

# PUBLIC INSPECTION

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 black lung benefit trust or private foundation)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the 2010 calendar year, or tax year beginning <b>07/01/10</b> , and ending <b>06/30/11</b>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>2932 NW 122ND STREET, SUITE D</b> City or town, state or country, and ZIP + 4 <b>OKLAHOMA CITY OK 73120-1955</b>	<b>D</b> Employer identification number <b>73-1396320</b> <b>E</b> Telephone number <b>405-755-5571</b> <b>G</b> Gross receipts \$ <b>23,662,508</b>
	<b>F</b> Name and address of principal officer <b>RICHARD RATCLIFFE</b> <b>2932 NW 122ND ST, SUITE D</b> <b>OKLAHOMA CITY OK 73120-1955</b>	<b>H(a)</b> Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>H(c)</b> Group exemption number ▶
	<b>J</b> Website: ▶ <b>WWW.CFOK.ORG</b>	<b>L</b> Year of formation: <b>1992</b>
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>M</b> State of legal domicile: <b>OK</b>

### Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA</b>				
	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)			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			
	6	Total number of volunteers (estimate if necessary)			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
	7b	Net unrelated business taxable income from Form 990-T, line 34			
	<b>Revenue</b>			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	21,584,629	11,124,371
9		Program service revenue (Part VIII, line 2g)			
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,474	1,686,199	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	604,693	712,233	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,594,796	13,522,803	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,028,768	9,739,631	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	36,487		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	899,858	1,065,546	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,928,626	10,805,177	
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	6,666,170	2,717,626	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	36,660,991	44,545,283	
	21	Total liabilities (Part X, line 26)	1,672,981	2,935,652	
22	Net assets or fund balances. Subtract line 21 from line 20	34,988,010	41,609,631		

### 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.

<b>Sign Here</b>	 Signature of officer		<b>5-14-12</b> Date	
	<b>RICHARD RATCLIFFE</b> Type or print name and title		<b>OFFICER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATTI FERNANDEZ</b>		Preparer's signature 	
	Firm's name ▶ <b>COLE &amp; REED, P.C.</b>		Date <b>5/8/12</b>	
	Firm's address ▶ <b>531 COUCH DR OKLAHOMA CITY, OK 73102-2251</b>		Check <input type="checkbox"/> if PTIN self-employed <b>P00044354</b> Firm's EIN ▶ <b>73-1312422</b> Phone no. <b>405-239-7961</b>	

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 to any question 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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  **X** No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,620,370** including grants of \$ **1,500,000** ) (Revenue \$ )

**GRANTS WERE AWARDED TO 4 UNIVERSITIES FOR PROGRAMS TO INCREASE THE NUMBER OF NURSES TO ADDRESS THE PROJECTED SIGNIFICANT SHORTAGE OF NURSES IN OKLAHOMA. \$1,500,000 FOR MASTERS OF SCIENCE IN NURSING PROGRAMS.**

4b (Code: ) (Expenses \$ **972,341** including grants of \$ **842,323** ) (Revenue \$ )

**GRANTS WERE AWARDED FOR PLANNING AND DESIGN OF OKLAHOMA CITY EDUCARE FACILITY TO EDUCATE AND CARE FOR 200 OF OKLAHOMA CITY'S CHILDREN FROM BIRTH TO AGE 5 FROM LOW INCOME FAMILIES. EDUCARE IS A RESEARCH-BASED MODEL TO REACH YOUNG CHILDREN EARLY AND BREAK THE CYCLE OF POVERTY.**

4c (Code: ) (Expenses \$ **1,263,530** including grants of \$ **1,084,177** ) (Revenue \$ )

**GRANTS WERE AWARDED TO SMART START CENTRAL OKLAHOMA TO PROVIDE SERVICES TO OKLAHOMA CITY'S CHILDREN FOR BIRTH TO AGE 5 FROM LOW INCOME FAMILIES. THE READY FOR KINDERGARTEN PROGRAM IS DESIGNED TO INCREASE LITERACY AND SCHOOL PREPAREDNESS.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **6,430,692** including grants of \$ **6,313,131** ) (Revenue \$ )

4e Total program service expenses ▶ **10,286,933**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>X</b>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
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? If "Yes," complete Schedule D, Part VI	<b>X</b>	
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? If "Yes," complete Schedule D, Part VII		<b>X</b>
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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
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? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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)? If "Yes," complete Schedule D, Part X		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	34		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			X
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FOUNDATION MANAGEMENT INC. 2932 NW 122 SUITE D OKLAHOMA CITY OK 73120-1955 405-755-5571**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) <b>RICHARD RATCLIFFE</b> CHAIRMAN	1.00	X		X				0	0	0
(2) <b>APRIL STOBBE</b> VICE CHAIRMAN	1.00	X		X				0	0	0
(3) <b>LESLIE RAINBOLT-FORBES</b> SECRETARY	1.00	X		X				0	0	0
(4) <b>JIMMY COOPER</b> TREASURER	1.00	X		X				0	0	0
(5) <b>LAURIE FULLER</b> DIRECTOR	1.00	X						0	0	0
(6) <b>MONICA MCCASLAND</b> DIRECTOR	1.00	X						0	0	0
(7) <b>RICHARD RYERSON</b> DIRECTOR	1.00	X						0	0	0
(8) <b>MARY MARKS JENKINS</b> DIRECTOR	1.00	X						0	0	0
(9) <b>BILL BURGESS</b> DIRECTOR	1.00	X						0	0	0
(10) <b>SUSAN GRAVES</b> EXECUTIVE DIRECTOR	30.00				X			0	0	0
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION MANAGEMENT INC OKLAHOMA CITY OK 73120	2932 NW 122 SUITE D MANAGEMENT	549,040
BANCFIRST OKLAHOMA CITY OK 73126	101 NORTH BROADWAY PORTFOLIO MANAG	295,177

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a 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	11,124,371				
	g Noncash contributions included in lines 1a-1f	\$					
	<b>h Total. Add lines 1a-1f</b>		<b>11,124,371</b>				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		772,348			772,348	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		10,812,674	240,882				
	b Less: cost or other basis & sales exps.	10,139,705					
	c Gain or (loss)	672,969	240,882				
	d Net gain or (loss)			913,851	913,851		
	8a 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							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a 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		Busn. Code					
11a MANAGEMENT FEES		523920	712,233	712,233			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			712,233				
<b>12 Total revenue. See instructions.</b>			<b>13,522,803</b>	<b>1,626,084</b>	<b>0</b>	<b>772,348</b>	

**Part IX Statement of Functional Expenses**

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

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 governments and organizations in the U.S. See Part IV, line 21	9,397,185	9,397,185		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	342,446	342,446		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,550		18,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FMI MANAGEMENT FEES	729,736	547,302	145,947	36,487
b INVESTMENT MANAGEMENT FEE	295,177		295,177	
c CONFERENCE, DUES & PUBS	9,942		9,942	
d TECHNOLOGY EXPENSE	5,977		5,977	
e DIRECTORS & OFFICER LIAB	3,696		3,696	
f All other expenses	2,468		2,468	
25 Total functional expenses. Add lines 1 through 24f	10,805,177	10,286,933	481,757	36,487
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing	5,812,853	1	3,750,899	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	649,869	3	1,723,751	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 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 instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9	6,331	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	29,515			
		10a	29,515			
		b	Less: accumulated depreciation	29,515	10c	
		10b	29,515			
	11	Investments—publicly traded securities	30,198,269	11	39,064,302	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	36,660,991	16	44,545,283		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	53,042	17	57,721	
	18	Grants payable	1,619,939	18	2,877,931	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	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. Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,672,981	26	2,935,652	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	34,988,010	27	41,609,631	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	<b>Total net assets or fund balances</b>	34,988,010	33	41,609,631		
34	<b>Total liabilities and net assets/fund balances</b>	36,660,991	34	44,545,283		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,522,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,805,177
3	Revenue less expenses. Subtract line 2 from line 1	3	2,717,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,988,010
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,903,995
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	41,609,631

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		<b>X</b>
2b	Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
2c	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.	<b>X</b>	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
3b	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.		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **COMMUNITIES FOUNDATION OF OKLAHOMA, INC.** Employer identification number **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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,164,756	11,713,309	14,621,989	21,584,629	11,124,371	69,209,054
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	10,164,756	11,713,309	14,621,989	21,584,629	11,124,371	69,209,054
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						69,209,054

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,164,756	11,713,309	14,621,989	21,584,629	11,124,371	69,209,054
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	824,507	837,346	654,159	684,162	772,348	3,772,522
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	202,879	289,457	465,084	604,693	712,233	2,274,346
11 Total support. Add lines 7 through 10						75,255,922
12 Gross receipts from related activities, etc. (see instructions)					12	712,233
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 2010 (line 6, column (f) divided by line 11, column (f))	14	91.96%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.46%
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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 IV 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—2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010. 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—2009. 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

MANAGEMENT FEES \$ 2,274,346



Schedule of Contributors

2010

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA,  
INC.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA, INC.

Employer identification number

73-1396320

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Tax Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(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		29,515	29,515	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

**Part VII Investments—Other Securities.** 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)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,522,803
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,805,177
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,717,626
4	Net unrealized gains (losses) on investments	4	3,903,995
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-3,275,140
9	Total adjustments (net). Add lines 4 through 8	9	628,855
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,346,481

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,338,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,903,995
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,903,995
3	Subtract line 2e from line 1	3	8,434,010
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 XIV.)	4b	5,088,793
c	Add lines 4a and 4b	4c	5,088,793
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,522,803

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	8,991,524
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,991,524
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 XIV.)	4b	1,813,653
c	Add lines 4a and 4b	4c	1,813,653
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,805,177

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

AGENCY TRANSFERS SUBJECT TO FAS 136	\$ -5,088,793
AGENCY TRANSFERS SUBJECT TO FAS 136	\$ 1,813,653

**PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

AGENCY TRANSFERS SUBJECT TO FAS 136	\$ 5,088,793
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**Part XIV Supplemental Information** (continued)

**PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**AGENCY TRANSFERS SUBJECT TO FAS 136** \$ **1,813,653**

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITIES FOUNDATION OF OKLAHOMA,  
INC.**

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?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	<b>SEE ATTACHED SCHEDULE</b>			5,739,549				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations **▶ 91**

3 Enter total number of other organizations **▶ 2**

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





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.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA,  
INC.

Employer identification number  
73-1396320

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

GRANTS USED IN OTHER COMMUNITY EDUCATIONAL PROGRAMS AND MISCELLENEOUS  
PROGRAMS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

YES, TO FOUNDATION MANAGEMENT, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS SCANNED AND E-MAILED TO THE BOARD OF DIRECTORS FOR THEIR  
REVIEW. TRUSTEES WILL REPLY TO MANAGEMENT STAFF WITH ANY QUESTIONS OR  
THEIR APPROVAL TO SIGN THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

YES, THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES  
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED GAIN/LOSS

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b>	Employer identification number <b>73-1396320</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2932 NW 122ND STREET, SUITE D</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OKLAHOMA CITY OK 73120-1955</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ SHERRIE SCHROEDER**  
Telephone No. **▶ 405-755-5571** FAX No. **▶ 405-755-0938**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15/12**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01/10**, and ending **06/30/11**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED IN WHICH TO GATHER AND ASSEMBLE ALL INFORMATION NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *Janet Greenleaf*** Title **▶ CPA FOR TAXPAYER** Date **▶ 2/7/2012**  
Form 8868 (Rev. 1-2011)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b>	Employer identification number <b>73-1396320</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2932 NW 122ND STREET, SUITE D</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OKLAHOMA CITY OK 73120-1955</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**COMMUNITIES FOUNDATION OF OK, INC**  
**2932 NW 122ND ST, SUITE D**

- The books are in the care of ▶ **SHERRIE SCHROEDER** OK 73120  
Telephone No. ▶ **405-755-5571** FAX No. ▶ **405-755-0938**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **07/01/10**, and ending **06/30/11**

**2** If this tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Communities Foundations of Oklahoma

Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.

Tax Year 2011

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
3R Initiative, Inc c/o Roger A. Stong 20 Broadway Ave, #1800 Oklahoma City, OK 73102	27-4403114	501(C)3	94,881		Consulting fee and insurance reimbursement
All Saints' Episcopal Church 809 West Cedar Duncan, OK 73533	73-0796096	501(C)3	5,962		Annual Distribution
Apache Economic Development Authority P.O. Box 537 Apache, OK 73006	86-0761271	501(C)3	15,848		to complete splash park
Beta Theta Pi Foundation of Oklahoma, Inc. c/o Mr. Zach Allen Two Leadership Square 211 N. Robinson, 14th Floor Oklahoma City, OK 73102	31-6050515	501(C)3	51,500		Beta Leadership Fund
Bishop Sullivan Center 6435 Truman Rd Kansas City, MO 64126	43-1750848	501(C)3	5,000		for Emergency Assistance Program
Blackwell Public School Foundation Attn: Tim Rodriguez 300 W. Doolin Blackwell, OK 74631	73-1330442	501(C)3	5,486		Annual Distribution

Communities Foundations of Oklahoma

Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.

Tax Year 2011

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Bristow Public Schools 420 N. Main Bristow, OK 74010	73-6026797	501(C)3	10,168		2010 Teacher Grants (15 grants)
Calm Waters 4334 N.W. Expressway, Ste. 101 Oklahoma City, OK 73116	73-1561707	501(C)3	8,748		Annual Distribution
Casady School Nathan Sheldon 9500 N. Pennsylvania Oklahoma City, OK 73156-0390	73-0587209	501(C)3	19,236		Annual Distribution
Celebration Preschool, Inc Attn: Ms. Kim Kamp PO Box 890847 Oklahoma City, OK 73189	51-0186343	501(C)3	35,000		EDUCATIONAL
Choctaw/Nicoma Park Public School Foundation Attn: Rachel Mitchell 12880 N.E. 10 Choctaw, OK 73020	73-1394251	501(C)3	6,213		Annual Distribution
Church of the Incarnation 3966 McKinney Avenue Dallas, TX 75204-9975	75-0808771	501(C)3	15,000		General Support

Communities Foundations of Oklahoma

Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
 Tax Year 2011

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
City Care, Inc. 2400 General Pershing Blvd. Oklahoma City, OK 73107	73-1497381	501(C)3	7,928		services provided through 3-2011 for Day Shelter
City of Seminole Attn: Sumer P.O. Box 1218 Seminole, OK 74818-1218	73-6005421	501(C)3	17,260		concrete for pavilion at golf course, material & labor
Cyril Public Schools Attn: Tim Persinger PO Box 449 Cyril, OK 73029	73-6021031	501(C)3	5,200		Gymnasium Scoreboard
Dallas Arboretum & Botanical Garden, Inc Ms. Mary Brenegar, President 8617 Garland Road Dallas, TX 75218	23-7375815	501(C)3	10,000		General Support
Dallas Opera Attn: Jennifer Baker 2403 Flora St. Ste. 500 Dallas, TX 75201	75-6004746	501(C)3	50,500		General Operating Support
Duncan Public Library 2211 N. Highway 81 Duncan, OK 73533	73-1355845	501(C)3	12,876		Annual Distribution

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Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
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Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Duncan Public Schools fbo Duncan High School LLC Attn: Finance Director PO Box 1548 Duncan, OK 73534	73-6021226	501(C)3	6,913		Annual Distribution
Duncan Public Schools Foundation Attn: Lauren Sless P.O. Box 1882 Duncan, OK 73534-1468	73-1341146	501(C)3	19,536		Annual Distribution
Duncan Regional Hospital Attn: DRH Health Foundation PO Box 2000 Duncan, OK 73534	73-1008550	501(C)3	63,170		April CC payment constant contact-45 Fabulous Female Friday - 25.51
Duncan Senior Citizens Center 1110 N. 7th Street Duncan, OK 73533	73-0775679	501(C)3	13,302		Annual Distribution
Eastern Oklahoma State College c/o Ann Owens 1301 W. Main Wilburton, OK 74578	73-6017987	501(C)3	11,550		2010-2011 Scholarships
Eastern Oklahoma State College Development Foundation Attn: Ann Owens 1301 West Main Wilburton, OK 74578	23-7281986	501(C)3	10,592		Annual Distribution

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Education Innovation Laboratory Holyoke Center, Suite 600 1350 Massachusetts Ave. Cambridge, MA 02138	04-2103580	501(C)3	284,000		The Million: Boosting Student Motivation in OKC Public Schools
Firehouse Art Center 444 South Flood Avenue Norman, OK 73069	23-7112097	501(C)3	7,972		Art supplies
Friends of the Will Rogers Library 1200 Andre Circle Claremore, OK 74017		501(C)3	5,714		Annual Distribution
Gabriel's House Attn: Bonnie Talley P.O. Box 883 Duncan, OK 73534	73-1573021	501(C)3	5,584		Annual Distribution
George Washington University Attn: Michael Freedman 805 21st Street, NW, #203 Washington, DC 20052	53-0196584	501(C)3	134,000		2010-11 Series of 4 Kalb Report forums
Greater Ardmore Scholarship Foundation Attn: Roslyn Haile 301 W. Main St, Suite 210 Ardmore, OK 73401	73-1373231	501(C)3	48,796		Annual Distribution



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Harding Charter Preparatory High School Attn: Carole Kelley 3333 N. Shartel Oklahoma City, OK 73118	71-1020066	501(C)3	61,339		UNCLASSIFIABLE
Holdenville Education Foundation Attn: Beverly Rodgers 300 Country Club Dr. Holdenville, OK 74848		501(C)3	5,985		Annual Distribution
Infant Crisis Services, Inc. 4224 N. Lincoln Blvd Oklahoma City, OK 73105	73-1378766	501(C)3	51,073		PUBLIC AFFAIRS
Jasmine Moran Children's Museum P.O. Box 1828 Seminole, OK 74818-1828	73-1335990	501(C)3	7,545		Annual Distribution
Latino Community Development Agency 420 S.W. 10th Street Oklahoma City, OK 73109	73-1424239	501(C)3	50,000		Tony Reyes Bilingual Development Center
Mabee-Gerrer Museum of Art 1900 W. MacArthur Drive Shawnee, OK 74804	73-1392868	501(C)3	5,276		Annual Distribution
Mark Twain Elementary 2451 W. Main Oklahoma City, OK 73107	73-6021175	501(C)3	15,000		Devon Coordinator pay

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McAlester Regional Health Center Foundation MRHC Foundation Director 1 Clark Bass Blvd McAlester, OK 74501	73-1618323	501(C)3	11,861		Return of Principal Grant
Mental Health Association of Central Oklahoma 2800 NW 36th St., Ste. 104 Oklahoma City, OK 73112	73-1023880	501(C)3	10,562		Annual Distribution
Mountain View Schools Attn: Andy Evans Rt 2 Box 88 Mountainview, OK 73062	73-1372855	501(C)3	11,000		pump & filter
OBU/School of Nursing 500 West University Shawnee, OK 74804	73-0579264	501(C)3	500,000		fourth year's (2011) installment of a 5 year, \$2.5 million pledge
Ochsner Clinic Foundation Attn: Marjory Harper 1514 Jefferson Highway BH240 New Orleans, LA 70121	72-0502505	501(C)3	25,000		Neuroscience/Headache Fund
OK Library Association 300 Hardy Drive Edmond, OK 73013	73-6104044	501(C)3	5,610		Annual Distribution

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Oklahoma Academy for State Goals 120 E. Sheridan, Suite 200 Oklahoma City, OK 73104	73-1255400	501(C)3	19,603		Annual Distribution
Oklahoma City Community Foundation P.O. Box 1146 Oklahoma City, OK 73101-1146	23-7024262	501(C)3	65,000		Oklahoma River Foundation
Oklahoma City Public Schools Attn: Sandra Park 900 North Klein Ave. Oklahoma City, OK 73106	73-6021175	501(C)3	140,563		proj. manag. team & software licns/upgrades
Oklahoma City Public Schools Foundation Attn: Ms. Lori Dickinson 5225 North Shartel Ave. Suite 201 Oklahoma City, OK 73118	73-1222182	501(C)3	417,760		All-Day Pre-Kindergarten for Oklahoma City Public Schools
Oklahoma Department of Libraries Attn: Kerri McLinn 200 NE 18th Street Oklahoma City, OK 73105		501(C)3	5,760		Ready to Learn First Book
Oklahoma Department of Wildlife Conservation 1801 N. Lincoln Oklahoma City, OK 73105	73-6017987	501(C)3	25,000		Designated to the Bob White Habitat Restoration

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Oklahoma Partnership for School Readiness Foundation 421 NW 13th St, Suite 270 Oklahoma City, OK 73103	30-0213815	501(C)3	279,700		EDUCATIONAL
Oklahoma Sponsoring Committee 923 N. Robinson Ave, Suite 400 Oklahoma City, OK 73102	26-2941339	501(C)3	16,000		Payroll Taxes Transfer
Oklahoma State Regents for Higher Education 655 Research Parkway, Suite 200 Oklahoma City, OK 73104	73-6017987	501(C)3	45,570		OSRHE/SMART
Oklahoma WONDERtorium Attn: Ruth Cavins P.O. Box 1299 Stillwater, OK 74076	73-1610689	501(C)3	50,000		Donor Advised Fund "Capital Campaign"
OSU Foundation P.O. Box 1749 Stillwater, OK 74076-1749	73-6097060	501(C)3	30,000		Designated to Quail Research Advancement
OU Foundation Attn: Ron C. Winkler 100 Timberdell Rd. Norman, OK 73019	73-6091755	501(C)3	43,307		expendable side of the account

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
OU Health Sciences Center P. O. Box 26901 SCB 114 Oklahoma City, OK 73126	73-6017987	501(C)3	500,000		fifth year's (2011) installment of a 6 year, \$3 million pledge
Pauls Valley Foundation for Academic Excellence P.O. Box 63 Pauls Valley, OK 73075	73-1362811	501(C)3	13,749		Annual Distribution
Peace House 2912 N Robinson Oklahoma City, OK 73103	73-1336417	501(C)3	28,635		June Salary 2011
Pundit Productions, Inc. Attn: Melinda Wittstock 110 Maryland Ave, NE, Ste 201 Washington, DC 20002	42-1561551	501(C)3	50,000		Gen. support for Capitol News Connection
Putnam City Schools 5401 N.W. 40 Oklahoma City, OK 73122	73-1073057	501(C)3	32,913		Inasmuch-Putnam City Prek
Rainbow Fleet, Inc. 3024 Paseo Oklahoma City, OK 73103	73-1096719	501(C)3	36,525		conferences
Raising A Reader 2440 W. El Camino Rd. Suite 300 Mountain View, CA 94040	94-3390149	501(C)3	5,403		OKCPS donations- Raising A Reader

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Reconciliation Services 3101 Troost Ave Kansas City, MO 64109	36-4580402	501(C)3	5,000		For emergency assistance program
Regional Food Bank of Oklahoma PO Box 270968 Oklahoma City, OK 73137-0968	73-1100380	501(C)3	82,000		Return of Principle Distributions
Reporters Committee for Freedom of the Press Attn: Lucy A. Dalglish 1101 Wilson Blvd., Suite 1100 Arlington, VA 22209	52-0972043	501(C)3	67,000		Entry-level one-yr legal fellowship
Rock Island 905 Historical Society of Duncan, Oklahoma 314 N. 5th Street Duncan, OK 73533	27-4045973	501(C)3	33,500		no.10012
Shawnee Public Library Dougherty Fund Anne Masters 225 N. Webster Norman, OK 73069-7133	73-6081619	501(C)3	8,748		Annual Distribution
Shawnee YMCA Tracy Walker 700 W. Saratoga Shawnee, OK 74804	73-0602462	501(C)3	15,891		return of principal grant

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Smart Start Central Oklahoma Attn: Stacy Dykstra 1444 NW 28th Oklahoma City, OK 73106	42-1593360	501(C)3	235,000		
Smart Start Central Oklahoma Attn: Stacy Dykstra 1444 NW 28th Oklahoma City, OK 73106	42-1593360	501(C)3	253,513		Expansion of Early Childhood Services
Southern Nazarene University Attn: LaDonna Moore 6729 N.W. 39th Expressway Bethany, 73008	73-0587210	501(C)3	500,000		fourth year's (2011) installment of a 5 year, \$2.5 million pledge
Special Care Pam Newby, Exec. Director 12201 N. Western Avenue Oklahoma City, OK 73114	73-1227079	501(C)3	501,526		HUMAN SERVICE
Stephens County Humane Society 2110 W. Club Drive Duncan, OK 73533	73-1202082	501(C)3	6,500		Annual Distribution for FY 10
Stillwater Public Education Foundation, Inc. 314 S. Lewis Stillwater, OK 74074	73-1267401	501(C)3	7,957		Annual Distribution

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Student Press Law Center, Inc. Attn: Frank LoMonte 1101 Wilson Blvd., Suite 1100 Arlington, VA 22209	52-1184647	501(C)3	84,000		Funding for Attorney Advocate
Sunbeam Family Services 616 N.W. 21 Oklahoma City, OK 73103	73-0590119	501(C)3	82,518		OKC Educare
Supporting Kids in Independent Living/YSOC Attn: William Alexander 201 N.E. 50th Street Oklahoma City, OK 73105	73-0940217	501(C)3	16,116		Annual Distribution
Tahlequah/Cherokee County Rotary Club P.O. Box 1367 Tahlequah, OK 74465	73-112937	501(C)6	13,444		Closing acct/establishing independent 501(c)3
The Folger Shakespeare Library Attn: National Festivals Project, Carol Kelly 201 East Capiton Street S.E. Washington, DC 20003		501(C)3	5,295		"Set Free" Wrkshop 8/9-8-/10
Timberlake PTO Attn: Lisa Nickel PO Box 188 Jet, OK 73749	26-1394916	501(C)3	30,000		PHILANTHROPY



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Toy Shop of Duncan Attn: Lynn Samples P.O. Box 206 Duncan, OK 73534	51-0200884	501(C)3	9,242		Annual Distribution
Tulsa Area United Way 1430 S. Boulder Ave. Tulsa, OK 74119	73-0580283	501(C)3	10,000		HUMAN SERVICE
United Way of Central Oklahoma P.O. Box 837 Oklahoma City, OK 73101	73-0589829	501(C)3	42,336		INV#2010-058 OPSSR-Rent for Space;Occupancy
United Way of Stephens County Attn: Rebecca Wilson P. O. Box 1632 Duncan, OK 73534	23-7210483	501(C)3	14,893		Annual Distribution
United Way of Stillwater, OK P.O. Box 308 Stillwater, OK 74076-0308	73-0602756	501(C)3	5,000		HUMAN SERVICE
University of Kansas Center for Research Attn: Joanne Altieri 2385 Irving Hill Rd Lawrence, KS 66045	48-0680117	501(C)3	91,277		Funding for Midwest Democracy Project

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Purpose of Grant or Assistance
Welch Public Schools Enrichment Foundation P. O. Box 129 Welch, OK 74369	73-1480590	501(C)3	5,700		Annual Distribution
Wewoka Chamber of Commerce PO Box 719 Wewoka, OK 74884	73-050925	501(C)4	12,222		Miss Sorghum scholarship/Veterans day flags downtown
Willow Springs Boy's Ranch P.O. Box 308 Chandler, OK 74834	73-1503010	501(C)3	34,040		health ins, salary, taxes
Woodward Compassion Free Medical Clinic Endowment c/o Nancy Hemphill, BancFirst P. O. Box 1468 Duncan, OK 73534-1468	73-142989	501(C)3	8,157		Annual Distribution
Youth Services for Stephens County, Inc. Attn: Serena Webb P. O. Box 1603 Duncan, OK 73534	73-0981661	501(C)3	5,000		Capital Campaign Grant
<b>Totals</b>					
					<b>5,739,549</b>