0,5	_
12	Advertising and promotion	4,209	3,030	1,179	<del></del>
13	Office expenses	949	683	266	
14	Information technology				
15	Royalties				
16	Occupancy	2,608	1,878	730	
17	Travel	904	651	253	
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,641	9,641		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,961	1,412	549	
23	Insurance	1,826	1,315	511	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		Į.		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Postage & printing	783	564	219	
Ь	Professional development	1,517	1,092	425	
c	Annual event	67,265	48,431	18,834	<del></del>
d			<u> </u>		
e					
f	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24f	1,447,947	1,395,550	52,397	0_
26	Joint Costs. Check here ► ☐ if following \ SOP 98-2 Complete this line only if the organization				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

1 441	* / * !	Data i de la constante de la c					
	•		(A)			(B)	
			Beginning of year		End	of year	
	1	Cash - non-interest-bearing	45,937	1		87,	930
	2	Savings and temporary cash investments	953,810	2		476,	277
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	4,605	4		6,	052
	5	Receivables from current and former officers, directors, trustees, key					
	ļ	employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		1 1			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6			
A S	7	Notes and loans receivable, net		7		156,	000
s	8	Inventories for sale or use		8			
e t	9	Prepaid expenses and deferred charges		9			.,
s	10a	Land, buildings, and equipment cost basis 10a 9,803					
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D	4,389	10c		2,	428
	11	Investments - publicly traded securities	1,416,047	11	1	,330,	879
	12	Investments - other securities See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 1.1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,424,788	16	2	,059,	566
	17	Accounts payable and accrued expenses	4,245	17		2,	038
	18	Grants payable		18			
Ļ	19	Deferred revenue		19			
ı a	20	Tax-exempt bond liabilities		20			
þ	21	Escrow account liability Complete Part IV of Schedule D		21			
-	22	Payables to current and former officers, directors, trustees, key					
į		employees, highest compensated employees, and disqualified					
t i		persons Complete Part II of Schedule L		22			
ė	23	Secured mortgages and notes payable to unrelated third parties		23		156,	000
S	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	1,243,443	++	<u>-</u>	796,	
	26	Total liabilities. Add lines 17 through 25	1,247,688	26		954,	908
	į	Organizations that follow SFAS 117, check here ► 🔯 and		1 1			
NF		complete lines 27 through 29, and lines 33 and 34.	222 625	27		235,	704
e u t n	27	Unrestricted net assets	228,685	28			
ુ d	28	Temporarily restricted net assets	442,112	29		732, 136,	
A s B	29	Permanently restricted net assets	506,303	23	<del></del>	136,	311
s a		Organizations that do not follow SFAS 117, check here ▶ □					
e I t a	20	and complete lines 30 through 34.  Capital stock or trust principal, or current funds		30			
s n	30	Paid-in or capital surplus, or land, building, or equipment fund		31			
o e	31	Retained earnings, endowment, accumulated income, or other funds		32			
7 5	33	Total net assets or fund balances	1,177,100	33		,104,	658
	34	Total liabilities and net assets/fund balances		34	_	,059,	
Pai	A XI	Financial Statements and Reporting	2,121,700	1 . 1		70007	
44	* 741	Thursday Otalemento and Hopertury				Yes	No
1	Accou	nting method used to prepare the Form 990 🔲 Cash 🔣 Accrual 🔲 Oth	er			1	1
, 2a		the organization's financial statements compiled or reviewed by an independent account			2	a †	x
b		the organization's financial statements audited by an independent accountant?				2b X	1
c		to lines 2a or 2b, does the organization have a committee that assumes responsibility			<u>  -</u>	1	1
•		dit, review, or compilation of its financial statements and selection of an independent a			2	c X	
3a		esult of a federal award, was the organization required to undergo an audit or audits as				1	1
J.,		ngle Audit Act and OMB Circular A-133?			3	la	X
ь		i," did the organization undergo the required audit or audits?				ь	1
		<u> </u>					

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

ar	tle	sville Communi	ty Foundatio	on					73-1	575838			
	rt II			/ Status (All organiza	itions must	complete	this part )	(see instru	ictions)				
he	orgai	nization is not a privat	e foundation beca	use it is (Please check o	only <b>one</b> o	rganızatıor	n )						
1				ssociation of churches of				A)(i).					
2	$\bar{\Box}$	A school described i	n section 170(b)(1	(A)(ii). (Attach Schedul	le E.)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in <b>sec</b>	tion 170(t	)(1)(A)(iii)	. (Attach S	ichedule H	1)			
4				ted in conjunction with a							pital's na	ame,	
		city, and state							_				
5		An organization oper section 170(b)(1)(A)		t of a college or univers	ity owned	or operate	d by a gov	ernmenta/	l unit desc	ribed in			
6				governmental unit desc	ribed in se	ection 170	(b)(1)(A)(v	,) <u>.</u>					
7	H			a substantial part of its s					the gener	al public			
•	Ш	described in section				9			<b>3</b>				
8				170(b)(1)(A)(vi). (Com	plete Part	II )							
9	X			(1) more than 33 1/3%			ontribution	s, membe	rship fees,	and gross	5		
-				empt functions - subject									
				and unrelated business									
				30, 1975 See <b>section</b>									
10				ed exclusively to test for				(a)(4). (see	Instructio	ns)			
11				ed exclusively for the ber									
				orted organizations des									
				s the type of supporting									
		a 🗌 Type I	<b>ь</b> 🗌 Туре	ell c	Type III-	-Functiona	illy integrat	ed	ď	Type I	II-Other		
е				organization is not contro									
		persons other than f	oundation manage	ers and other than one o	r more pu	blicly supp	orted orga	inizations	described	in section			
		509(a)(1) or section											
f		If the organization re	ceived a written de	etermination from the IR	S that it is	a Type I, 1	Type II, or	Type III su	pporting				_
													• • ⊔
g			06, has the organiz	zation accepted any gift	or contribu	ution from	any of the						
		following persons?						. ()				_	
				controls, either alone o								Yes	No
				ly of the supported orga							11g(i)		<del> </del>
				cribed in (i) above?							11g(ii)	-	<del> </del>
_				on described in (i) or (ii)							11g(iii)	1	<u> </u>
h		Provide the following	g information abou	t the organizations the o	organizatio T	n supports	; 		640.1	s the	Τ.		
	(i) N	ame of supported organization	(īī) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	In col (i) li	organization sted in your document?	the organiz	ou notify ation in col support?	organiza (î) organiza	ition in col		Amour support	t of
				(see instructions)	Yes	No	Yes	No	Yes	No			
					1							_	
									1				
									_				
						ļ		_				-	
									i				
		-											
		<del>.</del>		<u> </u>	1	-	<u> </u>		<del> </del>				
Tot	al			<b>‡</b>	1		<b>‡</b>		ŧ				

EEA

Schedule A (Form 990 or 990-EZ) 2008

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1-3 . . . . . . . . . . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 . . . . . . . . . . . . . . . R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 . . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . . . . 15 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . .

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

(Complete only if you checked the box on line 9 of Part I)

	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	( <b>d</b> ) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	226,263	282,210	311,180	429,049	925,526	2,174,228
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,858	15,691	17,595	32,181	18,942	91,267
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	233,121	297,901	328,775	461,230	944,468	2,265,495
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				
b	other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						2,265,495
Sec	tion B. Total Support			<u>,                                    </u>			<u> </u>
Cal	endar year (or fiscal year beginning in)	(a) 2004	( <b>b</b> ) 2005	(c) 2006	( <b>d</b> ) 2007	(e) 2008	(f) Total
9	Amounts from line 6	233,121	297,901	328,775	461,230	944,468	2,265,495
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,770	37,245	44,576	62,124	16,814	181,529
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С		20,770	37,245	44,576	62,124	16,814	181,529
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17,330					17,330
13	Total support. (Add lines 9, 10c, 11, and 12)	L			,		2,464,354
14	First five years. If the Form 990 is for the organia check this box and stop here					_	
Sec	ction C. Computation of Public Suppor					_	
15	Public support percentage for 2008 (line 8, column					15	91.93 %
16	Public support percentage from 2007 Schedule A				· · · · · <u>· · · · · · · · · · · · · · </u>	16	85.57 %
	ction D. Computation of Investment In					. <u> </u>	
17	Investment income percentage for 2008 (line 10c					17	7.37 %
18	Investment income percentage from 2007 Sched					18	10.88 %
19a	33 1/3% support tests - 2008. If the organization	did not check the	box on line 14,	and line 15 is m	ore than 33 1/3°	%, and line 17 is	
ь	not more than 33 1/3%, check this box and stop 33 1/3% support tests - 2007. If the organization	_			_		
	is not more than 33 1/3%, check this box and sto						
20	Private Foundation: If the organization did not c						

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

Bar	tlesville Community Foundat	ion		73-1575838	
Par		lvised Funds or Other Similar	Funds o	r Accounts. Complete if	
	the organization answered "Yes" to Form 990, P				
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year	5	i		
2	Aggregate contributions to (during year)	42,665			
3	Aggregate grants from (during year)	36,350			
4	Aggregate value at end of year	158,073			
5	Did the organization inform all donors and donor advise	ors in writing that the assets held in don	or advised		
	funds are the organization's property, subject to the organization	janization's exclusive legal control?			☐ No
6	Did the organization inform all grantees, donors, and de	onor advisors in writing that grant funds	may be		
	used only for charitable purposes and not for the benefit	it of the donor or donor advisor or other	r		
	ımpermissible private benefit?	<u> </u>		🔀 Yes	☐ No
Par	t II Conservation Easements. Complete r	the organization answered "Yes" to For	rm 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the orga	inization (check all that apply)			
	Preservation of land for public use (e.g., recreation	or pleasure) Preservation of	an historical	ly important land area	
	Protection of natural habitat	☐ Preservation of	certified hist	oric structure	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualifie	d conservation contribution in the form of	of a conserva	ation easement	
	on the last day of the tax year				
				Held at the End of the	Year
а	Total number of conservation easements			2a	
þ	Total acreage restricted by conservation easements .			2b	
С	Number of conservation easements on a certified history	ric structure included in (a)		2c	
d	Number of conservation easements included in (c) acq			2d	
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated	d by the orga	anization during	
	the taxable year ▶				
4	Number of states where property subject to conservation		_		
5	Does the organization have a written policy regarding to	· ·		_	_
	enforcement of the conservation easements it holds?				☐ No
6	Staff or volunteer hours devoted to monitoring, inspect	-	_	·	
7	Amount of expenses incurred in monitoring, inspecting				
8	Does each conservation easement reported on line 2(d			_	_
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?				∐ No
9	In Part XIV, describe how the organization reports cons				
	balance sheet, and include, if applicable, the text of the	•	statements t	hat describes	
	the organization's accounting for conservation easeme	nts			
Pa	1 III Organizations Maintaining Collecti		es, or Oth	ner Similar Assets.	
	Complete if the organization answered "Yes" t				
1a	If the organization elected, as permitted under SFAS 1	· · · · · · · · · · · · · · · · · · ·			
	art, historical treasures, or other similar assets held for			ce of public service,	
	provide, in Part XIV, the text of the footnote to its finance				
ь	If the organization elected, as permitted under SFAS 1				
	historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance o	of public service,	
	provide the following amounts relating to these items			_	
	(i) Revenues included in Form 990, Part VIII, line 1.				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic		financial gair	n, provide the	
	following amounts required to be reported under SFAS	•			
a	Revenues included in Form 990, Part VIII, line 1				
Ь	Assets included in Form 990, Part X			▶ \$	

Part VI	Investments - Land, Buildings,	and Equipment. See	Form 990, Part X, lin	e 10	
	Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land .					
<b>b</b> Building	gs				
<b>c</b> Leaseh	old improvements				
<b>d</b> Equipm	nent	9,803		7,375	2,428
e Other.	<u> </u>				
Total. Add III	nes 1a-1e (Column (d) should equal Form 9	90, Part X, column (B), line	e 10(c))	<u>,</u>	2,428

uncertain tax positions under FIN 48

Part VII	Investments - Other Securitie	S. See Form 990, Part X, line 12		
,	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market va	lue
Financial deri	vatives and other financial products	•••		
Closely-held	equity interests	• •		
Other				
	(b) should equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII	Investments - Program Relate	<del></del>		<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
		<del></del>	Cost or end-of-year market va	lue
	· · · · · · · · · · · · · · · · · · ·			
			<del></del>	
				-
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>		<del></del>	
Total (Column	(b) should equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	<del></del>	
Part IX	Other Assets. See Form 990, Part X	F	· · · · · · · · · · · · · · · · · · ·	
Limi.iii.i.l.		(a) Description		(b) Book value
	_			
		· · · · · · · · · · · · · · · · · · ·		
				<u> </u>
	(b) should equal Form 990, Part X, col (B) line 15.).		<u></u>	
Part X	Other Liabilities. See Form 990, Par		}	
	(a) Description of liability	(b) Amount	4	
Federal incor			4	
Agency F	unds Payable	796,870	4	
			4	
			1	
			1	
			1	
			†	
•			†	
-			1	
			1	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	▶ 796,870	1	
	provide the text of the footnote to the organiz		ts the organization's liability for	

Bartlesville Community Foundation

Sched	ule D (Form 990) 2008 Bartlesville Community Foundation	73-1575838	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	_
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
- а	Net unrealized gains on investments		
ь	Donated services and use of facilities	7 1	
c	Recoveries of prior year grants	<b>-</b>	
ď	Other (Describe in Part XIV)	7 1	
e	Add lines 2a through 2d	<sub>2e</sub>	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	<b>- </b>	
c	Add lines 4a and 4b	dc	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements		· <u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-
- a	Donated services and use of facilities		
ь ь	Prior year adjustments		
-	Losses reported on Form 990, Part IX, line 25	<b>-</b>	
d	Other (Describe in Part XIV)	┦ ┃	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		
	rt XIV Supplemental Information	<u> </u>	
· · · · · · · · · ·	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b	
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
		<u> </u>	
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SCHEDULE I		Srs	Grants and Other Assistance to Organizations,	Assistance to	o Organization	ý,	OMB	OMB No 1545-0047
(Form 990)			Governments, and Individuals in the U.S	and Individu	als in the U.S.			2008
Department of the Treasury Internal Revenue Service	▲ Co∃	ıplete if tl	<ul><li>Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.</li><li>► Attach to Form 990.</li></ul>	nswered "Yes," on Form Attach to Form 990.	990, Part IV, lines 21 o	or 22.	ďo	Open to Public Inspection
Name of the organization Bartlesville Community Foundation	Foundation						Employer Identification number 73-1575838	number
Part   General Informati	General Information on Grants and Assistance	Assista				-		
1 Does the organization maintain records to substantiate the amount of the	in records to substantiate	the amo		istance, the grantees'	grants or assistance, the grantees' eligibility for the grants or assistance, and			No □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants of assist ization's procedures for m	nonitoring	the use of grant funds	grant funds in the United States.		• • •	•	
	Assistance to Gov	vernme	nts and Organiza	tions in the Unit	ed States. Complet	e if the organization answ	ered "Yes" on	
Form 990, Part IV, line Part IV and Schedule I	Form 990, Part IV, line 21 for any recipient that received more than Part IV and Schedule I-1 (Form 990) if additional space is needed	eceived n al space is	ore than \$5,000 Chec needed	this box if no one r	\$5,000 Check this box if no one recipient received more than \$5,000	than \$5,000 Use		□ •: :: ::
1 (a) Name and address of organization or government	ition (b) EIN		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bartlesville Redevelopment	nent Tru		Sovernment	71.055				
Bartlesville Area Youth Baseba	<u>.                                      </u>							
	73-1573620		501(c)4	6,000				
Bartlegville Sports Com 201 SW Keeler 74003	Commission 26-1502228		501(c)4	183,150				
0	Schools 73-6021263		501(c)3	200.762				
University of Oklahoma			501 (c) 3	13,153				
l	501(c)(3) and governme	nt organiz	ations					3
3 Enter total number of other organizations	rganizations						▲ : : : : : : : : : : : : : : : : : : :	5
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 330.	feduction Act Notice, st	e the Ins	TRUCTIONS FOR FORM 33	si.	EEA		3	Schedule I (Form 950) zuus

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grant monies are used for the betterment of communities in the Bartlesville, Oklahoma area. non-cash assistance (d) Amount of EEA (c) Amount of cash grant (b) Number of recipients Use Schedule I-1 (Form 990) if additional space is needed 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Part III

Page 2

73-1575838

Bartlesville Community Foundation

Schedule I (Form 990) 2008

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer Identification number
Bartlesville Community Foundation	73-1575838
01. Amended return infomation (Page 1, line 1A)	
An audit of the organization's financial records was completed in Februar	y 2010.
Information from the originally filed Form 990 is being amended based on	information
provided from the audited financial records.	
F-0.200	-
	<del> </del>
02. Organizational document changes (Part VI, line 4)	
1. That our service area be Bartlesville, Oklahoma and surrounding commun	ities. (Section
1.1)	
2. That the address reflect our current location. (Section 1.2)	<del></del> -
3. That the organization be defined as a non-member corporation. (Section	2.1)
4. That Board terms be extended to three years, with limits of two consec	utivo torme
1. That Board terms be extended to three years, with limits of two consec	delve celms.
(Section 3.2)	
5. That Board nominations shall be submitted to chairman by designted com	mittee prior to
meeting in which elections are scheduled. (Section 3.4)	
6. That Board members providing professional services to the Foundation m	ay be fairly
compensated, rather than a restriction on all compensation to Board membe	rs. (Section
3.7)	
	4.2)
7. That meetings may be held by the Board of Trustees as needed. (Section	4.2)
8. That a written action approved in writing by all Trustees would have t	he same effect as
a decision reached at a meeting. (Section 4.4)	
9. That the term for officers be defined as one year. (Section 5.2)	
5. That the term for officers be defined as one year. (Section 5.2)	

Bartlesville Community Foundation	73-1575838
10. That the Chairman of the Board is not the "principal executive offic	cer" because an
executive director is on staff. (Section 5.5)	
11. That specifically defined notice of meetings by the Secretary not be	required.
	- Loguezou.
(Section 5.7)	
12. That minutes of each Board meeting will be maintained, but deleting	the reference to
particular books for that purpose. (Section 5.7)	
13. That Treasurer duties be better aligned with oversight and managemen	nt rather than
administrative work. (Section 5.7)	
14. That Committees of the Board may be established by the Board of Trus	stees but not
	-
stipulated what types, terms, meeting requirements, and positions for ea	ach. (Article
Six)	
15. That BCF documents and records be made available to the public only	to the extent
required by law. (Section 8.2)	
16. That sections 2.2, 2.3, 2.4, 2.5, 2.6, 3.3, 3.8, 3.9, 3.10, 6.3, 6.4	4, and 6.6 be
deleted.	
03. Form 990 governing body review (Part VI, line 10)	
Form 990 is reviewed by the BOD and finance committee.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
	1 1
The organization's conflict of interest policy is reviewed annually. Al	I new board members
are required to complete a conflict of interest disclosure upon election	n to the Board of
Directors. Board members complete an updated disclosure annually.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
	itions within the
The Organization conducts an annual performance review. Comparative post	Schedule O (Form 990) 2008

Bartlesville Community Foundation 7.	3-1575838	
local non-profit community are identified and salary information is reviewed	i	
06. Other officer or key employee compensation (Part VI, line 15b		
The Organization conducts an annual performance review. Comparative position	ns within the	
local non-profit community are identified and salary information is reviewed	d	
	<u></u>	
07. Governing documents, etc, available to public (Part VI, line 19)		
Copies of all required public documents are maintained at the offices of the BCF and are		
available for public review upon request.		
	<del></del>	