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# SCANNED APR 0 4 2011

## **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

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service 2009, and ending September 30 , 20 10 For the 2009 calendar year, or tax year beginning October 1 D Employer identification number C Name of organization First Presbyterian Church Foundation Check if applicable Please Doing Business As 1174755 73 Address change label or Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite print or Name change 505 S Dewey Avenue 918) 336-5762 See Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Instruc Bartlesville, OK 74003-3513 G Gross receipts \$ 75387 Amended return F Name and address of principal officer. John W. Miller **☑** No Application pending H(a) Is this a group return for affiliates? Yes FPC, 505 Dewey Ave. Bartlesville, OK 74003-3513 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status: √ 501(c) ( 3 ) 

√ (insert no.) 

√ 4947(a)(1) or If "No," attach a list. (see instructions) H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1982 M State of legal domicile: OK Summary 1 Briefly describe the organization's mission or most significant activities: ... Grants and allocations made to First Presbyterian Church Bartlesville, OK for their distribution to ministries Governance and committees in partial support of their programs. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . ∞ 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a). . . 6 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIID (0) ine 2 b Net unrelated business taxable income from Form 990-1, line 34. 0 7a 0 **Prior Year Current Year** MAR 1 8 2011 8 104683 14325 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and V Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 61494 61062 10 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 166177 12 75387 55000 50000 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 55040 50000 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 111137 25387 Beginning of Current Year End of Year 1317539 1413822 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 1317539 1413822 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ignature of office Here reasure. Type or print name and title Check if Date Preparer's identifying number Preparer's (enoutru etenu ene) signature employed ▶ □ Paid Preparer's Firm's name (or yours EIN Use Only rf self-employed) address, and ZIP + 4 Phone no

May the JRS discuss this return with the preparer shows shove? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes

Cat No 11282Y

Par	t III	Statement of Program Service Accomplishments
1	Gran	describe the organization's mission: ts and allocations made to First Presbyterian Church Bartlesville, OK for their distribution to ministries committees in partial support of their programs.
2	the pi	e organization undertake any significant program services during the year which were not listed on ior Form 990 or 990-EZ?
3	Did th	
4	Descr	s," describe these changes on Schedule O.  ibe the exempt purpose achievements for each of the organization's three largest program services by expenses.  in 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and tions to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code	) (Expenses \$ None including grants of \$ \$50,000 ) (Revenue \$ None )
	Gran and c	ts and allocations made to First Presbyterian Church Bartlesville, OK for their distribution to ministries committees in partial support of their programs. The foundation distributes to a total of 19 ministries and nittees.
4b	(Code	: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	,	, (Expenses $\psi$ ) (November $\psi$
4c	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
		······································
4d	(Expe	program services. (Describe in Schedule O.) nses \$ None including grants of \$ None ) (Revenue \$ None )
40	Total	program service expenses Mone

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b> </b> ✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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," complete Schedule D, Part IV	9_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13_	<b>_</b>	<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>/</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17		1
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		1
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		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	<b>▼</b>

Pai	t IV Checklist of Required Schedules (continued)			
,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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_		✓
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 25	24a		4
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
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? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192 Note. All Form 990 filers are required to complete Schedule O.	20		Ť

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	İ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	- 1	
	gaming (gambling) winnings to prize winners?	<u>.</u>		
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 0	•		
	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		ļ	
	account)?	4a		1
b	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?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	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?	6a		✓
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	Ţ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	ŀ
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	İ
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
a	initiation rees and capital contributions molded on that vin, line 12			
b	dioss receipts, included on Form 950, Fart VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Closs movine from members of smallendiders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	ا يا
	any other 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			١.
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<b>/</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	] ,		
	of the governing body?	7a		<b>✓</b>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			· '
	The governing body?	_8a_	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			١,
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		✓_
	tion B. Policies (This Section B requests information about policies not required by the Integral Code)	ernai		
nevi	enue Code.)		<b>V</b>	
		100	Yes	No /
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		1
44 A	form?	<del></del>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		<b>-</b>
D	rise to conflicts?	12b		
			-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	,	
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
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	ľ	1
Ь	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
ь	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?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Eric Netemeyer, 505 Dewey Ave. Bartlesville, OK 74003-3513 (918) 336-5762			

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employees."
- 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.

☐ Check this box if the organization did not co	mpensate	any c	urre	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Po Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John W. Miller c/o FPC 505 Dewey Ave. Bartlesville, OK	<2			1				0	0	0
John F. Kane c/o FPC 505 Dewey Ave. Bartlesville,OK	<1			1				0	0	0
Beth Maddux c/o FPC 505 Dewey Ave. Bartlesville,OK	<1			1				0	0	0
Eric Netemeyer c/o FPC 505 Dewey Ave. Bartlesville,OK	<2			1				0	0	0
Gary Trook c/o FPC 505 Dewey Ave. Bartlesville,OK	<1			1				0	0	0
Rev. Andy Odom c/o FPC 505 Dewey Ave. Bartlesville,OK	<1			1				0	0	0
										_
										-

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No  Did the organization list any former officer, director or trustee, key employee, or highest compensated	Part VII Section A. Officers, Director	s, Trustees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ontinue	d)	
house per week week of a state of the companient	(A)	(B)			((	C)			(D)	(E)	T	(F)	
1b Total   1c Total	Name and title	hours per	<del></del>	_		T_	_	1	compensation from the organization	compensation from related organizations	com fi org an	mount of other opensate rom the ganization	of tion e ion ed
1b Total  1b Total  1complete Schedule J for such individual  1complete this table for your five highest compensation from any unrelated organization for services rendered to the organization 1 li "Yes," complete Schedule J for such individual  1complete this table for your five highest compensation from the organization and other compensation from the organization and related organization and other compensation from the organization for services rendered to the organization fil "Yes," complete Schedule J for such individual  1complete the this duble for your five highest compensation from any unrelated organization for services rendered to the organization fil "Yes," complete Schedule J for such individual  1complete this table for your five highest compensation individual for such person  1complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (a)  1complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (b)  1complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for the properties of services for				8			ated				1		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			ļ					L			┼─		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			1										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<u> </u>	-							1		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<u> </u>		_	_	<u> </u>			·	<del> </del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None		<u>,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				$\vdash$					1		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<u> </u>		L.			L			↓		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<del> </del>	_	$\vdash$			$\vdash$		<u></u>	+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			1										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<u> </u>	-	-	$\vdash$					+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None	•												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None										-			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None					⊢	ļ	<u> </u>		<b></b>		┿		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			<b>†</b> <sup></sup>	<b>-</b>							<del>                                     </del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None					L			<u> </u>			╁		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ None    Yes   None   Yes   None   Yes   None			l			l							
reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b Total				<u>.                                    </u>		· .	<b></b>	0	0	,†		(
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person				ose	list	ed a	above	) w	ho received m	ore than \$100,0	)00 in		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  None	reportable compensation from the org	ganization ► No	ne									V	
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  None		<i>r</i> c					•				F	res	NC
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person								oye 	-	=	3		1
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	• • •							an					
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	<del></del> .	_							•		4		1
services rendered to the organization? If "Yes," complete Schedule J for such person											4		Ť
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  None	services rendered to the organization	? If "Yes," com	olete	Sch	edu	ile .	for s	such	person		5		1
Compensation from the organization.  (A) Name and business address  None  (B) Description of services  Compensation		<del></del>		1									
(A) Name and business address  None  (B) Description of services  Compensation		est compensate	ed ind	epe	ende	ent (	contra	acto	rs that receive	d more than \$1	00,000	) OI	
None State of the	(A)	an addraga							(B)				
								├	Description of S	RG TRUES			_
2. Total number of independent contractors (including but not limited to these listed above) who received	HOUS												
2. Total number of independent contractors (including but not limited to those listed above) who received													
2 Total number of independent contractors (including but not limited to these listed above) who received													
	O Total number of independent control	tom (including b	ud 55	l Gar	it	1+0	these	l Jiot	od abovo) who	rossived			

Part	VIII	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
इ इ	12	Federated campaigns 1a	0		Tevende		0,12, 010, 0, 0, 0, 4
grants	ı	Membership dues	0				
ğ,ĕ	ı	Fundraising events 1c	0				!
gifts, ilar am		Related organizations 1d	0				
S, E		Government grants (contributions).	0				
r si		All other contributions, gifts, grants,					
를 다	'	and similar amounts not included above 11 143	325				
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		14325			
	<del>  "</del>	Business Co	<del>-</del> +	1.1020			
Program Service Revenue		None					
<b>8</b>	2a		-				
9	b						
Ž	C						
Š	a						<del> </del>
Ē	f	All other program service revenue .					· · · · ·
P.	g	Total. Add lines 2a–2f	<b>&gt;</b>	0			
	3	Investment income (including dividends, interest, at other similar amounts)	nd •	61062			
	4		▶ [				
	5	Royalties	▶ [				
		(i) Real (ii) Personal					
	6a	Gross Rents					
	1	Less: rental expenses					ļ
		Rental income or (loss)					
	d	Net rental income or (loss)	▶				_
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other	r				l
	ь	Less: cost or other basis and sales expenses .					
	c	Gain or (loss)					
	d	Net gain or (loss)	<b>•</b>				
enne	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18					
Ē	ь	Less: direct expenses b					
ठ	C	Net income or (loss) from fundraising events	▶	<del></del>			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10a	Gross sales of inventory, less					
	ļ	returns and allowances a		İ			ļ
		Less: cost of goods sold b			<del></del>		
	С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
		Miscellaneous Revenue Business Co	ode				l
	11a						
	Ь						
	c						
	d	All other revenue					
		<b>Total.</b> Add lines 11a–11d	▶ [				
		Total revenue. See instructions.		75387			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	unin (A) but are no	required to com	piece columns (b),	
	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 governments and	50000			
	organizations in the U.S. See Part IV, line 21	30000			
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				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
C	Accounting				
	Lobbying		<del></del>		
е	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees				
g	Other	-			
12	Advertising and promotion				
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology	,			
15	Royalties				
16	Occupancy				
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization.				
23	Insurance				-
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
_	, ,				
a b					<del></del>
C					
d					
e					
_	All other expenses				
	Total functional expenses. Add lines 1 through 24f	50000			
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	L			

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	8365	2	16295
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			1
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D		40-	
	l	Less: accumulated depreciation 10b	1309174	10c	4207527
	11	Investments—publicly traded securities	1309174	12	1397527
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1317539		1413822
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilitles	22	Payables to current and former officers, directors, trustees, key			
abi	1	employees, highest compensated employees, and disqualified	±		-
_	1	persons. Complete Part II of Schedule L		22	,
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<del> </del>	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶   and complete lines 30 through 34.			
\$	30	Capital stock or trust principal, or current funds	1317539	30	1413822
889	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	, ,	32	
Ž	33	Total net assets or fund balances	1317539		1413822
	34	Total liabilities and net assets/fund balances	1317539	34	1413822

_	4	•
Page	ı	4

Part XI Financial Statements and Reporting					
			Yes	No	
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗀 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	_	. 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓	
b	Were the organization's financial statements audited by an independent accountant?	2b		✓	
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			
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-			
	the Single Audit Act and OMB Circular A-133?	3a		<u>✓</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			

Form **990** (2009)

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

**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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization First Presbyterian Church Foundation Bartlesville, OK 1174755 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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.) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % 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). 10 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. c ☐ Type III-Functionally integrated **d** Type III-Other a Type I **b** Type II 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? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (iii) Type of organization (v) Did you notify (i) Name of supported (ii) EIN (iv) is the organization (vi) Is the (vii) Amount of in col. (i) listed in your the organization in organization in col. organization (described on lines 1-9 support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US.? Yes Yes Yes Total

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

<b>60</b> 05	
<b>S</b> ((	

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Employer identification number

1174755

**2** 

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☑ Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 73 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? First Presbyterian Church Foundation, Bartlesville, OK Name of the organization

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Presbyterian Church 505 S Dewey Ave. Bartlesville, OK	73-1174755	Church	00009				Support ministries
74003-3513							
2 Enter total number of section 501(c)(3) and government organizations	1(c)(3) and govern	ment organizations					

Schedule I (Form 990) 2009

Cat No. 50055P

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

3 Enter total number of other organizations

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Grants and allocations made to First Presbyterian Church Bartlesville, OK for their distribution to ministries and committees in partial support of their programs. 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) (d) Amount of non-cash assistance (c) Amount of cash grant The foundation distributes to a total of 19 ministries and committees. (b) Number of recipients (a) Type of grant or assistance Part III

#### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public

Inspection

Employer identification number

First Presbyterian Church Foundation, Bartlesville, OK	73	11/4/55
Part VI Section C. Disclosure; Line 19 - No documents available to the public.		
<u>^</u>		
	•••••	
	•••••	
	•••••	
·		
		·
	•••••	