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Department of the Treasury Internal Playenus Service

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

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

Soonsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ (2009)

Cat. No. 108421

ĀI	or th	e 2009 calend	ar year,	or tax year beg	inning	ゴンし	, 20	00, and	ending	ゴ	me '	30	, 20 10	
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							n chooses to file a ret						. 425,555	
							or more, file Form 990 i				\$			_
	art l						ets or Fund Bak				ctions	for P	art I.)	
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	1	b Less: cost or other basis and sales expenses								5c	(	144		
9		•	•				i). If any amount is from		•	Ìп		<del></del>	1142)	_
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Revenue	] `	reported of	-	-				Be						
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Expenses	15	1/1 1/2		ons, postage,						• •	14			-
_	16						mt expenses				15		11 × 1	<del>-</del>
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2	art						(B) are \$1,250,000	or moi	m file For	m 990		t of E	orm 990_F7	<del></del>
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	990-EZ (2009)  Statement of Program Service Accomp	ollehmente (See the instr	ections for Part III	11		Page 2 Expenses
What Desc man	tis the organization's primary exempt purpose? The what was achieved in carrying out the organizer, describe the services provided, the number of program title.	Sensed Skaluville O	ses. In a clear ar	nd concise	501(c) organ	ired for section (3) and 501(c)(4) izations and section a)(1) trusts; optional
28	***************************************					
29	(Grants \$ ) If this amount	includes foreign grants, ch	ack here	. ▶□	28a	
	(Grants \$ ) If this amount	includes foreign grants, ch	ack here	. • 🗆	29a	
30						
94	(Grants \$ ) If this amount Other program services (attach schedule)	includes foreign grants, ch			30a	
	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t	includes foreign grants, ch	eck here	. ▶ 🗆	31a	0
	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ited. (See the		
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not peld, enter -0)	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
<u> 7</u>	red (ask 141 Marthouse Dr. Bertleville OK	Pres - 2	Ø	0		0
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		: .	- 1
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		-	اا م
		35a	<u> </u>	<u> </u>
36 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<del></del>	ķ., '.	3
		1.5	a	
38a	Did the organization file Form 1120-POL for this year?	<u>37b</u>	3 27	V
308	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		27	) <b>3</b> 3
	i i i	38a	C = Tr	<u></u>
	If "Yea," complete Schedule L, Part II and enter the total amount involved	4758	**	<b>建</b> 数数
39	Section 501(c)(7) organizations. Enter:	5 ***	19	144 F 4
a	Initiation fees and capital contributions included on line 9		52, . · `	
ь	Gross receipts, included on line 9, for public use of club facilities	2.3	建造、	972
40a-	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	3	-7	
	section 4911 ▶	3.7		1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		***	1
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	ľ		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		ŀ	ŀ
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	l	<b>_</b>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	-		1 1
	organization managers or disqualified persons during the year under sections 4912,	2	51.5°4.	
	4955, and 4958		[	. 4
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	-		E
	reimbursed by the organization	- 1		-4
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	2.2	1	7
	transaction? If "Yes," complete Form 8886-T	400	£ 22°	
41	List the states with which a copy of this return is filed. ▶ ७ ১ الم المهادة	100		Ь
42a	The organization's books are in care of ▶ Laura Ciley Telephone no. ▶ 91	1 -7	1.10	177
	Located at > 2416 Chase 17:11 Dr. Restante Uk ZIP+4 > 74		22	12
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	100	
	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	À,		
	and Financial Accounts.	<u>S</u>	200	. 8
c			ž	
v	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yea," enter the name of the foreign country:	42c	لــــا	
43			_	
77	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	BOTH MATTER AND A GIVEN AND A STATE OF THE AND A ST		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	. I	<b>.</b>	E and
	Form 990-EZ	44		
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	×*.	40.7	K
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	[	

Page	4
L Office	7

Part v	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	47(a)(1) nonexempt chai	exempt charita ritable trusts m	<b>able trusts only.</b> A ust answer questic	II sec ons 40	tion 5-491	<b>)</b>		
	Did the organization engage in direct or indirec					Yes	No		
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	L	1		
	Did the organization engage in lobbying activitie	•	•		47		V		
-	Is the organization a school as described in secti		•		48	L	K		
	Did the organization make any transfers to an e				49a 49b	<u> </u>	- V		
	If "Yes," was the related organization a section 527 organization?								
50	complete this table for the organization's five n employees) who each received more than \$100								
		(b) Title and average	(c) Compensation	n (d) Contributions to	(6)	Exper			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	othe	count a rallows	and		
	Nene								
		_							
		_	1.		-				
					<u> </u>				
Λ.	(a) Name and address of each independent contracto	<del></del>	(b)	Type of service	( <b>c</b> ) Co	mpens	ation		
							<del></del>		
						<del>-,</del>	<del></del>		
d	Total number of other independent contractors	each receiving over \$100,	000▶						
	Under penalties of perjury, I dectare that I have examinand belief, it is true, correct, and complete. Dectaration	ned this return, including accompa in of preparer (other than officer) is	inying schedules and based on all informa	statements, and to the betton of which preparer has	st of m	knowi owledg	ledge le.		
Sign Here	Significant October Oc		·	Date 11/15	75	-214			
	Type or print name and title /	~ W	···	11/13	12	Olt			
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (Se	e instruc	tions)		
Use On	ty yours if self-employed),	· · · · · · · · · · · · · · · · · · ·	···	EIN >					
Maria	address, and ZIP + 4			Phone no. ▶	4	_			
iviary th	e IRS discuss this return with the preparer show	vir above? See instructions	· • • • • • • • • • • • • • • • • • • •		Yes		No (2009)		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047
2009
Open to Public Inspection

Employer identification number Name of the organization Bartlesville Charal Society Foundation Inc. 73 1526 593 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a W Type I b 🔲 Type II c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (II) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (III) EIN (iv) is the organization (M) Did you notify (vii) is the (viii) Amount of organization in col. (i) listed in your (described on lines 1-9) the organization in organization in col. support above or IRC section governing document? col. (I) of your (i) organized in the (age instructions)) US.2 support? Yes No Yes No Yes Nο Barterille Charl 73-1031890 Society Inc ٥

Total

0

Par	Support Schedule for Org (Complete only if you check	anizations ( ked the box	Described in on line 5, 7, o	Sections 17	0(b)(1)(A)(iv) )	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						· · · · · · · · · · · · · · · · · · ·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	The second secon	بود د وکی محد و اسران از در از در ا	من المراقب ال	September Septem	gray and an and a	
6	Public support. Subtract line 5 from line 4.	, , , , , , , , , , , , , , , , , , ,					······································
-	tion B. Total Support	······································	1.2	I			<del></del>
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-1-1-1-1	(4)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	المراء أساس جوارا	,e + .	a'. "		1000	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	<u>re</u>	<u> </u>	nd, third, fourth	, or fifth tax	ear as a sectio	n 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage	<u>.</u>			
14	Public support percentage for 2009 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a	33% % support test—2009. If the organi	zation did not	check the box o	on line 13, and	line 14 is 33%	% or more, chec	
	and stop here. The organization qualifies	as a publicly :	supported organ	mzauon	- 40. 40.		▶ □
U	331/4 % support test—2008. If the organization qua	zation did not d ilifies as a publ	icly supported (	organization	and line 15 is	33% % or more,	check this
17a	10%-facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	09. If the organ	ization did not o	check a box on check this box	and stop here	Explain in Part	l is 10% or IV how the
	10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumstant"	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. By supported or	Explain in Part I	V how the
18-	Private foundation. If the organization did	not check a bo	x on line 13, 16	a; 16b, 17a, or 1	7b, check this	box and see inst	ructions ► 🗔

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.)

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	·					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						· · · · · · · · · · · · · · · · · · ·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	· · · · · · · · · · · · · · · · · · ·					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8		The state of the s					
	tion B. Total Support		T	<del></del>		<del>,</del>	
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		ļ				
TUB	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						····
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<del></del>	<u> </u>			n 501(c)(3) □
	tion C. Computation of Public Su						
15 18	Public support percentage for 2009 (lin			e 13, column	(f))	15	<u> </u>
16 Sec	Public support percentage from 2008 stion D. Computation of Investmen			<del></del>	<del></del>	16	%_
17	Investment income percentage for 200			d by line 12 o	aluma (A)	17	%
18	Investment income percentage for 200 investment income percentage from 20					18	
19a							
-	17 is not more than 33% %, check this b	ox and stop h	ere. The organi	zation qualifies	as a publicly	supported orga	nization ▶ □
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not s box and stop	check a box on here. The organ	i line 14 or line nization qualifie	19a, and line 19 s as a publicly	6 is more than 3 supported organ	33%%, and nization ► 🗌
<u>20</u>	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions >

Schedule A (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; *See instructions.
		•••••••••••••••••••••••••••••••••••••••
	- , .	
***************************************		