

# PUBLIC INSPECTION

Form **990**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

<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>F</b> Name and address of principal officer: <b>APRIL STOBBE</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>G</b> Gross receipts <b>39,030,674</b>		
<b>I</b> Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.CFOK.ORG</b> <b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1992</b>
<b>M</b> State of legal domicile <b>OK</b>		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	95
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,124,371	36,030,271
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,686,199	2,273,231
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	712,233	727,172
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,522,803	39,030,674
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,739,631	8,478,555
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	41,949	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,065,546	1,214,620
19 Revenue less expenses. Subtract line 18 from line 12	10,805,177	9,693,175	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,717,626	29,337,499
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
		44,545,283	73,403,647
	22 Net assets or fund balances. Subtract line 21 from line 20	2,935,652	3,567,921
	41,609,631	69,835,726	

**Part II Signature Block**

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

Sign Here	Signature of officer	<u>5.15.13</u> Date			
	<b>APRIL STOBBE</b> Type or print name and title	<b>OFFICER</b>			
Paid Preparer Use Only	Print/Type preparer's name <b>ELLAN WRIGHT</b>	Preparer's signature 	Date <u>5/13/13</u>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00112450</b>
	Firm's name ▶ <b>COLE &amp; REED, P.C.</b>	Firm's EIN ▶ <b>73-1312422</b>			
	Firm's address ▶ <b>531 COUCH DR</b> <b>OKLAHOMA CITY, OK 73102-2251</b>	Phone no <b>405-239-7961</b>			

**Part III Statement of Program Service Accomplishments**

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

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  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  No

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

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

4a (Code: ) (Expenses \$ **1,593,339** including grants of \$ **1,500,000** ) (Revenue \$ )  
**GRANTS WERE AWARDED TO 3 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 \$ **905,965** including grants of \$ **852,323** ) (Revenue \$ )  
**GRANTS WERE AWARDED FOR PLANNING, DESIGN AND CONSTRUCTION OF THUNDERBIRD CHAPEL AT CAMP GRUBER. THUNDERBIRD CHAPEL FEATURES A SANCTUARY AND FACILITIES TO ACCOMMODATE SERVICES FOR 150-175 SOLDIERS, AS WELL AS OFFICES FOR CLERGY AND COUNSELING AND AREAS TO CONDUCT SEMINARS, RELIGIOUS STUDIES AND OTHER GATHERINGS THAT BENEFIT THE LIVES OF SOLDIERS AND THEIR FAMILIES.**

4c (Code: ) (Expenses \$ **1,135,499** including grants of \$ **1,068,980** ) (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 \$ **5,472,989** including grants of \$ **5,057,252** ) (Revenue \$ )

4e Total program service expenses ▶ **9,107,792**

**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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<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 hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
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	<b>X</b>	
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		<b>X</b>
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		<b>X</b>
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
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		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
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		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	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		<b>X</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
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		<b>X</b>
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	<b>X</b>	

**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	58		
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?		
1c			
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
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			
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?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
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?		X
14a			
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 **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>9</b>		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>9</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?	<b>X</b>	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8b</b>			
<b>9</b>	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		<b>X</b>
<b>9</b>			

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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

2932 NW 122 SUITE D

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD RATCLIFFE CHAIRMAN	1.00	X		X			0	0	0	
(2) APRIL STOBBE VICE CHAIRMAN	1.00	X		X			0	0	0	
(3) LESLIE RAINBOLT-FORBES SECRETARY	1.00	X		X			0	0	0	
(4) JIMMY COOPER TREASURER	1.00	X		X			0	0	0	
(5) LAURIE FULLER DIRECTOR	1.00	X					0	0	0	
(6) MONICA MCCASLAND DIRECTOR	1.00	X					0	0	0	
(7) RICHARD RYERSON DIRECTOR	1.00	X					0	0	0	
(8) MARY MARKS JENKINS DIRECTOR	1.00	X					0	0	0	
(9) BILL BURGESS DIRECTOR	1.00	X					0	0	0	
(10) SUSAN GRAVES EXECUTIVE DIRECTOR	30.00				X		0	0	0	
(11)										
(12)										
(13)										
(14)										

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION MANAGEMENT INC OKLAHOMA CITY OK 73120	2932 NW 122 SUITE D MANAGEMENT	647,330
BANCFIRST OKLAHOMA CITY OK 73126	101 NORTH BROADWAY PORTFOLIO MANAG	333,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	36,030,271			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		22,310,589			
	<b>h Total.</b> Add lines 1a-1f		36,030,271			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,258,689			1,258,689
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,014,542			
	<b>b</b> Less: cost or other basis & sales exps					
	<b>c</b> Gain or (loss)		1,014,542			
	<b>d</b> Net gain or (loss)		1,014,542	1,014,542		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		Busn. Code				
<b>11a</b> MANAGEMENT FEES		523920	727,172	727,172		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			727,172			
<b>12 Total revenue.</b> See instructions.			39,030,674	1,741,714	0	1,258,689

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,388,541	7,388,541		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,090,014	1,090,014		
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,800		21,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FMI MANAGEMENT FEES	838,983	629,237	167,797	41,949
b INVESTMENT MANAGEMENT FEE	333,358		333,358	
c TECHNOLOGY EXPENSE	7,550		7,550	
d CONFERENCE, DUES & PUBS	7,008		7,008	
e All other expenses	5,921		5,921	
25 Total functional expenses. Add lines 1 through 24e	9,693,175	9,107,792	543,434	41,949
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	3,750,899	1	3,746,932
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,723,751	3	2,267,063
	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	6,331	9	4,848
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,515		
	b Less: accumulated depreciation	10b 29,515	10c	
	11 Investments—publicly traded securities	39,064,302	11	67,384,804
	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)	44,545,283	16	73,403,647	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	57,721	17	59,486
	18 Grants payable	2,877,931	18	3,508,435
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,935,652	26	3,567,921
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	41,609,631	27	69,835,726
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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>	41,609,631	33	69,835,726	
34 <b>Total liabilities and net assets/fund balances</b>	44,545,283	34	73,403,647	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,030,674
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,693,175
3	Revenue less expenses. Subtract line 2 from line 1	3	29,337,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,609,631
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,111,404
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	69,835,726

**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?		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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 checked="" 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?		<input checked="" type="checkbox"/>
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		

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**
- 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). Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <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>	Social security number (SSN) <input type="checkbox"/>
	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	01	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.**

**FOUNDATION MANAGEMENT INC.**  
**2932 NW 122 SUITE D**

- The books are in the care of  **OKLAHOMA CITY** OK 73120-1955  
Telephone No.  **405-755-5571** FAX No.
- 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 **05/15/13**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01/11**, and ending **06/30/12**.
- 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 REQUESTED TO GATHER INFORMATION TO PREPARE 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	\$
8b 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	\$
8c Balance due. 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 must be completed for Part II only.**

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  *Eleanor S. Wright* Title  **CPA FOR TAXPAYER** Date  **1-8-13**

COMO 1164

e-file

Form **8868**  
(Rev. January 2012)

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

OMB No. 1545-1709

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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <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>	Social security number (SSN) <input type="checkbox"/>
	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-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 ▶ **OKLAHOMA CITY** OK 73120

Telephone No. ▶ **405-755-5571**

FAX No. ▶

- 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 **02/15/13** 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 **07/01/11** and ending **06/30/12**

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

3a 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 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	\$
c 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.

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

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

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

(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) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,713,309	14,621,989	21,584,629	11,124,371	36,030,271	95,074,569
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> Total. Add lines 1 through 3	11,713,309	14,621,989	21,584,629	11,124,371	36,030,271	95,074,569
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						95,074,569

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	11,713,309	14,621,989	21,584,629	11,124,371	36,030,271	95,074,569
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	837,346	654,159	684,162	772,348	1,258,689	4,206,704
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	289,457	465,084	604,693	712,233	727,172	2,798,639
<b>11</b> Total support. Add lines 7 through 10						102,079,912
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	727,172
<b>13</b> 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.14%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	91.96%
<b>16a</b> 33 1/3% support test—2011. 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>b</b> 33 1/3% support test—2010. 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"/>		
<b>17a</b> 10%-facts-and-circumstances test—2011. 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>b</b> 10%-facts-and-circumstances test—2010. 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"/>		
<b>18</b> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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 <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** **33 1/3% support tests—2011.** 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—2010.** 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** \$ **2,798,639**

Schedule of Contributors

2011

▶ Attach to Form 990, Form 990-EZ, or Form 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, total 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 total 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 Part I, 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization <b>COMMUNITIES FOUNDATION OF OKLAHOMA, INC.</b>	Employer identification number <b>73-1396320</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	34	743
2 Aggregate contributions to (during year)	26,680,268	8,901,582
3 Aggregate grants from (during year)	1,976,090	5,945,153
4 Aggregate value at end of year	28,552,702	38,609,937
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?  Yes  No

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)?  Yes  No

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.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

	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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		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) Book value
(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	39,030,674
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,693,175
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	29,337,499
4	Net unrealized gains (losses) on investments	4	-1,111,404
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,198,106
9	Total adjustments (net). Add lines 4 through 8	9	-2,309,510
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	27,027,989

**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	34,977,026
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,111,404
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	-1,111,404
3	Subtract line 2e from line 1	3	36,088,430
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	2,942,244
c	Add lines 4a and 4b	4c	2,942,244
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,030,674

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

1	Total expenses and losses per audited financial statements	1	7,949,037
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	7,949,037
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	1,744,138
c	Add lines 4a and 4b	4c	1,744,138
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,693,175

**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 X - FIN 48 FOOTNOTE**

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

WITH FEW EXCEPTIONS, THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY ANY TAX JURISDICTION FOR YEARS PRIOR TO JUNE 30, 2008. CURRENTLY, THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY ANY MAJOR TAX JURISDICTIONS.

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**Part XIV Supplemental Information (continued)**

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

AGENCY TRANSFERS SUBJECT TO FAS 136 \$ -2,942,244

AGENCY TRANSFERS SUBJECT TO FAS 136 \$ 1,744,138

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

AGENCY TRANSFERS SUBJECT TO FAS 136 \$ 2,942,244

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

AGENCY TRANSFERS SUBJECT TO FAS 136 \$ 1,744,138



**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

**2011**  
**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>							
(2)				5,724,810				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **97**

**3** Enter total number of other organizations listed in the line 1 table ▶ **0**

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	477	1,090,014			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Communities Foundation of Oklahoma  
 Schedule I Continuation  
 Grantees Receiving \$5,000 or More  
 Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Access Health P.O. Box 2171 Chickasha, OK 73023	73-1426431	501(C)3	20,000	2011 Grant
All Saint's Catholic School 299 S. 9th Street Broken Arrow, OK 74012	73-1138277	501(C)3	11,500	General Support Grant
All Saint's Catholic School 299 S. 9th Street Broken Arrow, OK 74012	73-1138277	501(C)3	11,500	General Support Grant
All Saints' Episcopal Church 809 West Cedar Duncan, OK 73533	73-0796096	501(C)3	6,464	Annual Distribution
Arab Vision, Inc. c/o Christ Church Carrollton PO Box 110644 Carrollton, TX 75011	48-1270313	501(C)3	6,000	RELIGION
AT&T Performing Arts Center Attn: Mary Westfall 2100 Ross Avenue, Ste. 650 Dallas, TX 75201	75-2890923	501(C)3	5,000	ARTS, CULTURE
AT&T Performing Arts Center Attn: Mary Westfall 2100 Ross Avenue, Ste. 650 Dallas, TX 75201	75-2890923	501(C)3	5,000	General Support Grant

Communities Foundation of Oklahoma  
 Schedule I Continuation  
 Grantees Receiving \$5,000 or More  
 Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Beta Leadership Fund	Purpose of Grant or Assistance
Beta Theta Pi Foundation P.O. Box 6277 5134 Bonham Rd. Oxford, OH 45056	31-6050515	501(C)3	50,000		
Blackwell Public School Foundation Blackwell, OK 74631	73-1330442	501(C)3	6,004	Annual Distribution	
Bristow Public Schools Community Bank c/o Matt Smith Bristow, OK 74010	73-6026797	501(C)3	14,677	General Support	
Calm Waters 4334 N.W. Expressway, Ste. 101 Oklahoma City, OK 73116	73-1561707	501(C)3	10,124	Annual Distribution	
Casady School Nathan Sheldon 9500 N. Pennsylvania Oklahoma City, OK 73156-0390	73-0587209	501(C)3	20,863	Annual Distribution	
Central Oklahoma Music Teachers Assoc. c/o Pauline Johnson 8300 NW 102nd Street Oklahoma City, OK 73162	80-0634316	501(C)3	9,804	return of principal	
Chickasha Public Schools Foundation P.O. Box 2443 Chickasha, OK 73023		501(C)3	20,000	2011 Grant	
Chisholm Trail Church of Christ 1404 West Main Street Duncan, OK 73533		501(C)3	8,846	Annual Distribution for the Compassion Center	

**Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Chisholm Trail Heritage Center 1000 Chisholm Trail Parkway Duncan, OK 73533	14-1896825	501(C)3	57,764	Annual Distribution
Choctaw/Nicoma Park Public School Foundation 306 Hickory Hill Drive P.O. Box 1775 Choctaw, OK 73020	73-1394251	501(C)3	7,182	Annual Distribution
Christ the King Church 8005 Dorset Drive P.O. Box 20508 Oklahoma City, OK 73156-0508	73-0717670	501(C)3	5,000	For Bridge to Greystone
Church of the Incarnation 3966 McKinney Avenue Dallas, TX 75204-9975	75-0808771	501(C)3	17,000	Support of Zeal
Church of the Incarnation 3966 McKinney Avenue Dallas, TX 75204-9975	75-0808771	501(C)3	15,000	GENERAL SUPPORT
City Care, Inc. 2400 General Pershing Blvd. Oklahoma City, OK 73107	73-1497381	501(C)3	90,000	Outsourcing and professional services
City Care, Inc. 2400 General Pershing Blvd. Oklahoma City, OK 73107	73-1497381	501(C)3	33,195	Day Shelter Operations Annual Distribution

Communities Foundation of Oklahoma  
 Schedule I Continuation  
 Grantees Receiving \$5,000 or More  
 Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
City of Marlow - Library Fund c/o D.B. Green - City Treasurer P.O. Box 193 Marlow, OK 73055	73-6005308	501(C)3	98,178	Support Grant for Library Fund
City of Shawnee / Shawnee Sister Cities 16 W. 9th Shawnee, OK 74804	73-0444415	501(C)3	16,633	Airfare to Japan for Student Delegation
College Park Church of the Nazarene Attn: College Park Community Food Bank 9704 Rhode Island Avenue College Park, MD 20740-1515	52-22003815	501(C)3	5,600	General Support Grant
Dallas Arboretum & Botanical Garden, Inc. Ms. Mary Brenegar, President 8617 Garland Road Dallas, TX 75218	23-7375815	501(C)3	10,000	ARTS, CULTURE
Dallas Opera Attn: Jennifer Baker 2403 Flora St. Ste. 500 Dallas, TX 75201	75-6004746	501(C)3	50,000	ARTS, CULTURE
Duncan Public Schools fbo Duncan High School Library Attn: Finance Director PO Box 1548 Duncan, OK 73534	73-1341146	501(C)3	7,573	Annual Distribution

**Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Duncan Public Schools Foundation Attn: Lauren Siess P.O. Box 1882 Duncan, OK 73534-1468	73-1341146	501(C)3	20,000	City of Champions - Tennis Athletic Facilities Fund
Duncan Public Schools Foundation Attn: Lauren Siess P.O. Box 1882 Duncan, OK 73534-1468	73-1341146	501(C)3	21,212	Annual Distribution
Duncan Public Schools Foundation Attn: Lauren Siess P.O. Box 1882 Duncan, OK 73534-1468	73-1341146	501(C)3	52,680	City of Champions from Lance Jones
Duncan Regional Hospital Attn: DRH Health Foundation PO Box 2000 Duncan, OK 73534	73-1008550	501(C)3	37,221	General Support
Duncan Senior Citizens Center 1110 N. 7th Street Duncan, OK 73533	73-0775679	501(C)3	15,718	Annual Distribution
Eastern Oklahoma State College Development Foundation Program Administrator 1301 West Main Wilburton, OK 74578	23-7281986	501(C)3	54,918	Annual Distribution / Scholarship Distribution
Firehouse Art Center 444 South Flood Avenue Norman, OK 73069	23-7112097	501(C)3	8,506	Annual Distribution

Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
First Baptist Church P.O. Box 1928 Shawnee, OK 74802-1928	73-0614288	501(C)3	18,000	Faith for the Future Building Campaign - Support Grant
Foundation for Oklahoma City Public Schools 5255 N. Shartel Suite 201 Oklahoma City, OK 73118	73-1222182	501(C)3	66,438	General Support
Gabriel's House Attn: Bonnie Talley P.O. Box 883 Duncan, OK 73534	73-1573021	501(C)3	6,228	Annual Distribution
Greater Ardmore Scholarship Foundation Attn: Roslyn Haille 301 W. Main St, Suite 210 Ardmore, OK 73401	73-1373231	501(C)3	60,394	Annual Distribution
Homeless Alliance 1724 NW 4 Street Oklahoma City, OK 73106	11-3718005	501(C)3	62,500	Skirvin Centennial
Jasmine Moran Children's Museum P.O. Box 1828 Seminole, OK 74818-1828	73-1335990	501(C)3	9,293	Annual Distribution
KISS Institute for Practical Robotics 1818 W. Lindsey, Bldg D, #100 Norman, OK 73069	54-1696228	501(C)3	5,000	General Support Grant



**Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Lawton Public Schools Foundation, Inc. P.O. Box 2323 Lawton, OK 73502	73-1386496	501(C)3	18,531	Annual Distribution
Lawton Public Schools Foundation, Inc. P.O. Box 2323 Lawton, OK 73502	73-1386496	501(C)3	17,550	EDUCATIONAL
Mabee-Gerrer Museum of Art 1900 W. MacArthur Drive Shawnee, OK 74804	73-1392868	501(C)3	7,197	Annual Distribution
Mark Twain Elementary 2451 W. Main Oklahoma City, OK 73107	73-1222182	501(C)3	8,150	Devon - Mark Twain PRR & luncheon
Mark Twain Elementary 2451 W. Main Oklahoma City, OK 73107	73-1222182	501(C)3	7,500	Devon - coordinator pay
Mental Health Association of Central Oklahoma 2800 NW 36th St., Ste. 104 Oklahoma City, OK 73112	73-1023880	501(C)3	9,718	Annual Distribution
Mid-Del Schools c/o Heather Johnson 7217 S.E. 15th St. Midwest City, OK 73110	73-1349509	501(C)3	5,863	Inasmuch Early Birds - Instructor Pay - Fall Mid Del
Mobile Meals of Chickasha c/o Peggy Cole 412 Fieldcrest	73-1242989	501(C)3	20,500	General Support Grant

Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012

Name, address, and zip Chickasha, OK 73108	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Mount St. Mary Catholic High School 2801 South Shartel Avenue Oklahoma City, OK 73109	73-6065969	501(C)3	5,000	General Support Grant
OBU/School of Nursing 500 West University Shawnee, OK 74804	73-0579264	501(C)3	500,000	Fifth Year (2012) installment of a five year, \$2.5 million pledge
OK Library Association 300 Hardy Drive Edmond, OK 73013	73-6104044	501(C)3	6,631	Annual Distribution
OK Partnership for School Readiness Foundation, Inc 421 NW 13th St. Suite 270 Oklahoma City, OK 73103	30-0213815	501(C)3	58,209	Inv # 12-105 Target - Reach Out & Read Final Payout
Okarche Educational Foundation 605 Frank Drive Okarche, OK 73762	73-1511954	501(C)3	11,000	Distribution & Return of Principle Grant
Oklahoma Academy for State Goals 120 E. Sheridan, Suite 200 Oklahoma City, OK 73104	73-1255400	501(C)3	21,329	Annual Distribution
Oklahoma City Community College Attn: Cynthia Gary 7777 S. May Ave Oklahoma City, OK 73159-4444	73-1529564	501(C)3	13,500	Grant to support 3 months funding of SMART Center on OCCC campus

**Communities Foundation of Oklahoma**  
**Schedule I Continuation**  
**Grantees Receiving \$5,000 or More**  
**Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Oklahoma Department of Wildlife Conservation 1801 N. Lincoln Oklahoma City, OK 73105		501(C)3	25,000	Designated to the Bobwhite Habitat Restoration
Oklahoma Newspaper Foundation Oklahoma Press Association 3601 N. Lincoln Blvd. Oklahoma City, OK 73105-5411	73-6103398	501(C)3	8,700	Grant funding/college Journalism Internship program
Oklahoma State Regents for Higher Education 655 Research Parkway, Suite 200 Oklahoma City, OK 73104	73-6017987	501(C)3	14,632	Grant to support 4 months funding of SMART Statewide Coordinator
Oklahoma State University Foundation P.O. Box 1749 Stillwater, OK 74076-17	73-6097060	501(C)3	30,000	Designated to Quail Research Advancement
Oklahoma WONDERTorium Attn: Ruth Cavins P.O. Box 1299 Stillwater, OK 74076	73-1610689	501(C)3	15,000	General Support Grant
Oklahoma WONDERTorium Attn: Ruth Cavins P.O. Box 1299 Stillwater, OK 74076	73-1610689	501(C)3	5,000	ARTS, CULTURE
OU Foundation #30033 Attn: Ron C. Winkler, Treasurer 100 Timberdell Rd. Norman, OK 73019	73-6091755	501(C)3	7,000	General support for the College of Fine Arts

**Communities Foundation of Oklahoma**  
**Schedule I Continuation**  
**Grantees Receiving \$5,000 or More**  
**Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
OU Foundation #30033 Attn: Ron C. Winkler, Treasurer 100 Timberdell Rd. Norman, OK 73019	73-6091755	501(C)3	10,000	College of Fine Arts-Dean's Discretionary Fund # 32058
OU Health Sciences Center SCB Room 114 P.O. Box 26901 Oklahoma City, OK 73126	73-6017987	501(C)3	500,000	Sixth Year (2012) installment of a six year \$3 million pledge
Pauls Valley Foundation for Academic Excellence P.O. Box 63 Pauls Valley, OK 73075	73-1362811	501(C)3	15,500	Annual Distribution
Smart Start of Central Oklahoma 1444 NW 28th Oklahoma City, OK 73106	42-1599360	501(C)3	153,383	Salary
Peace Education Institute P.O. Box 58240 Oklahoma City, OK 73157	27-3610650	501(C)3	10,032	Closing of Fund - remaining balance / Annual Distribution
Peace House 2912 N Robinson Oklahoma City, OK 73103	73-1336417	501(C)3	12,787	Salary
Peace House 2912 N Robinson Oklahoma City, OK 73103	73-1336417	501(C)3	24,000	Closing of Account

Communities Foundation of Oklahoma  
Schedule I Continuation  
Grantees Receiving \$5,000 or More  
Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Balance less Fees of Account	Purpose of Grant or Assistance
Piedmont Service Center P.O. Box 205 Piedmont, OK 73078	73-1611025	501(C)3	31,761	General Support	
Pioneer Library System Attn: Anne Masters 225 N. Webster Norman, OK 73069	73-6081619	501(C)3	5,227	Annual Distribution	
Power Shop, Inc. 2103 W. Beech Duncan, OK 73533	73-1097970	501(C)3	7,341	Annual Distribution	
Santa's Workshop P.O. Box 854 Chickasha, OK 73023	73-1426431	501(C)3	20,000	2011 Grant	
Shattuck Public Schools Technology Student Association P.O. Box 159 Shattuck, OK 73858	73-0717442	501(C)3	22,560	grant for playground equipment General Support	
Shawnee Public Library Attn: Anne Masters 225 N. Webster Norman, OK 73069-7133	73-6081619	501(C)3	9,487	Annual Distribution	
Simpsonville Parks and Recreation Department Attn: Chris Truelock PO Box 557 Simpsonville, KY 40067	61-1024041	501(C)3	31,681	Purchase Open Air Elite 20X11 HD System & Movies for the city of Simpsonville, KY	

**Communities Foundation of Oklahoma**  
**Schedule I Continuation**  
**Grantees Receiving \$5,000 or More**  
**Tax Year 2012**

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Sooner Theatre 101 E. Main Norman, OK 73069	51-0196629	501(C)3	6,000	General Support Grant
Southern Nazarene University Attn: LaDonna Moore 6729 N.W. 39th Expressway Bethany, 73008	73-0587210	501(C)3	500,000	Fifth year (2012) installment of a five year, \$2.5 million pledge
Stephens County Historical Society Attn: Pee Wee Cary P.O. Box 1294 Duncan, OK 73534	23-7258111	501(C)3	8,848	General Support Grant for the Historical Museum / Annual Distribution
Stillwater Public Education Foundation, Inc. 314 S. Lewis Stillwater, OK 74074	73-1267401	501(C)3	8,626	Annual Distribution
Sunset TRC, Inc. 6103 N. Cimarron Rd. Yukon, OK 73099	27-4455093	501(C)3	31,676	Payroll / Federal & State W/H for Velinda Baker
Supporting Kids in Independent Living/YSOC Attn: William Alexander 201 N.E. 50th Street Oklahoma City, OK 73105	73-0940217	501(C)3	18,095	Annual Distribution
Techbridge Girls 7700 Edgewater Drive, Suite 519 Oakland, CA 94621	27-4162514	501(C)3	5,600	General Support Grant

Communities Foundation of Oklahoma  
 Schedule I Continuation  
 Grantees Receiving \$5,000 or More  
 Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
The Dallas Summer Musicals, Inc. Attn: Mr. Michael Jenkins PO Box 710336 Dallas, TX 75371	75-1104793	501(C)3	50,000	General Support Grant
The O'Quinn School PTO 955 Houston Northcutt Blvd. Mount Pleasant, SC 29464	26-2593353	501(C)3	5,000	Playground Equipment
Toy Shop of Duncan Attn: Lynn Samples P.O. Box 206 Duncan, OK 73534	51-0200884	501(C)3	6,581	Annual Distribution
Toy Shop of Duncan Attn: Lynn Samples P.O. Box 206 Duncan, OK 73534	51-0200884	501(C)3	5,067	Annual Distribution
United Way of Stephens County P.O. Box 1632 Duncan, OK 73534	23-7210483	501(C)3	16,210	Annual Distribution
United Way of Stillwater, OK P.O. Box 308 Stillwater, OK 74076-0308	73-0602756	501(C)3	5,000	2011 Campaign
University of Science & Arts of OK Foundation, INC 1727 Alabama Chickasha, OK 73108	73-1031040	501(C)3	20,200	General Support

Communities Foundation of Oklahoma  
 Schedule I Continuation  
 Grantees Receiving \$5,000 or More  
 Tax Year 2012

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Welch Public Schools Enrichment Foundation P. O. Box 129 Welch, OK 74369	73-1480590	501(C)3	6,182	Annual Distribution
Willow Springs Boy's Ranch P.O. Box 308 Chandler, OK 74834	73-1503010	501(C)3	32,349	health Ins, salary, taxes
Willow Springs Boy's Ranch P.O. Box 308 Chandler, OK 74834	73-1503010	501(C)3	32,293	Annual Distribution / To Close FS Fund
Youth Services of Stephens County PO Box 1603 Duncan, OK 73534	73-0981661	501(C)3	5,230	Building Fund
Zeal USA Inc. P.O. Box 702066 Dallas, TX 75370	20-1859768	501(C)3	17,000	For the support of Zeal.
<b>Total</b>			<b><u>5,724,810</u></b>	



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization

**COMMUNITIES FOUNDATION OF OKLAHOMA, INC.**

Employer identification number  
**73-1396320**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<b>X</b>	<b>87</b>	<b>22,260,563</b>	<b>FMV</b>
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NOTE RECEIVABLE)	<b>X</b>	<b>1</b>	<b>50,026</b>	<b>FMV</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>
33		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[The form area contains multiple horizontal lines for data entry, but no text is present.]

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

2011

Open to Public  
Inspection

COMMUNITIES FOUNDATION OF OKLAHOMA,  
INC.

Employer identification number  
73-1396320

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

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