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# SCANNED WAR 0 7 2013

Department of the Treasury Internal Revenue Service

**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

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

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning JUL I, 2011 and	enaing J	UN 30, 2012	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	BARTLESVILLE COMMUNITY FOUNDATION			
L	Name change	Doing Business As		73-1	575838
	Initial return	The state of the s	Room/suite	E Telephone number	7
	Termin ated	415 SE SILAS	100	918-	<u>337-2287</u>
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	749,294.
	Application	BARTLESVILLE, OK 74003		H(a) Is this a group re	etum
	pendin	F Name and address of principal officer SPENCER M. KING		for affiliates?	Yes X No
		501 S JOHNSTONE AVE, BARTLESVILLE, OK	74003	H(b) Are all affiliates inc	
1	Tax-exe	mpt status: X 501(c)(3)		1	list. (see instructions)
		e: ► WWW.BARTLESVILLEFOUNDATION.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: OK
	art I	Summary			
_	1 1	Briefly describe the organization's mission or most significant activities: TO P	ROVIDE	A SIMPLE W	AY TO DO
Activities & Governance	(	GOOD WORKS.			
ra	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	17
80	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	3
itie	6	Total number of volunteers (estimate if necessary)		6	0
ŧ	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ā	' b	Net unrelated business taxable income from Form [990 Tr. ine 34	•	7b	0.
_	1	TILULIVED	· · ·	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line (1))		916,762.	671,595.
Revenue	9	Program service revenue (Part VIII, line 29) FEB 1 9 2013		0.	0.
	40	nvestment income (Part VIII, column (4), lines 3, 4, and 7d)	· ·	23,566.	19,951.
æ	10	Constant (Mar)		23,300.	15,551.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1te)	· · ⊢	940,328.	691,546.
_		Total revenue - add lines 8 through 11 (must equal Parts VIII) column (A), line 12)			
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		734,957.	540,279.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	00 065
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	.	92,008.	90,965.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	·  b`	Total fundraising expenses (Part IX, column (D), line 25)	<del>-/•</del>	65.600	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,608.	55,883.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		894,573.	687,127.
		Revenue less expenses. Subtract line 18 from line 12		45,755.	4,419.
Net Assets or	3		Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	2,609,060.	3,085,276.
A S	21	Total liabilities (Part X, fine 26)		1,268,869.	1,719,764.
		Net assets or fund balances. Subtract line 21 from line 20		1,340,191.	1,365,512.
_	art II	Signature Block			<del></del>
		ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
tru	e, corr <u>ec</u>	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
		Signature of officer		Date 2/1/	,
Sig	gn			Date 2/14/	13
He	re	SPENCER M. KING, TREASURER			<del></del>
		Type or print name and title	, 11	Date Check C	PTIN
_		Print/Type preparer's name Preparer's agnature	-  '	1017	<del></del>
Pa		THAD KENT   Shad Low			
	parer	Firm's name BRYAN, LITTLE, HALEY & KENT P C		Firm's EIN	73-0941849
Us	e Only	Firm's address P. O. BOX 2306		<i></i>	0401006 4405
_		BARTLESVILLE, OK 74005-2306		Phone no. (	918)336-1433
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form <b>990</b> (2011)

m	990 (2011) BARTLESVILLE COMMUNITY FOUNDATION 73-1575838 F	ge
ar	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	L
	Briefly describe the organization's mission:  TO PROVIDE A SIMPLE WAY TO DO GOOD WORKS.	
	TO PROVIDE A SIMPLE WAI TO BO GOOD WORKE.	
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	ı
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	١
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	_
3	(Code) (Expenses \$ 643,913. including grants of \$) (Revenue \$) TO RECEIVE, MANAGE, AND DISTRIBUTE GIFTS FROM INDIVIDUALS AND	
	ORGANIZATIONS FOR THE BETTERMENT OF THE BARTLESVILLE, OKLAHOMA AREA.	_
	ORGANIZATIONS FOR THE BETTERMENT OF THE BARTHESVILLE, ORDANOMA AREA.	
		_
		-
		_
,	(Code ) (Expenses \$	
	/ (L.Aprildoc V	
:	(Code         ) (Expenses \$	
		_
		_
		_
		_
		_
	<del></del>	
-	Other program services (Describe in Schedule O.)	
<u> </u>	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 643,913.	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	<u> </u>	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	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	11a		
b		446		X
_	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	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
а	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 10		
Ę	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		X
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, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₹.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	, .	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	
	11 100 to and Edul and the organization action a copy of no agence injurious statements to this fetuling		990	2011)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? 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		X
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?			_ <del></del> _
•	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	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				<u> </u>
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>5</b>	If "Yes," complete Schedule R, Part V, fine 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>		
<i>.</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>5</b> ,		
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
	140(01) stri onni oco nistro stro roganica to complete concadio c			2011)

Check # Schedule O contains a response to any question in this Part V  1a Enter thin number reported in Box 3 of Form 1096. Exter -0 if not applicable   1a   0   1b   0    1b Enter the number of forms WaG cincluded in the 1a. Enter -0 if not applicable   1b   0    1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling without provided in the calendar year ending with or within the year convention of the calendar year ending with or within the year covered by the norther of employees reported on Form W3, Transmittal of Wage and Tax Statements, flief or the calendar year ending with or within the year covered by the norther of the calendar year ending with or within the year covered by the norther of the calendar year ending with or within the year of the organization flief 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-rife (see instructions)  3b Did the organization have wirested business gross recome of \$1.000 or more dump the year?  5b If Yes, * has it filled a form \$950. For the year? If No. * provide an explanation in Schedule O  5c A 2 and yit may be a filled the year?  5c A 3b A are yit merit the name of the foregan country. Year of the organization have year of the organization have an interest or, or a separative or other authority over, a financial accountry.  5c If Yes, * the organization and the foregan country. Year or the financial accountry.  5c B Was the organization and foregan country. Year or the year of the organization and the reganization and the year or the financial accountry.  5c B Was the organization and the organization file from 886. Year or the financial accountry.  5c B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution that were not tax deductible?  6c B Was the organization solicit has year permitted that were year organization. A year organiz	Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		ugo e
1a Effet the number reported in Box 3 of Form 1096. Erter -0* in ot applicable   1a   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V			
1a Effet the number reported in Box 3 of Form 1096. Erter -0* in ot applicable   1a   0   0   0   0   0   0   0   0   0		<u> </u>		Yes	No
b Effect the number of Forms W.26 included in line 1a. Enter 0-f not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1,,,,
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambning) wirmings to price without 5.  2a Enter the number of employees reported on Form W3, Transmittal of Wago and Tax Statements, filed for the calendar year ending with or within the year covered by this rate of the state of the st	ь		<i>i</i> ]		1
gambling) wrinings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 If a least one is reported on the 24, did the organization file all required federal employment tax returns?  2b X  Note. If the sum of lines 1 is and 2 at is greater than 250, you may be required to e-file (see instructions)  3a Dat the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If Yes, his est iffed a Form 995 Tor this year? If No. *proude an explanation in Schedula* O  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 account)?  5b If Yes, refer the name of the foreign country. ▶  5ce instructions for filing requirements for Form TD F00 22.1, Paport of Foreign Bank and Financial accounts.  5a Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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?  5b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organization receive a payment in excess of \$75 made partly as a contribution of any partly for goods and services provided?  7c Organization foreign a partly of the Corn of the value of the goods or services provided?  7c If Yes, indicate the number of Forms 8892 filed during the year  9c Did the organization receive a payment in excess of \$75 made partly as a contribution of query and the programization file form 8896 in a form 1086 or \$75.0 the organization receive any furths, directly or indirectly, to pay premiums on a personal benefit contract?  7c If Yes,	С	· · · · · · · · · · · · · · · · · · ·	1.		1
2a Elert the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return  b If at least one is reported on inne 2a, did the organization file all required federal employment tax returns?  As Dod the organization rever entered between sign greater than 250, you may be required to e-file (see instructions)  3a IX.  3b If Yes, Thas it filed a Form 990 T for this year? If No, *provide an explanation in Schedule O  4a At any time duming the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, *there the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c enstructions for filing requirements for Form TD F 902-21, Report of Foreign Blank and Financial Accounts.  5c Was the organization have the organization file Form 888617  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scient any committed tax shelter transaction?  6c Was the organization review annual gross receipts that are normally greater than \$100,000, and did the organization scient any committed that were not tax deductible?  6c Was the organization review a minual gross receipts that are normally greater than \$100,000, and did the organization scient any committed the organization review a property of the waster of the property of the organization scient any committed the organization review a property of the waster of the property of the development of the form 8892 are required to the Form 8882.  6d If Yes, *indicate the number of Forms 882? filed during the year  6d If Yes, *indicate the number of Forms 882? filed during the year  7d Did the organization reviewed a contribution of qualified intellectual property, did the organizations. But the supporting organi			1c		ĺ
filed for the calendar year ending with or within the year covered by this return  bit of all 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 (see instructions)  3a Dot the organization have unrelated business gross is encined \$1,000 or more during the year?  5b If Yes', has filed a Form 990-7 for this year? If 'No', provide an explanation in Schedule O  5c If Yes', that is filed a Form 990-7 for the year? If 'No', provide an explanation in Schedule O  5c If Yes', that is filed a Form 990-7 for the year? If 'No', provide an explanation in Schedule O  5c If Yes', that is filed a Form 990-7 for the year?  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeuctible?  6d If Yes', the did the organization include with every solicitation an express statement that such contributions or gifts were not tax and eductible?  7d Organizations that may receive deductible contributions under section 170(c).  9d Und the organization receive a payment in excess of \$5^{\text{c}}\$ made party as a contribution and party for goods and services provided to the payor?  7d If Yes, 'did the organization receive any payment in excess of \$5^{\text{c}}\$ made party as a contribution and party for goods and services provided to the payor?  7e Did the organization services any payment in excess of \$5^{\text{c}}\$ made party as a contribution of cars, boats, airplanes, or other vehicles, did the organization for payment in excess of \$5^{\text{c}}\$ made party as a contribution of	2a	1 1			
b If at least one is reported on line 2a, did the organization fie all required federal employment tax returns?  Note. If the sum of lines 1a and 2a lis greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a form 980-7 for the year? If "No," provide an explanation in Schedule 0  3b A at any time during the calendary 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 accountly?  5b If "Yes," the rett financial of the foreign country (such as a bank account, securities account, or other financial accountly?  5c If "Yes," to line 5a or 5b, old the organization in Form 10 F 90.22 1, Paport of Foreign Bank and Financial Accounts.  5c If Yes, "It line 5a or 5b, old the organization life Form 8886:17  6c If Yes," to line 5a or 5b, old the organization life Form 8886:17  6d Does the organization shall war annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c If Yes, "It line 5a or 5b, old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, "Indianation that may receive deductible contributions under section 170(c).  8d If Yes, "Indianation that may receive deductible contributions under section 170(c).  8d If Yes, "Indianation that may receive deductible contributions under section 170(c).  9d If Yes, "Indianation that may receive deductible contributions under section 170(c).  9d If Yes, "Indianation that may receive deductible contributions under section 170(c).  9d If Yes, "Indianation that may receive deductible contributions under section 170(c).  9d If Yes, "Indianation that may receive deductible contributions under section 170(c).  9d If Yes, "Indianation tha				-	
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b if "Yes," enter the name of the foreign country;   See instructions for 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or Sb, did the organization file Form 888667?  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 X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive alignment of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8896 organizations and intalining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8896 organizations. Did the againstation such date any taxable distributions under section 49667  9 Sponsoring organizations maintaining donor advised funds.  10 Did the organization received any taxable distributions under section 49667  10 Did the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		organization is licensed to issue qualified health plans			
b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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.

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			~
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 15 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u>_</u>
14	Did the organization have a written document retention and destruction policy?	14	X	_
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?		7.7	
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		_X_
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		v
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	ncial	
•	statements available to the public during the tax year.	. 23*	-	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨	•	
	BARTLESVILLE COMMUNITY FOUNDATION - 918-337-2287			
	415 SE SILAS, NO. 100, BARTLESVILLE, OK 74003			
132000 01-23-		Form	990 (	2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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)			(( Pos	C)	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					ıs bot x/trus		compensation	compensation	amount of
	week (describe						Ť	from the	from related organizations	other compensation
	hours for	direct		1	İ	-		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee		ļ	nsate		(W-2/1099-MISC)	(,	organization
	organizations	trust	la Eu		employee	omo.				and related
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key empl	Highest compensated employee	<b>Р</b> огтег			organizations
(1) BETH HEATON		=			*	8				
SECRETARY	1.00	X		X				0.	0.	0
(2) BOB POMEROY					ŀ					
CHAIR	1.00	X		X				0.	0.	0
(3) DEBBIE MUEGGENBORG										
VICE CHAIR	1.00	X		X				0.	0.	0
(4) SPENCER KING										
TREASURER	1.00	X		X				0.	0.	0
(5) RAND BERNEY					į					
MEMBER	1.00	X	_			ļ	<u> </u>	0.	0.	0
(6) CHARLIE BOWERMAN					ŀ			_	_	_
MEMBER	1.00	Х						0.	0.	0
(7) KELLY DIVEN								_		_
MEMBER	1.00	X				_		0.	0.	0
(8) DAN GILLIAM		l								
MEMBER	1.00	X			_	ļ		0.	0.	0
(9) EARL SEARS	1			İ			'			
MEMBER	1.00	X			_	ļ	ļ	0.	0.	0
(10) DONNA SKELLY	1 00								_	
MEMBER	1.00	X		_		┝		0.	0.	0
(11) KENT STROMAN	1 00							_	_	
MEMBER	1.00	X			┝	├		0.	0.	0
(12) DAVID KING	1 00	Į.,				ļ		0.	^	_
MEMBER	1.00	X	-		$\vdash$			0.	0.	0
(13) JIM BOHNSACK	1.00	x						0.	0.	_
MEMBER	1.00	^		_		├-		U •	<u> </u>	0
(14) KEVIN POTTER	1 00	v						0.	0.	۸ ا
MEMBER	1.00	^		-		├		<u>U.•</u>	<b>U•</b>	0
(15) MARTY SCHOENTHALER	1.00	x	1					0.	0.	_
MEMBER(RESIGNED DEC 2011)	1.00	^		<del>                                     </del>	-	$\vdash$		<u> </u>	<u>.</u>	0
(16) JOE HANEY	40.00	x		x				71,000.	0.	^
EXECUTIVE DIRECTOR	40.00	^		^	$\vdash$	$\dagger$	<del> </del>	71,000.		0
(17) JANIE KIRKPATRICK	1.00	y						0.	0.	0
MEMBER 132007 01-23-12	1 1.00	1 1	Щ.	<u> </u>	Щ.			<u> </u>		Form <b>990</b> (201

Pai	T VII Section A. Officers, Directors, T	rustees, Key E	mpk	oyee	s, a	nd I	High	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)	Ì		•	C)			(D)	(E)			(F)	
Name and title		Average	Position (do not check more than one					one	Reportable	Reportable		Es	tımate	ed
		hours per week	box	, unle	ss pe	erson is both an director/trustee)		h an	,	compensation			nount	of
		(describe		1					from the	from related organizations			other pensa	tion
		hours for	direc				8			(W-2/1099-MISC	)		om th	
		related	stee or	ustee			ensat		(W-2/1099-MISC)	•		_	anızat	
		organizations in Schedule	lal fru	onalt		Joyee	8 8						d relat	
		O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-				orga	ınızati	ons
(18	MIKE MAY	1 00			_	_								
MEM!		1.00	X					<u> </u>	0.		0.			0.
	GUY SUTHERLAND	1 00	<b>.</b>						0.	,	٠ l			0
MEMI		1.00	X		ļ		<del> </del>		0.		0.			0.
	) JULIE DANIELS	1.00	v						0.	(	0.			0.
MEM!	BER (RESIGNED AUG 2011)	1.00							0.		<u></u>			
									:		_			
														<u>-</u>
	Sub-total								71,000.		9.			0.
	Total from continuation sheets to Part	VII, Section A				•			0.		2.			0.
q	Total (add lines 1b and 1c)  Total number of individuals (including but	mat limited to th		linta		<u> </u>	2)		71,000.		0.			0.
2	compensation from the organization	not limited to tr	iose	IISLE	a a	DOVE	e) wr	IO re	eceived more than \$100	,000 or reportable				0
	Compensation from the organization			-						<del></del>			Yes	No
3	Did the organization list any former office	r, director, or tr	uste	e, ke	y er	npic	yee,	or	highest compensated er	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for	such individual		_							L	3		X
4	For any individual listed on line 1a, is the			-					•	the organization		ļ		
	and related organizations greater than \$1										-	4		<u> </u>
5	Did any person listed on line 1a receive o							elat	ed organization or indivi	dual for services		_		7.5
Sec	rendered to the organization? If "Yes," co	mpiete Scheaui	e J I	or s	ucn	pers	son					5		X
1	Complete this table for your five highest	compensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compo	ensa	tion f	rom	
	the organization Report compensation for									· · · · · · · · · · · · · · · · · · ·				
	(A) Name and busines	s address	NT/	ONE	7				(B) Description of s	ervices	Cr	(C	;) nsatio	n
			TAC	TIVI	<u>-</u>			7					-	
								$\dashv$						
		<u></u>												
								$\dashv$						
								$\dashv$						
	Total number of independent contractors	(including but r	not le	mıte	d to	tho	se lis	sted	shove) who received m	ore than				
-	\$100,000 of compensation from the orga				٠.٥		oe ii: N		. abovo, mno received ir					

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		Statement of Nevenu	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f	and 1f	35,959. 635,636.	671,595.	-		
Program Service Revenue	2 a b c d e f	All other program service revenu		Business Code				
	3 4 5	Total. Add lines 2a-2f Investment income (including divother similar amounts) Income from investment of tax-e. Royalties		st, and	19,951.			19,951.
	6 a b c		(i) Real	(ii) Personal	:			
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising e including \$ 35,95 contributions reported on line 1c Part IV, line 18	9 . of	<b>▶</b> 57,748.	-			
Othe	с 9 а	Less: direct expenses Net income or (loss) from fundral Gross income from gaming activ Part IV, line 19 Less: direct expenses	-	57,748.	0.			
	c 10 a b	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of	urns a . a b	<b>&gt;</b>				
-	11 a b c	Miscellaneous Revenue		Business Code				
13200	12	Total. Add lines 11a 11d  Total revenue. See instructions.		. •	691,546.	0.	0.	19,951.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the United States. See Part IV, line 21	540,279.	540,279.		
2	Grants and other assistance to individuals in	5,20,275.	340,213.		
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
•	trustees, and key employees	71,000.	46,150.	10,650.	14,200
6	Compensation not included above, to disqualified	, , , , , , ,	10/1301	20,0301	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,501.	8,776.	2,025.	2,700
8	Pension plan accruals and contributions (include				= 7
•	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,464.	4,202.	969.	1,293
1	Fees for services (non-employees):	7.55.5			
a					
b	Legal				- <del></del> -
c	Accounting	16,000.	10,400.	2,400.	3,200
d	· · · · · · · · · · · · · · · · ·				<u> </u>
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees	25,640.	25,640.		
g			, ,		
12	Advertising and promotion	2,966.	1,136.	262.	1,568
3	Office expenses	2,362.	1,535.	354.	473
4	Information technology		•		
15	Royalties				
16	Occupancy	4,127.	2,683.	619.	825
7	Travel	208.	135.	31.	42
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
:0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	360.	234.	54.	72
3	Insurance .				
<u>4</u>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INSURANCE	1,668.	1,084.	250.	334
b	DITTO	1,106.	719.	166.	221
С	POSTAGE	972.	632.	146.	194
d	DDOEDGGTONNI DEVEN ODVEN	300.	195.	45.	60
е	All other expenses	174.	113.	26.	35
25	Total functional expenses. Add lines 1 through 24e	687,127.	643,913.	17,997.	25,217
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	}			
	Check here If following SOP 98-2 (ASC 958-720)				

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Par	tΧ	Balance Sheet				<del></del>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		18,043.	1_	<u>2</u> 75.
	2	Savings and temporary cash investments		647,317.	2	347,220.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,270.	4	8,525.
	5	Receivables from current and former officers, di	rectors, trustees, key	n	-	
		employees, and highest compensated employe	es Complete Part II		-	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as			- "	
		4958(f)(1)), persons described in section 4958(c			7 7 7	
		employers and sponsoring organizations of sections	-			
,,		employees' beneficiary organizations (see instru	ctions) .		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				-
İ		basis Complete Part VI of Schedule D	10a 11,280.			
	b	Less: accumulated depreciation .	10b 10,123.	1,517.	10c	1,157.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	1		12	
	13	Investments - program-related. See Part IV, line	11	1,929,913.	13	2,728,099.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,609,060.	16	3,085,276.
	17	Accounts payable and accrued expenses		2,711.	17	7,555.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			_20	
es	21	Escrow or custodial account liability Complete I	· · · · · · · · · · · · · · · · · · ·		21	
Liabilities	22	Payables to current and former officers, director	* * *			
ia		highest compensated employees, and disqualifi	ed persons. Complete Part II	-		
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	······································
	24	Unsecured notes and loans payable to unrelated	· · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	1 066 150		1 510 000
		Schedule D	· · ·	1,266,158.	25	1,712,209.
$\overline{}$	26	Total liabilities. Add lines 17 through 25	<b>L</b> [4]	1,268,869.	26	1,719,764.
ا ۾		Organizations that follow SFAS 117, check he	re 🕨 🗓 and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		240 774		220 160
lan	27	•	·	240,774.	27	220,168.
8	28 29	Temporarily restricted net assets Permanently restricted net assets	·	947,539.	28	989,135.
Ĕ	29	Organizations that do not follow SFAS 117, cl	nack bara <b>b</b> and  b	151,878.	29	156,209.
Ψ		complete lines 30 through 34.	neck here   and			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			20	
SSe	31	Paid-in or capital surplus, or land, building, or eq	· · · -		30 31	
۲	32	Retained earnings, endowment, accumulated in	·		32	<del> </del>
Š	33	Total net assets or fund balances	Joine, or ourist fullus	1,340,191.	33	1,365,512.
	34	Total liabilities and net assets/fund balances	· · ·	2,609,060.	34	3,085,276.
	<del></del>	. o.c		2,003,000.	<del>54</del>	Form <b>990</b> (2011)

Form **990** (2011)

Form	990 (2011) BARTLESVILLE COMMUNITY FOUNDATION	73-	<u>-1575838</u>	Pa	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69	<u>1,5</u>	<u>46.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	68	<u>7,1</u>	<u>27.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,34	<u>0,1</u>	<u>91.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2	<u>0,9</u>	02.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,36	<u>5,5</u>	<u>12.</u>
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				لعا
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				T.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?			X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	adule C	).		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit		
	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 requi	ired au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization 73-1575838 BARTLESVILLE COMMUNITY FOUNDATION 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 ection 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (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 1/3% 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 1/3% 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 ) 10 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. b Type II c \_\_\_\_ Type III - Functionally integrated \_ Type I 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 I, Type II, or Type III supporting organization, check this box 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) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (i) Name of supported (iv) Is the organization (v) Did you notify the (vii) Amount of (ii) EIN organization in col organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.7 above or IRC section (see instructions)) Yes Yes Yes No No

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Schedule A (Form 990 or 990-EZ) 2011

<u>Total</u>

Schedule A (Form 990 or 990 EZ) 2011 BARTLESVILLE COMMUNITY FOUNDATION

73-1575838 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	461,230.	944,468.	845,152.	942,354.	700,294.	3893498.
2	Tax revenues levied for the organ-	-	•		-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			6,480.	6,480.	5,400.	18,360.
4	Total. Add lines 1 through 3	461,230.	944,468.	851,632.	948,834.	705,694.	
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)				_		
6	Public support. Subtract line 5 from line 4						3911858.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	461,230.	944,468.	851,632.	948,834.	705,694.	3911858.
8	Gross income from interest,	•		-			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	62,124.	16,814.	52,734.	89,653.	40,853.	262,178.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	İ					
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			,			4174036.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	105,956.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	
	organization, check this box and stor				<del>.</del>	<del>-</del>	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	93.72 %
	Public support percentage from 2010			•		15	93.00 %
16a	33 1/3% support test - 2011. If the	-			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies				•		<b>▶</b> 🗓
b	33 1/3% support test - 2010. If the	-			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						. ▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	' <del>-</del> '	t IV how the organ	ization
	meets the "facts-and-circumstances"	•	•		-		▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		,
	organization meets the "facts-and-circ		=				<b>&gt;</b>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 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 or if the	e organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					<b>,</b>	
3							
Ĭ	are not an unrelated trade or bus-						
	iness under section 513						
4					1		
7	ization's benefit and either paid to					}	
	or expended on its behalf						
_	••						
5							
	furnished by a governmental unit to						
	the organization without charge			<u></u>	<del> </del>	<del> </del>	<del>                                     </del>
	Total. Add lines 1 through 5		-			1	
7:	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
1	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						
(	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)		<u> </u>		_	_	
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					J	<u> </u>
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				1		
	whether or not the business is regularly carned on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)	<del></del>					
	First five years. If the Form 990 is fo	r the organization'	s first_second_thu	d fourth or fifth t	tax vear as a sectu	on 501(c)(3) organi	zation.
•	check this box and stop here		•	<b>-,</b> ,	,		<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage	-			
_	Public support percentage for 2011 (	<del></del>		column (fl)		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve					1.4	
_	Investment income percentage for 20					17	%
18						18	%
	a 33 1/3% support tests - 2011. If the						
.5	more than 33 1/3%, check this box a	-					▶□
	b 33 1/3% support tests - 2010. If the	· ·	-	·			and
'	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		-			_	
	23 01-24-12	did not officer a	. <u></u>	a, o. loo, ollook			90 or 990-EZ) 2011

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Opën to Public Inspection

Name of the organization

**Employer identification number** BARTLESVILLE COMMUNITY FOUNDATION 73-1575838 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 49,030 2 Aggregate contributions to (during year) Aggregate grants from (during year) 44,053. 3 198,495. Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2011

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			VILLE COMM	<del></del>		ther		73-15 r Asse			
Cheek all that apply :											
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization as collection?    Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, ine organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV, and complete the following table:	J		on, and other record	s, check billy of the	TOTOWING THAT AIR	a sign	iiioain u	130 01 113	CONCCIO	i item	13
b Scholarly research e	_	· · · · · · · · · · · · · · · · · · ·	A	Loan or evo	hange programe						
c			-		nange programs						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV. Inne 9, or reported an amount on Form 990, Part XI. Inne 9, or reported an amount on Form 990, Part XI. Inne 9, or reported an amount on Form 990, Part XI. Inne 9, or reported an amount on Form 990, Part XI. Inne 9, or reported an amount on Form 990, Part XI. Inne 9, or reported an amount on Form 990, Part XI. Inne 10.  1 If 'Yes, 'explain the arrangement in Part XIV and complete the following table:  2 Beginning balance  3 Dut the organization include an amount on Form 990, Part XI, Inne 21?  4 Ending balance  4 Endiditions during the year  5 Ending balance  5 Endowment Funds. Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 10.  1 Endowment Funds. Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 10.  1 Endowment Funds. Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 10.  2 Provide the estimated percentage of the organization answered 'Yes' to Form 990, Part IV, Inne 10.  3 Engine 10 (a) Form Year (b) Frort year (c) Two years back (d) Three years back (d) Four years			•	Other					<del></del>		
5 Dumg the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Ihre 9, or reported an amount on Form 990, Part X in e 21.  Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If Yes, explain the arrangement in Part XIV and complete the following table:    Beginning balance			alloctions and avalois	a facer dhar from the an	ha avaaisatiaala			Do-	VR/		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	-				_			se in Pan	AIV.		
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, the 9, or reported an amount on Form 990, Part X, the 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5										
Teported an amount on Form 990, Part X, Ine 21.   Yes   No	Da									_ــــ	<u>l No</u>
13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If Yes, "Explain the arrangement in Part XIV and complete the following table: □ Reginning balance □ Additions during the year □ Distributions  [Fai	reported an amount on Form 900. Por	gements. Comple	ete if the organization	n answered "Yes"	to Fo	ırm 990,	Part IV, I	ine 9, or			
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four y							<del></del>				<del></del>
b If "Yes," explain the arrangement in Part XIV and complete the following table:    C   Beginning balance   1   1   1   1   1   1   1   1   1	1a		an or other intermed	lary for contribution	s or other assets	not ind	cluded	_	٦		٦
d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, Ine 21?		•	•					. ∟	J Yes		J No
C   Beginning balance   1   1   1   1   1   1   1   1   1	b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, kine 21?  2a Did the organization include an amount on Form 990, Part X, kine 21?  2b Definition of the arrangement in Part XIV.  Part V Indowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance 1 0, 991, 417, 995, 878, 868, 874, 948, 415, 1b Contributions 1c Net investment earnings, gains, and losses 1d Grants or scholarships 1d Administrative expenses 2 Other expenditures for facilities 2 and programs 2 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ 14.00 %  c Temporarily restricted endowment ▶ 86.00 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) fire Yes" to 3a(iii), are the related organization's endowment funds.  Description of property  (a) Current year (b) Provide the estimated percentage of the organization that are held and administered for the organization by:  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (investment)  Description of property  (c) Accumulated depreciation  (d) Book value basis (investment)  (d) Equipment  E Cherry  (e) Two years back (d) Three years back (e) Form 990, Part IV, line 10.  1a Land  (d) Book value  (e) Cherry (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Equipment  (e) Cherry (e) Two years back (e) Two years back (e) Two years back							<b>-</b>		Amount	<u></u>	
Ending balance	С	Beginning balance .					1c				
The contributions   The	đ	Additions during the year	•				1d				
2a   Did the organization include an amount on Form 990, Part X, line 21?   Yes   No   b   If *Yes, * explain the arrangement in Part XIV.     Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	е	Distributions during the year					1e				
Description   Part XV   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	f	Ending balance					1f				
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes		No
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three years   (d) Three											
1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses 3 9,760, 87,057, 49,638, 611,703, 121,208,  e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 14.00 % c Temporarily restricted endowment ▶ 86.00 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value dequipment  a Land b Buildings c Leasehold improvements d Equipment e Other  11, 280 10, 123 1, 157.	Pai	rt V Endowment Funds. Complete it	f the organization and	swered "Yes" to Fo	rm 990, Part IV, lir	ne 10.					
b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 14.00  % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment  d Equipment  Other			(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three ye	ars back	(e) Four	years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 14.00 % b Permanent endowment ▶ 14.00 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property basis (investment)  1 Land b Buildings c Leasehold improvements d Equipment d Equipment e Other  1 11, 280, 10, 123, 1, 157.	1a	Beginning of year balance	1,099,417,	995.878,	868,87	4.	94	18 415.			
c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions	562.087.	779,280,							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  1,145,344, 1,099,417, 995,878, 868,874,  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 14.00 % c Temporarily restricted endowment ▶ 86.00 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations (iii) related organizations by If *Yes* to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment	С	Net investment earnings, gains, and losses									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \( \)	d										
## Administrative expenses g End of year balance g End of year balance 1,145,344, 1,099,417, 995,878, 868,874,  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e			· <del>-</del> ··							
g End of year balance  provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	-		555 920	762 798	594 33	,	20	00 749			
g End of year balance 1,145,344, 1,099,417, 995,878, 868,874,  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  Permanent endowment ▶ 14.00	f	` *	333,520,	702,750,	3,4,55	<del>` •</del>		,0,743,	<del></del>		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ 14.00 %  c Temporarily restricted endowment ▶ 86.00 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other		·	1 145 344	1 000 /17	995 87		9.6	9 974			<del></del>
a Board designated or quasi-endowment ►		•				<u> </u>		70,074,			
b Permanent endowment ► 14.00 %  Temporarily restricted endowment ► 86.00 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  C Leasehold improvements  d Equipment  e Other  Other			one your one balance	- <u> </u>	y neia as.						
Temporarily restricted endowment ▶ 86.00 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0/4	_/0							
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  (ii) related organizations  (iii) x  (iii) x  (iii) x  (iii) x  (ivestification in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value		· · · · · · · · · · · · · · · · · · ·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment	·										
Second   S	32	· · · · · · · · · · · · · · · · · · ·	•	ition that are held a	nd administered fo	or the	organiza	ation			
(i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other	Ju		colon or the organiza	mon mar are neid a	na administered R	J. 1110	vi gai iiZd		Γ	Ves	Nc.
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		-								168	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment								•			
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Land  Buildings  Leasehold improvements  Equipment  Cother	<b>h</b>		: listed as required or	 n Sahadula P2							
Part VI       Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       b Buildings       5       5         c Leasehold improvements       5       11,280 • 10,123 • 1,157 • 1         d Equipment       6       11,280 • 10,123 • 1,157 • 1	4	- · · · · · · · · · · · · · · · · · · ·	·		•			•	30		
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	Par				<del></del>			_			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other					ar athau (a				(-1) D1		
1a Land		Description of property	, , ,		- I	•		'	(a) BOOK	value	3
b Buildings c Leasehold improvements d Equipment e Other		Land	Dasis (investin	Dasis (	(Otrier)	achie	CIALIUII				
c Leasehold improvements d Equipment e Other											
d Equipment 11,280. 10,123. 1,157. e Other		•									
e Other	C				1 000		0 40	-			
	d				1,280.		U, 12	3.		L, 1	<u>57.</u>
				Y 201 1- 1	0(0) )			_		1 1	E 7

Schedule D (Form 990) 2011

1.	(a) Description of liability	(b)	Book value
(1) Federal income tax	es		
(2) AGENCY FUI	NDS PAYABLE	1,	712,209.
(3)			
(4)			
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			
(10)			
(11)			
Total, (Column (b) must equ	ual Form 990. Part X. col (B) line 25)	<b>▶</b> 1.	712,209

10tal. (Column (b) must equal Point 990, Part X, COI (b) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

_	dule D (Form 990) 2011 BARTLESVILLE COMMUNITY FOUND		73-1575838 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial State	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	691,546.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	687,127.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,419.
4	Net unrealized gains (losses) on investments	4	20,902.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	20,902.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	25,321.
	t XII Reconciliation of Revenue per Audited Financial Statement		
1	Total revenue, gains, and other support per audited financial statements		1 775,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a 20,902	.
b	Donated services and use of facilities	2b 5,400	
C	Recoveries of prior year grants	2c	7
_	Other (Describe in Part XIV.)	2d 57,748	1
d		20 37,740	7 1 04 050
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3 691,546.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c 0.
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 691,546.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	
1	Total expenses and losses per audited financial statements .		1 750,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
а	Donated services and use of facilities	2a 5,400	.]
b	Prior year adjustments	2b	
С	Other losses	2c	7
ď	Other (Describe in Part XIV)	2d 57,748	.]
e	Add lines 2a through 2d		2e 63,148.
3	Subtract line 2e from line 1	• •	3 687,127.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		001,722.1
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	40	
		<u>4a</u>	1
	Other (Describe in Part XIV.)	4b	۸ ا
	Add lines 4a and 4b		4c 0.
5 Do:			687,127.
	t XIV Supplemental Information	4 14 5 18/1	10.5.1
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part IIII, lin		
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet		
PAL	TT V, LINE 4: THE ENDOWMENT FUNDS ARE USED T	TO PROVIDE SCHO	DLARSHIPS
ANI	FURTHER THE EXEMPT PURPOSE OF THE VARIOUS	ORGANIZATIONS	AS ADVISED BY
THE	SE ORGANIZATIONS.		
PAI	RT X, LINE 2: IN ACCORDANCE WITH FASB ASC 74	10-10, "ACCOUN"	TING FOR
THE	UNCERTAINTY IN INCOME TAXES, THE FOUNDATI	ON ANALYZED I	rs tax filing
PO9	SITIONS IN ALL OF THE FEDERAL, STATE, AND FO	REIGN TAX JUR	SDICTIONS
<u> </u>			
WHI	RE IT IS REQUIRED TO FILE INCOME TAX RETURN	IS. AS WELL AS	FOR ALL OPEN
*****	IV NAVOLNOV IV I IND INCOME IMENDIONE		Schedule D (Form 990) 2011
13205 01-23-	19		20110 date D (1 01111 330) 20 1 1
v 1-23-	1 <u> </u>		

Schedule D (Form 990) 2011 BARTLESVILLE COMMUNITY FOUNDAT	ION 73-1575838 Page 5
Part XIV Supplemental Information (continued)	
TAX YEARS IN THESE JURISDICTIONS. BASED ON THIS R	EVIEW, THE FOUNDATION
BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY T	AX POSITIONS TAKEN, AND
AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS	THAT ARE MATERIAL TO
THE FINANCIAL STATEMENTS.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	57,748.
1 ONDIGITO THE DINGLE	0.7,200
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	57,748.
	<del></del>

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions **Employer identification number** Name of the organization 73-1575838 BARTLESVILLE COMMUNITY FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) <u>Yes No</u> Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2011

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

	rt	Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported	
			(a) Event #1  LEGACY EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	63,650.	30,057.		93,707.
	2	Less: Chantable contributions	12,757.	23,202.		35,959.
	3	Gross income (line 1 minus line 2)	50,893.	6,855.		57,748.
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
	8	Entertainment				
	9	Other direct expenses	50,893.	6,855.		57,748.
	10	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column		•		57,748)
Pa	rt	<b>III Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	<del>_</del>
		\$15,000 on Form 990-EZ, Ine 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	•	2.000.000				
sesu	2	Cash prizes .				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		. •	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7		<b>•</b>	
				_	<del></del>	
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac		states?		Yes No
b	If "	No, explain:			· · · · · · · · · · · · · · · · · · ·	
		ere any of the organization's gaming licenses re	•	• •	/ear?	Yes No
	_				Cohodulo C /For	rm 990 or 990-EZ) 2011

Schedule G (Form 990 or 990 EZ) 2011 BARTLESVILLE COMMUNITY FOUNDATION 73-1	<u>.57583</u>	8 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address ▶		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	L Yes	L∐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)		
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see instru	ctions).
		<del> , "</del>
132083 01-23-12 Schedule G (Form	ı 990 or 99	0-EZ) 2011

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

2011
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 

▶ Attach to Form 990.

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

% X Employer identification number 73-1575838 TO PROVIDE ASSISTANCE TO (h) Purpose of grant or assistance ∐ Yes CHILDREN IN THE Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any COMMUNITY, recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed : 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 7,500, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table BARTLESVILLE COMMUNITY FOUNDATION (c) IRC section if applicable 501(C)3 Enter total number of other organizations listed in the line 1 table 73-0618201 Part I General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BARTLESVILLE - 401 SEMINOLE or government BARTLESVILLE, OK 74003 BOYS AND GIRLS CLUB OF Name of the organization Part

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 30 (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12 Part III

Page 2

73-1575838

BARTLESVILLE COMMUNITY FOUNDATION

Schedule I (Form 990) (2011)

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BARTLESVILLE COMMINITY FOINDATION

Employer identification number

BARTLESVILLE COMMUNITY FOUNDATION	73-1575838
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITT	EE AND BOARD OF
TRUSTEES REVIEW THE 990 BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: FORM 990, PAGE 6,	PART VI, LINE
12C: CONFLICT OF INTEREST POLICY.	· - · · · · · · · · · · · · · · · · · ·
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY. ALL	NEW BOARD
MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DI	SCLOSURE UPON
ELECTION TO THE BOARD. BOARD MEMBERS COMPLETE AN UPDATED	DISCLOSURE
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A: FORM 990, PAGE 6,	PART VI, LINE
15A: EXECUTIVE DIRECTOR COMPENSATION	
THE FOUNDATION CONDUCTS AN ANNUAL PERFORMANCE REVIEW. COM	PARATIVE
POSITIONS ARE IDENTIFIED AND SALARY INFORMATION REVIEWED.	
FORM 990, PART VI, SECTION C, LINE 19: FORM 990, PAGE 6, S	ECTION C. LINE
19: DOCUMENTS AVAILABLE TO PUBLIC	
COPIES OF ALL DOCUMENTS ARE MAINTAINED AT THE OFFICE AND A	אדו. אפו.ד חר האד
	VALUADUD TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	20,902.
EODM 000 DADM VII IINE 2C	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPON	SIBILITY OF
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedul	e O (Form 990 or 990-EZ) (2011)

Name of the organization  BARTLESVILLE COMMUNITY FO	Employer identification number 73-1575838
NOT CHANGED FROM PRIOR YEARS.	
<del></del>	

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>■</b> X	
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	oration	
required :	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Fransfers A	Associated With C	ertaın	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this	form,	
visit www	rs.gov/efile and click on e-file for Charities & Nonprofits	i.					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	complete			
Part I only	у					<b>▶</b> □	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time		
Type or	Type or Name of exempt organization or other filer, see instructions.					nber (EIN) or	
print				_			
	BARTLESVILLE COMMUNITY FOUR	NDATI	ON	X	X 73-1575838		
File by the due date for	Number, street, and room or suite no. If a P O. box, s	ee instruc	tions.	Social se	curity number (SSI	N)	
filing your return See	415 SE SILAS, NO. 100						
instructions	City, town or post office, state, and ZIP code For a for	oreign add	lress, see instructions.				
	BARTLESVILLE, OK 74003						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			. 01	
	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	)	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 990		01	Form 4720		•	09	
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10	
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
•	O-T (trust other than above)	06	Form 8870			12	
	BARTLESVILLE CO	<del></del>					
• The bo	ooks are in the care of > 415 SE SILAS, I			OK 7	4003		
	none No ▶ 918-337-2287		FAX No. ▶				
	organization does not have an office or place of business	s in the Ur	nited States, check this box	•		<b>▶</b> □	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) i	f this is fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	f all memb	ers the extension i	s for.	
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	FEBRUARY 15, 2013, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
ıs f	or the organization's return for:						
<b>&gt;</b>	calendar year or						
	X tax year beginning JUL 1, 2011	, an	d ending <u>JUN 30, 2012</u>		_ •		
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n		
L	☐ Change in accounting period						
					· · · · · · · · · · · · · · · · · · ·		
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			^	
	nrefundable credits. See instructions.		undirected and the second	3a	\$	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	•				^	
	mated tax payments made. Include any prior year overp			3b_	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	-				^	
	using EFTPS (Electronic Federal Tax Payment System)			3c	FO for povement un	0.	
	If you are going to make an electronic fund withdrawal votor Privacy Act and Paperwork Reduction Act Notice,			лии <b>о</b> в/ <del>У</del> -	Form 8868 (F		
LIV F	or Fritacy Act and Faperwork neduction Act Nouce,	3CC 1112ft	uvuvii3.		1 OHII 0000 (F	104. 1-2012)	

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