

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA		D Employer identification number 73-1396320	
	Doing business as		E Telephone number (405) 488-1450	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 NW 63RD STREET, SUITE 200		G Gross receipts \$ 17,580,233.	
	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73116		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.CFOK.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1992	M State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	37
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,438,581.	9,360,466.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	680,891.	474,206.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,880,623.	4,516,747.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,123.	43,503.
		14,042,218.	14,394,922.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,451,378.	8,612,935.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	248,699.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	42,825.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,562,664.	1,133,705.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,014,042.	9,995,339.	
19 Revenue less expenses. Subtract line 18 from line 12	28,176.	4,399,583.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	103,349,856.	108,861,385.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,092,478.	4,019,461.
	99,257,378.	104,841,924.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MARY JENKINS, CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	W. LYNDEL LACKEY	W. LYNDEL LACKEY	07/07/20	<input type="checkbox"/>	P00234298
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	HOGANTAYLOR LLP	73-1413977		405-848-2020	
Firm's address			Phone no.		
1225 N BROADWAY AVENUE, SUITE 200 OKLAHOMA CITY, OK 73103			405-848-2020		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,188,235. including grants of \$ 1,108,714.) (Revenue \$) GRANTS WERE PROVIDED TO FACILITATE THE RENOVATION AND REPURPOSING OF THE FORMER PAULINE E. MAYER SHELTER TO BETTER FACILITATE CHILD WELFARE SERVICES WITHIN OKLAHOMA.

4b (Code:) (Expenses \$ 857,379. including grants of \$ 800,000.) (Revenue \$) GRANTS WERE PROVIDED TO THE PEACEFUL ANIMAL ADOPTION SHELTER IN VINITA OKLAHOMA FOR OPERATION OF A NO-KILL SHELTER.

4c (Code:) (Expenses \$ 290,111. including grants of \$ 270,696.) (Revenue \$) GRANTS WERE PROVIDED FOR NUMEROUS PROJECTS TO IMPROVE THE QUALITY OF LIFE WITHIN THE TAHLEQUAH COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,894,965. including grants of \$ 6,433,525.) (Revenue \$ 474,206.)

4e Total program service expenses 9,230,690.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-7a (relationships and governance), 7b (governance decisions), 8 (documentation), and 9 (unreachable officer).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (copy of Form 990), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 16a (joint venture), and 16b (joint venture policy).

Section C. Disclosure

- 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY JENKINS CHAIR	1.00	X		X				0.	0.	0.
(2) RICHARD RYERSON VICE CHAIR	1.00	X		X				0.	0.	0.
(3) TOM MCCASLAND III TREASURER	1.00	X		X				0.	0.	0.
(4) LESLIE RAINBOLT-FORBES SECRETARY	1.00	X		X				0.	0.	0.
(5) BILL BURGESS DIRECTOR	1.00	X						0.	0.	0.
(6) JIM HALL III DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERTA BURRAGE DIRECTOR	1.00	X						0.	0.	0.
(8) DB GREEN DIRECTOR	1.00	X						0.	0.	0.
(9) JIM STUART DIRECTOR	1.00	X						0.	0.	0.
(10) TERESA ROSE CROOK EXECUTIVE DIRECTOR	34.00			X				0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,360,466.				
	g Noncash contributions included in lines 1a-1f: \$		1,040,902.				
	h Total. Add lines 1a-1f		9,360,466.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 900099	474,206.	474,206.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		474,206.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,371,590.			2,371,590.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		43,503.			43,503.	
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,330,468.					
		b Less: cost or other basis and sales expenses		3,185,311.			
		c Gain or (loss)		2,145,157.			
	d Net gain or (loss)		2,145,157.			2,145,157.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			14,394,922.	474,206.	0.	4,560,250.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,460,392.	7,460,392.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,152,543.	1,152,543.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,623.	54,877.	32,067.	1,679.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,494.	95,667.	55,901.	2,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,582.	3,457.	2,020.	105.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	634,309.	460,732.	141,862.	31,715.
b Legal	1,165.		1,165.	
c Accounting	27,427.		27,427.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	307,899.		307,899.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	52,010.		52,010.	
12 Advertising and promotion	6,400.			6,400.
13 Office expenses	23,287.		23,287.	
14 Information technology	42,897.		42,897.	
15 Royalties				
16 Occupancy				
17 Travel	3,022.	3,022.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,209.		5,209.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,376.		20,376.	
24 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.)				
a DUES AND SUBSCRIPTIONS	6,750.		6,750.	
b BUSINESS ENTERTAINMENT	1,540.		1,540.	
c STAFF DEVELOPMENT	1,414.		1,414.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,995,339.	9,230,690.	721,824.	42,825.
26 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,715,801.	1	4,171,326.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,771,677.	3	1,790,234.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,131.		
	b Less: accumulated depreciation	10b 0.	0.	10c 31,131.
	11 Investments - publicly traded securities	96,862,378.	11	102,868,694.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	103,349,856.	16	108,861,385.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	4,092,478.	18	4,019,461.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,092,478.	26	4,019,461.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	99,257,378.	27	104,841,924.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	99,257,378.	33	104,841,924.	
34 Total liabilities and net assets/fund balances	103,349,856.	34	108,861,385.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,394,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,995,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,399,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,257,378.
5	Net unrealized gains (losses) on investments	5	1,189,530.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-4,567.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,841,924.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITIES FOUNDATION OF OKLAHOMA	73-1396320

Part I 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).**
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 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.)
- 11 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.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,026,982.	10,048,579.	8,623,326.	9,438,580.	9,360,466.	48,497,933.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,026,982.	10,048,579.	8,623,326.	9,438,580.	9,360,466.	48,497,933.
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)						6,466,318.
6 Public support. Subtract line 5 from line 4.						42,031,615.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11,026,982.	10,048,579.	8,623,326.	9,438,580.	9,360,466.	48,497,933.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,750,558.	1,889,546.	1,878,444.	1,997,646.	2,415,093.	9,931,287.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						58,429,220.
12 Gross receipts from related activities, etc. (see instructions)					12	3,358,512.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	71.94 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	74.61 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	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? <i>If "No," describe in Part VI 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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number

73-1396320

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 366,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 353,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 300,874.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 299,575.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 270,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 262,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 221,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 200,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 200,351.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	--------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	689 SHARES OF APPLE, 3,611 SHARES OF PFIZER _____ _____ _____	\$ 300,874.	08/23/18
7	1 SHARE OF BERKSHIRE HATHAWAY _____ _____ _____	\$ 299,575.	12/17/18
12	4,610 SHARES OF SONIC _____ _____ _____	\$ 200,351.	11/29/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: COMMUNITIES FOUNDATION OF OKLAHOMA; Employer identification number: 73-1396320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,281,667.	25,191,140.	22,898,517.	23,040,215.	22,802,131.
b Contributions	1,076,532.	3,569,629.	846,792.	1,058,937.	1,765,592.
c Net investment earnings, gains, and losses	1,625,390.	1,877,723.	2,618,958.	35,186.	466,092.
d Grants or scholarships	1,221,864.	1,051,714.	891,188.	971,393.	1,721,239.
e Other expenditures for facilities and programs					
f Administrative expenses	343,647.	305,111.	281,939.	264,428.	272,361.
g End of year balance	30,418,078.	29,281,667.	25,191,140.	22,898,517.	23,040,215.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on 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:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,131.		31,131.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,131.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,228,430.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 1,189,530.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,189,530.
3	Subtract line 2e from line 1		3	10,038,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 4,356,022.		
c	Add lines 4a and 4b		4c	4,356,022.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	14,394,922.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,454,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,454,699.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 1,540,640.		
c	Add lines 4a and 4b		4c	1,540,640.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,995,339.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSFERS SUBJECT TO FAS 136 4,356,022.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSFERS SUBJECT TO FAS 136 1,540,640.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **COMMUNITIES FOUNDATION OF OKLAHOMA** Employer identification number **73-1396320**

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILTY FIRST, INC. 1301 W. MAIN STREET DUNCAN, OK 73533-4328	73-1151612	501(C)(3)	9,737.	0.			OPERATIONS GRANT
AGRICORPS INC PO BOX 123 THROCKMORTON, TX 76483	46-3335977	501(C)(3)	199,999.	0.			OPERATIONS GRANT
ALLEY CAT ADVOCATES, INC. 3044 BARDSTOWN RD. 204 LOUISVILLE, KY 40205	61-1343210	501(C)(3)	12,000.	0.			OPERATIONS GRANT
ALL SAINTS' EPISCOPAL CHURCH 809 WEST CEDAR DUNCAN, OK 73533	73-0796096	501(C)(3)	8,885.	0.			OPERATIONS GRANT
ALVA INDEPENDENT SCHOOL DISTRICT #001 - 418 FLYNN ST. - ALVA, OK 73717		ALVA SCHOOL DISTRICT	8,562.	0.			OPERATIONS GRANT
AMES CEMETERY PO BOX 21 COVINGTON, OK 73730	73-6105956	501(C)(13)	8,457.	0.			OPERATIONS GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 141.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 9.

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA'S HOUSE FOUNDATION 3001 EAST MEMORIAL RD SUITE 200 EDMOND, OK 73013	33-1203679	501(C)(3)	20,000.	0.			OPERATIONS GRANT
ASSISTANCE LEAGUE OF NORMAN 809 WALL STREET NORMAN, OK 73026	73-0927199	501(C)(3)	32,587.	0.			OPERATIONS GRANT
BETHESDA, INC 1181 EAST MAIN NORMAN, OK 73071	73-1170216	501(C)(3)	26,896.	0.			OPERATIONS GRANT
BLACKWELL OKLAHOMA COMMUNITY FOUNDATION INC - PO BOX 514 - BLACKWELL, OK 74631-0514	73-1388218	501(C)(3)	6,007.	0.			OPERATIONS GRANT
BLACKWELL PUBLIC SCHOOL FOUNDATION PO BOX 151 BLACKWELL, OK 74631	73-1330442	501(C)(3)	6,819.	0.			OPERATIONS GRANT
BLANCHARD PUBLIC SCHOOLS EDUCATION FOUNDATION - P.O. BOX 1994 - BLANCHARD, OK 73010	56-2300426	501(C)(3)	5,116.	0.			OPERATIONS GRANT
BOB STOOPS CHAMPIONS FOUNDATION, INC. - 180 W. BROOKS, SUITE 320 - NORMAN, OK 73069	73-1617340	501(C)(3)	5,550.	0.			OPERATIONS GRANT
BOYS AND GIRLS CLUB OF OKLAHOMA COUNTY - PO BOX 18701 - OKLAHOMA CITY, OK 73154	73-1472202	501(C)(3)	60,000.	0.			OPERATIONS GRANT
BOYS AND GIRLS CLUB OF TAHLEQUAH PO BOX 1967 TAHLEQUAH, OK 74465-1967	73-1505432	501(C)(3)	32,343.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOW EDUCATION FOUNDATION INC 104 SOUTH MAIN BRISTOW, OK 74010	73-1450789	501(C)(3)	20,149.	0.			OPERATIONS GRANT
BURLINGTON EDUCATION FOUNDATION 401 MAIN ST. BURLINGTON, OK 73722	73-1536760	501(C)(3)	10,211.	0.			OPERATIONS GRANT
CALM WATERS 4334 N.W. EXPRESSWAY, STE. 101 OKLAHOMA CITY, OK 73116	73-1561707	501(C)(3)	13,565.	0.			OPERATIONS GRANT
CAMERON UNIVERSITY FOUNDATION 2800 WEST GORE BLVD LAWTON, OK 73505	23-7168952	501(C)(3)	123,350.	0.			OPERATIONS GRANT
CASADY SCHOOL 9500 N. PENNSYLVANIA AVE OKLAHOMA CITY, OK 73120	73-0587209	501(C)(3)	53,758.	0.			OPERATIONS GRANT
CASA FOR CHILDREN/MUSKOGEE 419 W. BROADWAY ST. MUSKOGEE, OK 74401	73-1497371	501(C)(3)	5,229.	0.			OPERATIONS GRANT
CASA OF CHEROKEE COUNTRY P.O. BOX 1788 TAHLEQUAH, OK 74465	73-1478988	501(C)(3)	7,691.	0.			OPERATIONS GRANT
CASA OF OKLAHOMA COUNTY 5905 NORTH CLASSEN COURT SUITE 302 OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	8,222.	0.			OPERATIONS GRANT
CENTRAL OKLAHOMA HUMANE SOCIETY PO BOX 18471 OKLAHOMA CITY, OK 73154	20-8446621	501(C)(3)	10,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICKASHA AREA YMCA 725 WEST CHICKASHA AVENUE CHICKASHA, OK 73018	73-0579270	501(C)(3)	32,000.	0.			OPERATIONS GRANT
CHISHOLM TRAIL ARTS COUNCIL, INC. 810 W. WALNUT DUNCAN, OK 73533	73-1028488	501(C)(3)	10,822.	0.			OPERATIONS GRANT
CHISHOLM TRAIL CHURCH OF CHRIST 3204 W BEECH AVE DUNCAN, OK 73533	73-1194152	501(C)(3)	10,055.	0.			OPERATIONS GRANT
CHISHOLM TRAIL HERITAGE CENTER ASSOCIATION - 1000 CHISHOLM TRAIL PARKWAY - DUNCAN, OK 73533	14-1896825	501(C)(3)	161,033.	0.			OPERATIONS GRANT
CHURCH WOMEN UNITED TOY SHOP P. O. BOX 206 DUNCAN, OK 73534-0206	51-0200884	501(C)(3)	10,337.	0.			OPERATIONS GRANT
CITIZENS FOR CHILDREN AND FAMILIES 2108 NW 59TH CIRCLE OKLAHOMA CITY, OK 73112	82-1142316	501(C)(3)	10,000.	0.			OPERATIONS GRANT
CITY OF CHICKASHA 117 N 4TH STREET CHICKASHA, OK 73018	73-6005139	CITY OF CHICKASHA	45,000.	0.			OPERATIONS GRANT
CITY OF COLORADO SPRINGS 30 SOUTH NEVADA AVENUE COLORADO SPRINGS, CO 80903		CITY OF COLORADO	SPR 25,000.	0.			OPERATIONS GRANT
CITY OF OKLAHOMA CITY 200 NORTH WALKER AVE OKLAHOMA CITY, OK 73102		CITY OF OKLAHOMA	CIT 100,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SHAWNEE 231 N. BELL AVE. SHAWNEE, OK 74801	73-6005424	CITY OF SHAWNEE	13,276.	0.			OPERATIONS GRANT
CITY OF TAHLEQUAH 401 S. WATER AVE TAHLEQUAH, OK 74464		CITY OF TAHLEQUAH	100,000.	0.			OPERATIONS GRANT
COMMUNITY CHRISTIAN SCHOOL, INC. 3002 BROCE DR. NORMAN, OK 73072	73-1286326	501(C)(3)	35,500.	0.			OPERATIONS GRANT
DALLAS ARBORETUM & BOTANICAL GARDEN, INC. - 8617 GARLAND ROAD - DALLAS, TX 75218	23-7375815	501(C)(3)	10,000.	0.			OPERATIONS GRANT
DALLAS AREA CHAPTER AMERICAN RED CROSS - 4800 HARRY HINES BLVD - DALLAS, TX 75235	53-0196605	501(C)(3)	10,000.	0.			OPERATIONS GRANT
DARTMOUTH COLLEGE DEVELOPMENT 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	100,000.	0.			OPERATIONS GRANT
DAVIS PUBLIC SCHOOL FOUNDATION PO BOX 333 DAVIS, OK 73030	73-1390242	501(C)(3)	7,473.	0.			OPERATIONS GRANT
DOVE SCIENCE ACADEMY 919 NW 23RD ST OKLAHOMA CITY, OK 73106	47-2494465	501(C)(3)	10,000.	0.			OPERATIONS GRANT
DUNCAN PUBLIC SCHOOLS PO BOX 1548 DUNCAN, OK 73534	73-6021226	DUNCAN PUBLIC SCHOOL	13,094.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNCAN PUBLIC SCHOOLS FOUNDATION P.O. BOX 1882 DUNCAN, OK 73534-1468	73-1341146	501(C)(3)	62,566.	0.			OPERATIONS GRANT
DUNCAN REGIONAL HOSPITAL HEALTH FOUNDATION - PO BOX 2000 - DUNCAN, OK 73534-2000	20-2772056	501(C)(3)	265,539.	0.			OPERATIONS GRANT
DUNCAN SENIOR CITIZENS CENTER 1110 N. 7TH STREET DUNCAN, OK 73533	73-0775679	501(C)(3)	18,507.	0.			OPERATIONS GRANT
EMERGENCY INFANT SERVICES 222 S HOUSTON AVE TULSA, OK 74127	73-1039524	501(C)(3)	10,000.	0.			OPERATIONS GRANT
ENERGY FC FOUNDATION 1001 N. BROADWAY OKLAHOMA CITY, OK 73102	82-2642006	501(C)(3)	11,500.	0.			OPERATIONS GRANT
FIELDS AND FUTURES FOUNDATION 7001 NW 164TH EDMOND, OK 73013	46-4569055	501(C)(3)	5,559.	0.			OPERATIONS GRANT
FIRST BAPTIST CHURCH (SHAWNEE) PO BOX 1928 SHAWNEE, OK 74802-1928	73-0614288	501(C)(3)	9,000.	0.			OPERATIONS GRANT
FIRST CHRISTIAN CHURCH DAY CARE 912 W. WALNUT DUNCAN, OK 73533	73-0661826	501(C)(3)	12,665.	0.			OPERATIONS GRANT
FIRST CHRISTIAN CHURCH DUNCAN 912 W. WALNUT DUNCAN, OK 73533	73-0661826	501(C)(3)	6,245.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD AND SHELTER INC PO BOX 5537 NORMAN, OK 73071	73-1222111	501(C)(3)	25,045.	0.			OPERATIONS GRANT
FRANCIS TUTTLE FOUNDATION, INC. 12777 N. ROCKWELL AVE OKLAHOMA CITY, OK 73142	73-1226477	501(C)(3)	8,126.	0.			OPERATIONS GRANT
FREEDOM CHURCH PO BOX 188 PIEDMONT, OK 73078	73-1571631	501(C)(3)	21,958.	0.			OPERATIONS GRANT
FREEDOM OKLAHOMA EDUCATION CAMPAIGN LTD - 4323 N CLASSEN BLVD SUITE 105 - OKLAHOMA CITY, OK 73118	45-5405020	501(C)(3)	25,000.	0.			OPERATIONS GRANT
FRIENDS OF THE DUNCAN PUBLIC LIBRARY - 2211 N. HIGHWAY 81 - DUNCAN, OK 73533	73-1355845	501(C)(3)	15,892.	0.			OPERATIONS GRANT
FRIENDS OF THE WILL ROGERS LIBRARY 1515 N. FLORENCE AVE CLAREMORE, OK 74017	26-0135494	501(C)(3)	11,755.	0.			OPERATIONS GRANT
GABRIEL'S HOUSE, INC. P.O. BOX 883 DUNCAN, OK 73533	73-1573021	501(C)(3)	9,446.	0.			OPERATIONS GRANT
GARBER ALUMNI ASSOCIATION PO BOX 236 GARBER, OK 73738-0236	82-2390078	501(C)(3)	9,747.	0.			OPERATIONS GRANT
HOLDENVILLE EDUCATION FOUNDATION P.O. BOX 641 HOLDENVILLE, OK 74848	90-0539732	501(C)(3)	12,295.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS ALLIANCE 1724 NW 4TH STREET OKLAHOMA CITY, OK 73106	11-3718005	501(C)(3)	149,450.	0.			OPERATIONS GRANT
INFANT CRISIS SERVICES, INC. 4224 N. LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-1378766	501(C)(3)	6,781.	0.			OPERATIONS GRANT
JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	20,000.	0.			OPERATIONS GRANT
KENTUCKY EQUINE HUMANE CENTER INC PO BOX 910124 LEXINGTON, KY 40591	20-5883736	501(C)(3)	16,500.	0.			OPERATIONS GRANT
KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET, NW WASHINGTON, DC 20005	26-2763038	501(C)(3)	20,000.	0.			OPERATIONS GRANT
KINGFISHER COMMUNITY COLLABORATIVE, INC. - 414 HILL DRIVE - KINGFISHER, OK 73750	82-0557760	501(C)(3)	13,800.	0.			OPERATIONS GRANT
KINGFISHER EDUCATIONAL FOUNDATION PO BOX 24 KINGFISHER, OK 73750	73-1275143	501(C)(3)	25,434.	0.			OPERATIONS GRANT
KINGFISHER MEALS ON WHEELS, INC. 201 S. 6TH STREET KINGFISHER, OK 73750	73-1017223	501(C)(3)	10,794.	0.			OPERATIONS GRANT
KIWANIS SPECIAL ACTIVITIES FUND INC - PO BOX 1425 - OKLAHOMA CITY, OK 73101	73-0738964	501(C)(3)	100,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KLIFE PO BOX 54491 OKLAHOMA CITY, OK 73154	71-0806709	501(C)(3)	10,000.	0.			OPERATIONS GRANT
LAWTON PHILHARMONIC SOCIETY, INC. PO BOX 1473 LAWTON, OK 73502	73-6103649	501(C)(3)	13,201.	0.			OPERATIONS GRANT
LAWTON PUBLIC SCHOOLS FOUNDATION, INC. - P.O. BOX 2323 - LAWTON, OK 73502	73-1386496	501(C)(3)	21,279.	0.			OPERATIONS GRANT
MABEE-GERRER MUSEUM OF ART 1900 W. MACARTHUR DRIVE SHAWNEE, OK 74804	73-1392868	501(C)(3)	8,572.	0.			OPERATIONS GRANT
MARY ABBOTT CHILDREN'S HOUSE 251 E SYMMES ST NORMAN, OK 73069-5028	73-1512416	501(C)(3)	6,221.	0.			OPERATIONS GRANT
MEALS ON WHEELS - NORMAN 528 E. MAIN STREET NORMAN, OK 73070	73-0931924	501(C)(3)	5,220.	0.			OPERATIONS GRANT
MERCY HEALTH FOUNDATION 13321 NORTH MERIDIAN SUITE 206 OKLAHOMA CITY, OK 73101	46-3184231	501(C)(3)	10,000.	0.			OPERATIONS GRANT
MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY (SCHOLARSHIPS) - 1870 MINOR CIRCLE - ROLLA, MO 65409		501(C)(3)	12,000.	0.			OPERATIONS GRANT
MORE FOUNDATION 301 W. MAIN, SUITE 510 ARDMORE, OK 73401	73-1373231	501(C)(3)	105,697.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL AMBUCS INC PO BOX 203 KINGFISHER, OK 73750	90-0548233	501(C)(3)	10,000.	0.			OPERATIONS GRANT
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM - 1700 N. E. 63RD STREET - OKLAHOMA CITY, OK 73111	30-0341029	501(C)(3)	10,000.	0.			OPERATIONS GRANT
NEWVIEW OKLAHOMA, INC 501 N. DOUGLAS AVE OKLAHOMA CITY, OK 73106	73-0592386	501(C)(3)	16,640.	0.			OPERATIONS GRANT
NEXUS EQUINE INC PO BOX 54572 OKLAHOMA CITY, OK 73154	81-1990122	501(C)(3)	120,000.	0.			OPERATIONS GRANT
NORMAN FIREHOUSE ART CENTER 444 SOUTH FLOOD NORMAN, OK 73069	23-7112097	501(C)(3)	10,272.	0.			OPERATIONS GRANT
NORTH OKC SOCCER CLUB, INC. PO BOX 720091 OKLAHOMA CITY, OK 73172	73-1048783	501(C)(3)	13,347.	0.			OPERATIONS GRANT
NORTHWEST TECHNOLOGY CENTER FOUNDATION - 1801 11TH STREET - ALVA, OK 73717-9607	73-1393251	501(C)(3)	22,528.	0.			OPERATIONS GRANT
OCEAN REEF COMMUNITY FOUNDATION, INC. - 35 OCEAN REEF DRIVE, SUITE 148 - KEY LARGO, FL 33037	65-0509255	501(C)(3)	45,000.	0.			OPERATIONS GRANT
OKARCHE EDUCATIONAL FOUNDATION PO BOX 324 OKARCHE, OK 73762-0324	73-1511954	501(C)(3)	8,399.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OK CRISIS NURSERY FOUNDATION 18001 CHISHOLM CREEK FARM LANE EDMOND, OK 73012	83-2361044	501(C)(3)	9,185.	0.			OPERATIONS GRANT
OKDHS FINANCE PO BOX 25352 OKLAHOMA CITY, OK 73125-0352		501(C)(3)	638,199.	0.			OPERATIONS GRANT
OKLAHOMA ACADEMY FOR STATE GOALS P.O. BOX 968 NORMAN, OK 73070	73-1255400	501(C)(3)	84,138.	0.			OPERATIONS GRANT
OKLAHOMA CATTLEMEN'S FOUNDATION PO BOX 82395 OKLAHOMA CITY, OK 73148	73-1135528	501(C)(3)	30,548.	0.			OPERATIONS GRANT
OKLAHOMA CITY FAMILY JUSTICE CENTER INC - 1140 N HUDSON - OKLAHOMA CITY, OK 73103	47-5502128	501(C)(3)	82,000.	0.			OPERATIONS GRANT
OKLAHOMA CITY UNIVERSITY (ATHLETICS) - 2501 N. BLACKWELDER AVE - OKLAHOMA CITY, OK 73106	73-0579265	501(C)(3)	10,000.	0.			OPERATIONS GRANT
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH ST - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	227,063.	0.			OPERATIONS GRANT
OKLAHOMA MESSAGES PROJECT 1409 NW 150TH STREET EDMOND, OK 73013	27-3220448	501(C)(3)	6,420.	0.			OPERATIONS GRANT
OKLAHOMA POLICY INSTITUTE 907 S DETROIT AVE STE1005 TULSA, OK 74120-4265	33-1178624	501(C)(3)	5,250.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA REPERTORY THEATRE GROUP INCORPORATED - PO BOX 1913 - OKLAHOMA CITY, OK 73101	73-1585689	501(C)(3)	25,000.	0.			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY FOUNDATION - PO BOX 1749 - STILLWATER, OK 74076-1749	73-6097060	501(C)(3)	5,594.	0.			OPERATIONS GRANT
OKLAHOMA YOUTH EXPOSITION, INC. 500 NW 30TH STREET OKLAHOMA CITY, OK 73118	73-1620710	501(C)(3)	26,333.	0.			OPERATIONS GRANT
OK LIBRARY ASSOCIATION 1190 MERAMEC STATION RD BALLWIN, MO 63021	73-1044902	501(C)(3)	13,527.	0.			OPERATIONS GRANT
OPERATION SMILE, INC. 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	10,000.	0.			OPERATIONS GRANT
PAULS VALLEY FOUNDATION FOR ACADEMIC EXCELLENCE INC - PO BOX 63 - PAULS VALLEY, OK 73075-0063	73-1362811	501(C)(3)	21,977.	0.			OPERATIONS GRANT
PEACEFUL ANIMAL ADOPTION SHELTER P.O. BOX 491 VINITA, OK 74301	45-5414625	501(C)(3)	800,000.	0.			OPERATIONS GRANT
PEACEFUL VALLEY DONKEY RESCUE INC. PO BOX 5741 SAN ANGELO, TX 76902-5741	77-0562800	501(C)(3)	10,000.	0.			OPERATIONS GRANT
PEPPERS RANCH, INC P.O. BOX 3814 EDMOND, OK 73083	73-1608380	501(C)(3)	5,271.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER LIBRARY SYSTEM 300 NORMAN CENTER COURT NORMAN, OK 73072	73-6081619	501(C)(3)	21,722.	0.			OPERATIONS GRANT
PIVOT, INC. 201 N.E. 50TH STREET OKLAHOMA CITY, OK 73105-1811	73-0940217	501(C)(3)	84,636.	0.			OPERATIONS GRANT
POTTAWATOMIE COUNTY JR. LIVESTOCK SHOW - PO BOX 234 - TECUMSEH, OK 74873	73-6006409	501(C)(6)	8,090.	0.			OPERATIONS GRANT
RED ANDREWS CHRISTMAS DINNER FOUNDATION - 2513 SW 124TH STREET - OKLAHOMA CITY, OK 73170	80-0865847	501(C)(3)	8,860.	0.			OPERATIONS GRANT
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	86,203.	0.			OPERATIONS GRANT
REMERGE OF OKLAHOMA COUNTY, INC 1140 N. HUDSON OKLAHOMA CITY, OK 73103	46-4504748	501(C)(3)	108,000.	0.			OPERATIONS GRANT
ROTARY CLUB OF MIDWEST CITY PO BOX 10971 MIDWEST CITY, OK 73140-1971		501(C)(3)	8,771.	0.			OPERATIONS GRANT
SAYRE PUBLIC SCHOOL FOUNDATION 129 EAST MAIN STREET SAYRE, OK 73662	73-1439751	501(C)(3)	32,698.	0.			OPERATIONS GRANT
SEMINOLE CHAMBER OF COMMERCE PO BOX 1190 SEMINOLE, OK 74818	73-0441200	501(C)(3)	5,190.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMINOLE PUBLIC SCHOOLS PO BOX 1031 SEMINOLE, OK 74818-1031		SEMINOLE PUBLIC SCHO	20,000.	0.			OPERATIONS GRANT
SHARE MEDICAL CENTER FOUNDATION, INC. - PO BOX 727 - ALVA, OK 73717-0727	73-1608371	501(C)(3)	12,193.	0.			OPERATIONS GRANT
SHAWNEE EDUCATIONAL FOUNDATION PO BOX 3521 SHAWNEE, OK 74802	73-1344552	501(C)(3)	5,196.	0.			OPERATIONS GRANT
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 75275-0402	75-0800689	501(C)(3)	20,000.	0.			OPERATIONS GRANT
SPUR KITCHEN FOUNDATION 1325 N. WALKER AVE #138 OKLAHOMA CITY, OK 73103	83-2543870	501(C)(3)	10,000.	0.			OPERATIONS GRANT
STEPHENS COUNTY HISTORICAL SOCIETY P.O. BOX 1294 DUNCAN, OK 73534	23-7258111	501(C)(3)	7,315.	0.			OPERATIONS GRANT
STEPHENS COUNTY HUMANE SOCIETY PO BOX 669 DUNCAN, OK 73533	73-1202082	501(C)(3)	12,091.	0.			OPERATIONS GRANT
STILLWATER PUBLIC EDUCATION FOUNDATION, INC. - PO BOX 286 - STILLWATER, OK 74076	73-1267401	501(C)(3)	10,532.	0.			OPERATIONS GRANT
ST LUKES UNITED METHODIST CHURCH 222 NW 15TH STREET OKLAHOMA CITY, OK 73103	73-1011829	501(C)(3)	10,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRATFORD PUBLIC SCHOOL PO BOX 589 STRATFORD, OK 74872	73-0761376	501(C)(3)	7,089.	0.			OPERATIONS GRANT
STUDENT WORK DEVELOPMENT FOUNDATION INC - PO BOX 2100 - NORMAN, OK 73070	51-0168187	501(C)(3)	50,000.	0.			OPERATIONS GRANT
TAHLEQUAH COMMUNITY PLAYHOUSE PO BOX 902 TAHLEQUAH, OK 74465	73-1388414	501(C)(3)	5,207.	0.			OPERATIONS GRANT
TAHLEQUAH FIRST UNITED METHODIST CHURCH - 300 WEST DELAWARE STREET - TAHLEQUAH, OK 74464		501(C)(3)	7,602.	0.			OPERATIONS GRANT
TAHLEQUAH PUBLIC SCHOOL FOUNDATION 1 PLAZA SOUTH, STE 276 TAHLEQUAH, OK 74464	73-1365473	501(C)(3)	46,213.	0.			OPERATIONS GRANT
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297440 FORT WORTH, TX 76129	75-0827465	501(C)(3)	40,000.	0.			OPERATIONS GRANT
THE CHILDREN'S CENTER REHABILITATION HOSPITAL - 6800 N. W. 39TH EXPRESSWAY - BETHANY, OK 73008	73-0580264	501(C)(3)	13,148.	0.			OPERATIONS GRANT
THE DALLAS OPERA 2403 FLORA ST. STE. 500 DALLAS, TX 75201	75-6004746	501(C)(3)	34,000.	0.			OPERATIONS GRANT
THE DALLAS SUMMER MUSICALS, INC. PO BOX 710336 DALLAS, TX 75371	75-1104793	501(C)(3)	50,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RUNNYMEDE PO BOX 668 ALVA, OK 73717-0668	73-1204712	501(C)(3)	11,399.	0.			OPERATIONS GRANT
THE WOUNDED BLUE 7881 W CHARLESTON BLVD STE 110 LAS VEGAS, NV 89117		501(C)(3)	5,555.	0.			OPERATIONS GRANT
THRIVE (SEXUAL HEALTH COLLECTIVE FOR YOUTH) - 3000 UNITED FOUNDERS BLVD SUITE 247 - OKLAHOMA CITY, OK 73112	81-2820895	501(C)(3)	7,000.	0.			OPERATIONS GRANT
THUNDERBIRD CLUBHOUSE PO BOX 1666 NORMAN, OK 73070	73-1425145	501(C)(3)	5,059.	0.			OPERATIONS GRANT
TO BY FOR KIDS FOUNDATION DBA CLEATS FOR KIDS - 720 W WILSHIRE BLVD SUITE 120 - OKLAHOMA CITY, OK 73116	45-3590945	501(C)(3)	10,000.	0.			OPERATIONS GRANT
TOY SHOP OF DUNCAN PO BOX 206 DUNCAN, OK 73534	51-0200884	501(C)(3)	23,513.	0.			OPERATIONS GRANT
TWO FLY FOUNDATION INC 2231 MIRACLE DR CASPER, WY 82609-4602	84-1648012	501(C)(3)	10,000.	0.			OPERATIONS GRANT
UNITED WAY OF STEPHENS COUNTY P.O. BOX 1632 DUNCAN, OK 73534	23-7210483	501(C)(3)	21,824.	0.			OPERATIONS GRANT
UNIVERSITY OF OKLAHOMA FOUNDATION, INC. - PO BOX 258856 - OKLAHOMA CITY, OK 73156	73-6091755	501(C)(3)	258,884.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA SCHOOL OF LAW - 3501 SANSOM STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	40,000.	0.			OPERATIONS GRANT
UNIVERSITY OF SCIENCE & ARTS OF OK FOUNDATION, INC. - 1727 W ALABAMA AVENUE - CHICKASHA, OK 73018	73-1031040	501(C)(3)	31,364.	0.			OPERATIONS GRANT
URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FL NEW YORK CITY, NY 10006	13-3442022	501(C)(3)	17,500.	0.			OPERATIONS GRANT
VICTORIOUS LIFE CHURCH 24389 HIGHWAY 82 TAHLEQUAH, OK 74464		501(C)(3)	7,602.	0.			OPERATIONS GRANT
WELCH PUBLIC SCHOOLS ENRICHMENT FOUNDATION - PO BOX 129 - WELCH, OK 74369	73-1480590	501(C)(3)	13,418.	0.			OPERATIONS GRANT
WES WELKER FOUNDATION P.O. BOX 20777 OKLAHOMA CITY, OK 73156	65-1303856	501(C)(3)	10,000.	0.			OPERATIONS GRANT
WOMEN'S REFUGEE COMMISSION 15 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	46-3668128	501(C)(3)	15,000.	0.			OPERATIONS GRANT
ZEAL USA INC. P.O. BOX 702066 DALLAS, TX 75370	20-1859768	501(C)(3)	10,000.	0.			OPERATIONS GRANT
ZOE INSTITUTE, INC. 401 S. WATER AVE. TAHLEQUAH, OK 74464	11-3717573	501(C)(3)	40,950.	0.			OPERATIONS GRANT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL	487	1,152,543.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ANY FISCAL SPONSORSHIP THAT CONSIDERS MAKING GRANTS TO INDIVIDUALS MUST
DOCUMENT CRITERIA AND SELECTION PROCESS FOR SUCH GRANTEES. THIS INFORMATION
MUST BE INCLUDED IN THE ORIGINAL APPLICATION TO OPEN THE FUND AT CFO AND
APPROPRIATE FORMS TO DOCUMENT THE SELECTION AND THE REQUIREMENTS OF THE
GRANTS ARE ALSO ON FILE. AWARD LETTERS ACCOMPANY ALL PAYMENTS AND DESCRIBE
THE PURPOSE OF THE GRANT AND ANY REPORTING REQUIREMENTS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
-----------------------------------------------------------------------	-----------------------------------------------------

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TOM MCCASLAND III	BOARD MEMBER	307,899.	TOM MCCASLA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TOM MCCASLAND III

(D) DESCRIPTION OF TRANSACTION: TOM MCCASLAND III IS ON THE BOARD OF DIRECTORS AND TRUST COMMITTEE AT BANCFIRST, WHICH IS THE INSTITUTION THAT HOLDS \$102,868,394 OF THE FOUNDATION'S INVESTMENTS. THE FOUNDATION PAID INVESTMENT FEES OF \$307,899 DURING THIS FISCAL YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **COMMUNITIES FOUNDATION OF OKLAHOMA** Employer identification number: **73-1396320**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	1,040,902.	HIGH/LOW ON DATE REC.
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number

73-1396320

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GRANTS FOR CHARITABLE PROGRAMS AND PROJECTS THROUGHOUT THE STATE OF

OKLAHOMA AND THROUGHOUT THE UNITED STATES.

EXPENSES \$ 6,894,965. INCL GRANTS OF \$ 6,433,525. REVENUE \$ 474,206.

FORM 990, PART VI, SECTION A, LINE 3:

DELEGATED CONTROL TO FOUNDATION MANAGEMENT, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

A COMPLETE COPY OF THE 990 IS EMAILED TO THE DIRECTORS PRIOR TO SIGNATURE

BY THE CHAIR. DIRECTORS ARE INSTRUCTED TO REPLY ALL WITH ANY QUESTIONS OR

COMMENTS BEFORE THE DATE WHEN THE CHAIR WILL SIGN THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS ARE PROVIDED A DISCLOSURE FORM AND ASKED TO COMPLETE IT EACH YEAR

AT THE ANNUAL MEETING. OTHER COMMITTEE MEMBERS ARE PROVIDED A DISCLOSURE

FORM AT THE FIRST MEETING FOLLOWING THE BEGINNING OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CURRENT EXECUTIVE DIRECTOR WAS HIRED BY THE PREVIOUS MANAGEMENT TEAM AS

THEIR EMPLOYEE WITH SALARY DETERMINED BASED ON CURRENT COMPARABLE SALARIES

AND RELEVANT EXPERIENCE. THE BOARD OF CFO APPROVED THE PROPOSED SALARY AND

IT REMAINED CONSISTENT WITH THE TRANSITION TO CFO HAVING ITS OWN STAFF (AS

DID THE HIRING OF ALL OF THE BEGINNING STAFF).

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
----------------------------------------------------------------	----------------------------------------------

THIS INFORMATION IS UPLOADED ONTO OUR WEBSITE. THE ORGANIZATION DID NOT
RECEIVE ANY REQUESTS FOR THE INFORMATION LISTED ABOVE DURING THE FISCAL
YEAR.