

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning 2016, and ending 2017 June 30 C Name of organization ? B Check if applicable D Employer identification number BARTLESVILLE CHORAL SOCIETY FOUNDATION, INC. 731526593 Address change Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Indual return PO BOX 283 918-440-1580-Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return BARTLESVILLE, OK 74005 Number ▶ 2 Application pending Accrual Other (specify) ▶ H Check ▶ ☑ If the organization is not ✓ Cash G Accounting Method: 1 Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — J 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 2 2 Program service revenue including government fees and contracts 3 3 4 4 3,419 Gross amount from sale of assets other than inventory . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . <del>6</del>b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . 7a 7a Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . C 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . 3,419 9 10 Grants and similar amounts paid (list in Schedule O) . . . . . . 10 Benefits paid to or for members . . . . . . . . 11 11 Salaries, other compensation, and employee benefits 2 . . . 12 12 Professional fees and other payments to independent contractors 2 13 13 120 14 14 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 17 120 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 3,299 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 120.388 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 8,019 Net assets or fund balances at end of year. Combine lines 18 through 20 131,706

For Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 10642



Form 990-EZ (2016)

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	rt II	Balance Sheets (see the instruction					
		Check if the organization used Scher	dule O to respond to a	ny question in this			🛭
				<u> </u>	(A) Beginning of year		(B) End of year
22		h, savings, and investments		[	120,388	$\overline{}$	131,706
23		and buildings				23	
24		er assets (describe in Schedule O)		· · · · <i>·</i> ·		24	404 704
25 26		al assets		}	120,388	25 26	131,706
27		assets or fund balances (line 27 of col			120,388		131.706
	t III	Statement of Program Service Acc				21	131,700
_		Check if the organization used Sched					Expenses
Wha	t is the	organization's primary exempt purpose					quired for section
		e organization's program service accor		<del></del>	maram conject		(c)(3) and 501(c)(4) anizations; optional for
as n	neasure	ed by expenses. In a clear and concis	e manner, describe th	e services provided	I. the number of	_	ers.)
pers	ons bei	nefited, and other relevant information for	or each program title.		,		
28							
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24		program services (describe in Schedule	unt includes foreign gra	ants, check here .		JUG	0
31	(Grant		unt includes foreign gr			31a	. 0
32		program service expenses (add lines 2	Pa through 21a	and, cricon nere .	<del></del>	_	
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	t IV					32 Istru	
al		List of Officers, Directors, Trustees, and	Key Employees (list eac	n one even if not comp	pensated-see the in	stru	ctions for Part IV)
			Key Employees (list eac	ny question in this (c) Reportable	pensated—see the in Part IV	stru	ctions for Part IV)
а 		List of Officers, Directors, Trustees, and	Key Employees (list eac lule O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	stru e (e)	ctions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		ソソ
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization			
_	transaction? If "Yes," complete Form 8886-T	40e	1000	
41	List the states with which a copy of this return is filed NCLAHOMA			
42a	The organization's books are in care of ▶ SUE MCCLAIN  Located at ▶ PO BOX 283 BARTLESVILLE, OK  ZIP + 4 ▶	918-44	005	
<b>b</b>	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)? If "Yes," enter the name of the foreign country:   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No 🗸
C	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country: ▶	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	ا . <del>احما</del>	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		ノ
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		7

Form 99	0-EZ (2	016)							F	age 4	
48	Did t	he organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c	ampaign activities	on behalf	of or in opposi	tion	46	Yes		
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only					46 les f	or lin	es	.?
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	VI				П	
		<u> </u>		to any quotion.			<u></u>		Yes	No	
47		he organization engage in lobbying  If "Yes," complete Schedule C, Part		section 501(h) elec				47		1	.?
48	is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	. [	48		~	7
49a		Did the organization make any transfers to an exempt non-charitable related organization?							L_	~	
ь 50		es," was the related organization a se plete this table for the organization's						49b		d kov	
30		oyees) who each received more than									
		Name and trile of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimated amoun			unt of	
NONE			<del></del>	<del>                                     </del>							
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	Tatal		- \$100,000	NO.	NE .		Ĺ				
51		number of other employees paid over plete this table for the organization's			<del></del> _	 tore who each	h roco	inad	more	than	
31	\$100	,000 of compensation from the organ	nization. If there is no	one, enter "None."	an Comiac	AUIS WIIO CACI	i rece	avea	more	tilaii	
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	(c)	) Comp	ensatio	on .		
NONE				-						_	
				ļ		<del></del>					
				1		<del></del>		<del></del>			
	<del></del>			2100 555		<u> </u>	20/5				
52	Did 1	number of other independent contra the organization complete Schedul deted Schedule A	_	ection 501(c)(3) or	-	s must attach	ONE ha .▶☑	Yes			
		of perjury, I declare that I have examined this re	eturn, including accompan	ying schedules and state	ements, and to	o the best of my kr				rt ıs	
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kn	owledge.					
Sign		Signature of officer    Signature of officer   Signature of officer   Date									
Here	?	SUE MCCLAIN TREASURER Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	ff	NIT			
Prepa Use (		Firm's name ▶			Firm's EIN ▶	1					
		Firm's address ▶				Phone no.					
May th	e IRŠ	discuss this return with the preparer	shown above? See i	instructions			▶ 🗆	Yes		No	

Form **990-EZ** (2016)

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

Department of the Treasury Internal Revenue Service

(B)

(C)

(D)

(E)

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

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

Attach to Form 990 or Form 990-F7.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Open to Public Inspection

Name of the organization **Employer identification number** BARTLESVILLE CHORAL SOCIETY FOUNDATION, INC. 73-1526593 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 12, check only one box.) 1 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/2% 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 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (i) Name of supported organization 面田 (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 ted in your governin support (see other support (see document? above (see instructions)) instructions) instructions) Yes No BARTLESVILLE CHORAL SOCIETY. (A) INC. 73-1031890

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Y	es	No
_	below, the governing body of a supported organization?	11a	_ }	<u> </u>
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	$\dashv$	<u> </u>
	ion B. Type I Supporting Organizations	1110	_	<u> </u>
		Y	es	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	es	No
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Y	es	No **
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	整護	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ions	).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	(see instr	uctio	ons).
2	Activities Test. Answer (a) and (b) below.	Y	es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <b>Provide details in Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard			