			PUI	BLIC INSPEC	CTIO	Ν					
			EXTEND	ED TO FEBRUARY 1	16. 201	16					
	0	00		inization Exempt			OMB No. 1545-0047				
For	m <b>y</b>	90	Under section 501(c), 527, or 49		ue Code (ex	cept private foundation	<b>2014</b>				
	artment nal Rev		Open to Public Inspection								
A	For th	e 2014 calend	ar year, or tax year beginning	Form 990 and its instructions JUL 1, 2014 and		JUN 30, 2015	mopoorton				
В	Check if	C Name of	forganization			D Employer identific	ation number				
	Addr	COMM	UNITIES FOUNDATIO	N OF OKLAHOMA,							
L	chan	ge INC.									
F	chan	ge Doing bu	usiness as		Describe		396320				
F	Final	2932	and street (or P.O. box if mail is not on NW 122ND STREET,		Room/suite		755-5571				
	dreturi termi ated		own, state or province, country, an			G Gross receipts \$	19,879,006.				
	Amer	OKLA	HOMA CITY, OK 73	120-1955		H(a) Is this a group re					
	Appli tion pend	F Name a	nd address of principal officer:MA			for subordinates	Yes X No				
		2932	NW 122ND ST, SUIT			H(b) Are all subordinates in	cluded? Yes No				
		empt status:		) < (insert no.) 4947(a)(1)	) or 🛄 527		ist. (see instructions)				
		f organization:	CFOK • ORG X Corporation Trust	Association Other		H(c) Group exemption					
		Summary			L Year	of formation: 1992 M	State of legal domicile: OK				
and the second se			e the organization's mission or mo	st significant activities: SERV	E PHTI	ANTHROPIC N	EDS OF ALL				
Activities & Governance		OF OKLA									
erne	2	Check this box	x 🕨 🛄 if the organization disc	continued its operations or dispo	osed of more	e than 25% of its net as	sets.				
JOVE	3	Number of vot	ing members of the governing bod	ly (Part VI, line 1a)		3	9				
8	4	Number of ind	ependent voting members of the g	overning body (Part VI, line 1b)			9				
ties	5	Total number of	Total number of individuals employed in calendar year 2014 (Part V, line 2a)       5         Total number of volunteers (estimate if necessary)       6								
ctivi	6	Total unrelated	d business revenue from Part VIII, o	y)			102				
A	b	Net unrelated	business taxable income from Forr	m 990-T line 34		7a 7b	0.				
						Prior Year	Current Year				
le	8		and grants (Part VIII, line 1h)			10,796,091.	11,026,982.				
Revenue	9		ce revenue (Part VIII, line 2g)			0.	0.				
Rev	10	Investment inc	come (Part VIII, column (A), lines 3,	4, and 7d)		4,515,168.	7,874,620.				
	11	Uther revenue	(Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)		955,752.	977,404.				
	13	Grants and sin	add lines 8 through 11 (must equa nilar amounts paid (Part IX, column	Al Part VIII, column (A), line 12)		16,267,011. 9,716,576.	19,879,006.				
	14	Benefits paid t	o or for members (Part IX, column	(A), line 4)		0.	12,853,587.				
es	15	Salaries, other	compensation, employee benefits	(Part IX, column (A), lines 5-10)		0.	0.				
ens	16a	Professional fu	indraising fees (Part IX, column (A)	, line 11e)		0.	0.				
Expenses	D	Total fundraisir	ng expenses (Part IX, column (D), li	ne 25) 🕨 82,6	08.						
	17 18	Other expense	s (Part IX, column (A), lines 11a-11	d, 11f-24e)		1,553,606.	1,738,370.				
	19	Revenue less e	s. Add lines 13-17 (must equal Part expenses. Subtract line 18 from line	IX, column (A), line 25)		11,270,182.	14,591,957.				
or			spenses. Subtract line 16 from line	e 12	and the second se	4,996,829. ginning of Current Year	5,287,049.				
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			93,314,778.	End of Year 92,391,641.				
et As	21	Total liabilities (	4,100,702.								
2 <sup>n</sup> L	22	Net assets or fu	4,460,414. 88,854,364.	88,290,939.							
		Signature									
true	correc	t and complete 1	declare that I have examined this return Declaration of preparer (other than offic	n, including accompanying schedule	es and stateme	ents, and to the best of my	knowledge and belief, it is				
u u 0,	CONTCO	, and complete.		er) is based on all information of w	hich preparer	has any knowledge.					
Sign		Signature	of officer			Date					
Here			JENKINS, CHAIR								
			int name and title								
Date		Print/Type prepa		Preparer's signature	D	Check	PTIN				
Paid Prep		ELLAN WE				if self-employed	P00112450				
Use		Firm's address	RSM US LLP 531 COUCH DR.			Firm's EIN	42-0714325				
			OKLAHOMA CITY, C	)K 73102		Dhone ( 4.0	5) 220 7061				
May	the IR	S discuss this	return with the preparer shown ab				5) 239-7961 X Yes No				

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	COMMUNITIES FOUNDATION OF OKLAHOMA, 1990 (2014) INC. 73-1396320 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	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?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the 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 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 \$ 1,014,426. including grants of \$ 958,789.) (Revenue \$ )
	GRANTS WERE PROVIDED TO FIRST SERVE OKC TO FACILITATE CONSTRUCTION OF AN EXPANDED FACILITY WHICH WILL ENABLE THE PROGRAM TO EXPAND. FIRST
	SERVES PURPOSE IS TO STRENGTHEN THE LIVES AND ENHANCE THE CHARACTER OF
	UNDERSERVED YOUTH BY PROVIDING EDUCATION, SCHOLARSHIPS, MENTORSHIP,
	PHYSICAL FITNESS, AND COMMUNITY SERVICE THROUGH TENNIS.
4b	(Code: ) (Expenses \$ 950,361. including grants of \$ 898,237. ) (Revenue \$ ) GRANTS WERE AWARDED TO SMART START CENTRAL OKLAHOMA TO PROVIDE SERVICES
	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.
	712 640 674 500
4c	(Code: ) (Expenses \$ 713,640. including grants of \$ 674,509.) (Revenue \$ ) GRANTS WERE PROVIDED TO ASSIST JOHN REX ELEMENTARY SCHOOL IN DOWNTOWN
	OKLAHOMA CITY. THE CHARTER SCHOOL WAS OPENED TO PROVIDE A RIGOROUS,
	QUALITY EDUCATION TO AN ECONOMICALLY AND RACIALLY DIVERSE GROUP OF
	STUDENTS IN THE HEART OF THE CITY.
4-1	Other program convises (Describe in Schedule Q.)
4d	Other program services (Describe in Schedule O.)         (Expenses \$ 11,120,060. including grants of \$ 10,322,052.) (Revenue \$ )
4e	Total program service expenses > 13,798,487.
43200	Form <b>990</b> (2014)
11-07	
350	209 788989 7765730 2014.05060 COMMUNITIES FOUNDATION OF 0 77657301

INC.

Form 990 (2014)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
3		_		х
	public office? If "Yes," complete Schedule C, Part I	3		<u></u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
44		10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	~	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116		х
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

Form **990** (2014)

432003 11-07-14

11350209 788989 7765730

	73-	139	6320	Page 4
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	1990 (2014) INC. 73-139	6320	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
v	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
258		05-		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
51		31		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
32		00		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
-				

Form **990** (2014)

432004 11-07-14

11350209 788989 7765730

Form	1990 (2014) INC.	73-13963	20	Pa	age <b>5</b>
Par					0
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	83			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
		gaming			
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·	1c	Х	
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?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	?	4a		Х
b	If "Yes," enter the name of the foreign country:				
	Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         the number reported in Box 3 of Form 1096. Enter -0- if not applicable       10         the number reported in Box 3 of Form 1096. Enter -0- if not applicable       10         the number of orms W2G included in line 1.a. Enter -0- if not applicable       10         the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       0         ast one is reported on line 2.a, (in the organization file all required federal employment tax returns?       2       0         statum of lines 1 and 2 as greater than 250, you may be required to e-rifle (see Instructions)       2       2         st has filed a Form 990-1 for this yea? /f Wo, *0 <i>Ine 3b, provide an explanation in Schedule 0</i> 2       2         st has filed a Form 990-1 for this yea? /f Wo, *0 <i>Ine 3b, provide an explanation in Schedule 0</i> 2       5         st as ath filed a Form 990-1 for this yea? /f Wo, *0 <i>Ine 3b, provide an explanation in Schedule 0</i> 2       6         st abaccunt in a foreign country: >       >       2       2       6         st ording requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts?       2       6         st outing the organization file Form 8886-17       5       5       5       5       5				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	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	zation solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	ided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:				
а	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	Section 501(c)(12) organizations. Enter:				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		4a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b		

432005 11-07-14

COMMUNITIES	FOUNDATION	OF	OKLAHOMA,
INC.			

73-1396320 Page 6

orm	990 (2014) INC .	73-139	6320	F	Page
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	•	a "No" r	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C				37
<u>`````</u>	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		X
ec	tion A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	103	
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other	_		
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			X	
4	Did the organization make any significant changes to its governing documents since the prior Form				X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?		. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •	_		
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		71.		x
,	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		. <b>7b</b>		
3			8a	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?		. <u>8</u> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		. 00		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R		<u></u>		1
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		. 10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. <b>12b</b>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		10-	x	
2	in Schedule O how this was done		12c	X	
3 4	Did the organization have a written document retention and destruction policy?			X	
<del>1</del> 5	Did the process for determining compensation of the following persons include a review and approv		. 14		
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization				X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		. 16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright OK$				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	F (Section 501(c)(3)s onl	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	n in Schedule O)	and finar		
9	statements available to the public during the tax year.	finite of interest policy, a	ino inan	iciai	
0	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records.			
-	FOUNDATION MANAGEMENT INC 405-755-5571				
	2932 NW 122 SUITE D, OKLAHOMA CITY, OK 73120-1955	5			
2006	5 11-07-14		Form	1 <b>990</b>	(2014
	6				
50	209 788989 7765730 2014.05060 COMMUNITIES FO	UNDATION OF	S 776	657	301

(E)

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

### ees, and independent Contractors

INC.

( )

Form 990 (2014)

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

(R)

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. ....

(C)

(ח)

(E)

<b>X</b> Check this box if neither the organization no	or any related	organization compensat	ed any current officer,	director, or trustee
(A)	(D)	(0)	(D)	(E)

(A)	(B)			_ (0	C)			(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated				
	hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	amount of					
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other				
	(list any	ector						the	organizations	compensation				
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC)	from the				
	related	stee	ruste			cen se		(W-2/1099-MISC)		organization				
	organizations	al tru	onal t		oloye	co m				and related				
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations				
	line)	ц Ц	lns	0ff	Ke	Hic em	For							
(1) TIPP HALL	1.00								0	0				
DIRECTOR	1 00	X						0.	0.	0.				
(2) APRIL STOBBE	1.00													
DIRECTOR		X						0.	0.	0.				
(3) LESLIE RAINBOLT-FORBES	1.00													
SECRETARY		X		Х				0.	0.	0.				
(4) ROBERTA BURRAGE	1.00													
DIRECTOR		X						0.	0.	0.				
(5) TOM MCCASLAND III	1.00													
TREASURER		x		х				0.	0.	0.				
(6) RICHARD RYERSON	1.00													
VICE CHAIR		X		Х				0.	Ο.	0.				
(7) MARY JENKINS	1.00													
CHAIR		X		Х				0.	0.	0.				
(8) BILL BURGESS	1.00													
DIRECTOR		X						0.	0.	0.				
(9) SUSAN GRAVES	30.00													
EXECUTIVE DIRECTOR		Х						0.	0.	0.				
(10) RANDY MACON	33.50													
EXECUTIVE DIRECTOR		x						0.	0.	0.				
		l												
										<b>– – – – – – – – – –</b>				
										- 000 (*** * **				

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432007 11-07-14

Form 990 (2014)

<b>-</b>	COMMUNIT: 1990 (2014) INC.	IES FOUI	NDA	AT ]	IOI	1 (	OF	0	KLAHOMA,	73-13	306	320		
	n 990 (2014) INC • rt VII Section A. Officers, Directors, Trus	tees. Kev Em	plov	ees	. an	d Hi	iahe	st (	Compensated Employe		590	520	Pa	age <b>8</b>
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	<b>C)</b> ition more rson		one h an	<b>(D)</b> Reportable	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
			-											
			-											
			-											
	Sub total								0.		0.			0.
c d	Total (add lines 1b and 1c)	I, Section A				·····			0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste	ed al	bove	e) wł	no r	received more than \$100	),000 of reportab	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for</i> s					•		-	•			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		х
1	ction B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for		-								npens	ation 1	rom	
	(A) Name and business				ng v	VILLI			(B) Description of s		C	<b>(C</b> compe		n
12	UNDATION MANANGEMENT, 2 2ND STREET, OKLAHOMA C	-							MANAGEMENT S	ERVICES		98	4,3	63.
	NCFIRST 1 NORTH BROADWAY, OKLAI	HOMA CI	ΓY ,	, (	OK	73	312	26	PORTFOLIO MA	NAGEMENT		37	3,7	24.
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	iot lii	mite	d to		se li: 2	steo	d above) who received n	nore than		_	000	
43200 11-07	8 - 14											Form	<del>ว</del> ิษุก (2	2014)

8 11350209 788989 7765730 2014.05060 COMMUNITIES FOUNDATION OF 0 77657301

Pa	rt VII	Statement of Reven	nue					
		Check if Schedule O conta	ains a respons	e or note to any lin				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar		Membership dues						
a, C	с	Fundraising events	1c					
lar Iar		Related organizations						
ns, imi	е	Government grants (contributi	ions) <b>1e</b>					
er S	f	All other contributions, gifts, grant	ts, and					
-ipr		similar amounts not included abov	/e <b>1f</b>	11,026,982.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	1,067,614.				
σē	h	Total. Add lines 1a-1f			11,026,982.			
	_			Business Code				
/ice	2 a							
Program Service Revenue	b							
s nav	C A							
Be	d e							
Pro		All other program service reve	nue					
	' a							
	3	Investment income (including						
		other similar amounts)			1,698,394.			1,698,394.
	4	Income from investment of tax						
	5	Royalties		►	52,164.			52,164.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	6,176,226	·				
	b	Less: cost or other basis						
		and sales expenses		).				
		Gain or (loss)	-		6 176 226	6 176 226		
		Net gain or (loss) Gross income from fundraising			6,176,226.	6,176,226.		
anı	8 a	· · · · ·						
sver		including \$ contributions reported on line						
Other Revenue		Part IV, line 18		a				
the	b	Less: direct expenses		b				
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses		b				
	с	Net income or (loss) from gam	ing activities	··· <u>····· ►</u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code	005 040	0.05 0.40		
		MANAGEMENT FEES		900099	925,240.	925,240.		
	b							
	c c							
		All other revenue Total. Add lines 11a-11d			925,240.			
	12 12	Total revenue. See instructions.			19,879,006.	7,101,466.	0.	1,750,558.
43200 11-07	9			F I	, , ,	, , ,		Form <b>990</b> (2014)

Form 990 (2014)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2014)

INC.

Part IX Statement of Functional Expenses

0000	Check if Schedule O contains a respondence of the contains of the contains of the contains a contai		•	, ,	
Do	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,737,605.	11,737,605.		
2	Grants and other assistance to domestic	1 11 - 000	1 11 - 000		
	individuals. See Part IV, line 22	1,115,982.	1,115,982.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a					
b	Legal				
c	Accounting	19,200.		19,200.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	373,724.		373,724.	
g					
-	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	19,615.			19,615.
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					
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 0.) FMI MANAGEMENT FEE	1,259,866.	944,900.	251,973.	62,993.
a	CONFERENCES, DUES, & PU	21,483.	544,500.	251,973.	04,333.
D	TECHNOLOGY EXPENSES	20,352.		20,352.	
d	DIRECTORS & OFFICERS LI	17,576.		17,576.	
	All other expenses	6,554.		6,554.	
е 25	Total functional expenses. Add lines 1 through 24e	14,591,957.	13,798,487.	710,862.	82,608.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, _ 0 , 0 0 2 0	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
43201	0 11-07-14				Form <b>990</b> (2014)
			10		. ,

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10 2014.05060 COMMUNITIES FOUNDATION OF O 77657301

	990 (2 rt X	2014) INC. Balance Sheet				-	1396320 Page <b>1</b>
		Check if Schedule O contains a response or no	te to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,478,064.	1	3,523,006
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,661,797.	3	2,132,564
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated employ	vees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified persons	s (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(	B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9	) voluntary			
ß		employees' beneficiary organizations (see instr)	. Complete F	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,884.	9	402
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,515. 29,515.			
	b	Less: accumulated depreciation		29,515.	0.	10c	0
	11	Investments - publicly traded securities			85,173,033.	11	86,735,669
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		E E E E E E E E E E E E E E E E E E E		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			93,314,778.	16	92,391,641
	17	Accounts payable and accrued expenses			64,861.	17	51,918
	18	Grants payable			4,395,553.	18	4,048,784
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
se	22	Loans and other payables to current and forme	r officers, dir	rectors, trustees,			
Ě		key employees, highest compensated employe	es, and disq	ualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third partie	es		24	
	25	Other liabilities (including federal income tax, pa	ayables to re	lated third			
		parties, and other liabilities not included on line	s 17-24). Coi	mplete Part X of			
		Schedule D				25	
	26	<u> </u>			4,460,414.	26	4,100,702
		Organizations that follow SFAS 117 (ASC 958	3), check he	re▶ <u>X</u> and			
ses		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets			88,854,364.	27	88,290,939
Bal	28	Temporarily restricted net assets				28	
nd	29			·····		29	
P		Organizations that do not follow SFAS 117 (A	<b>SC 958), ch</b>	neck here			
		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
AS	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			00 054 264	32	00 000 000
-	33	Total net assets or fund balances			88,854,364.	33	88,290,939
	34	Total liabilities and net assets/fund balances			93,314,778.	34	92,391,641

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11350209 788989 7765730

COMMUNITIES F	<b>OUNDATION</b>	OF	OKLAHOMA,
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	1990 (2014) INC.	73-	1396	320	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,879		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,591		
3	Revenue less expenses. Subtract line 2 from line 1	3		,28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,854		
5	Net unrealized gains (losses) on investments	5	-5	,850	),4	74.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	88	,290	),9	39.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2014)

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							etile
Form 88	868	Application f Exem	for Extend	nsion of Time To anization Return	File an		OMB No. 1545-1709
(Rev. January 201		► File a	a separate a	application for each return	٦.		
Department of the Internal Revenue	Service			tits instructions is at www	w.irs.gov/form88	368.	
• If you are	filing for an A	utomatic 3-Month Extension, comp dditional (Not Automatic) 3-Month I Ness you have already been granted	Extension,	complete only Part II (on		<b>m</b> ).	▶ 🛛
a corporation 8868 to reque Return for Tr instructions).	required to file est an extension ansfers Associ For more deta Automati	ou can electronically file Form 8868 if e Form 990-T), or an additional (not a on of time to file any of the forms listed iated With Certain Personal Benefit C <u>ils on the electronic filing of this form</u> ic <b>3-Month Extension of Tim</b> e Form 990-T and requesting an auto	utomatic) 3 d in Part I o contracts, wi <u>, visit www.i</u> e. Only s	-month extension of time. Y r Part II with the exception of hich must be sent to the IRS irs.gov/efile and click on e-fi ubmit original (no copi	ou can electronic of Form 8870, Inf S in paper format le for Charities & es needed).	cally file Fo formation (see Nonprofite	m
Part I only							▶∐
•	-	ding 1120-C filers), partnerships, REI	MICs, and t	rusts must use Form 7004 t	o request an exte	ension of ti	me
to file income	e tax returns.			Ent	er filer's identify	ing numb	er, see instructions
Type or print		empt organization or other filer, see in NITIES FOUNDATION			Employer ident	ification nu	
	Number, sti	eet, and room or suite no. If a P.O. b			Social security	number (S	SN)
File by the due date for filing your		W 122ND STREET, SU or post office, state, and ZIP code. For					
return. See instructions.	OKLAHO	MA CITY OK	73120	-1955			
	turn code for t	he return that this application is for (fil	le a separat	e application for each return	n)	· · · · · · · · · · · · · · · · · · ·	01
Applicatio	on		Return	Application			Return
Is For	or Form 990-E	7	Code 01	Is For Form 990-T (corporation)			Code 07
Form 990-		£	02	Form 1041-A			08
Form 4720	) (individual)		03	Form 4720 (other than in	dividual)		09
Form 990-			04	Form 5227			
		or 408(a) trust)	05	Form 6069 Form 8870			11
Form 990-	T (trust other t	FOUNDATION MANAGEMEN		Form 6670			
		2932 NW 122 SUITE D				0	K 73120-1955
<ul> <li>If the org</li> </ul>	anization does	5-755-5571 s not have an office or place of busine		nited States, check this box			▶□
		turn, enter the organization's four dig			_ If this is		
	e group, check	—		, check this box	j and attach		
1 I reque until ( for the	est an automat )2/15/1( organization's		n required t				
	calendar yea						
2 If the t		nning <b>07/01/14</b> , and ending ( d in line 1 is for less than 12 months, punting period			inal return		
3a If this	application is f	or Forms 990-BL, 990-PF, 990-T, 472 s. See instructions.	20, or 6069,	enter the tentative tax, less		la \$	0
b If this	application is f	or Forms 990-PF, 990-T, 4720, or 600 ents made. Include any prior year over				ib \$	0
c Balan	ce due. Subtra	act line 3b from line 3a. Include your p ederal Tax Payment System). See in	payment wit		sing	c \$	0
Caution. If yo	bu are going to m	ake an electronic funds withdrawal (direct d	lebit) with this	Form 8868, see Form 8453-EO			

Caution. In you are going to make an electronic rande maneration	alloor abor	, maraner e
For Privacy Act and Paperwork Reduction Act Notice	, see inst	ructions.

SC	HEDULE A		Dublic Cho	rity Status on		slia Cr	unnart		OMB No. 1545-0047
(Form 990 or 990-EZ)				rity Status an					201/
				nization is a section 50 47(a)(1) nonexempt cha			or a section		2014
	tment of the Treasury			Attach to Form 990 or I					Open to Public
Interna	al Revenue Service			(Form 990 or 990-EZ) and			ww.irs.gov/fc	orm990.	Inspection
Nam	e of the organizati		UNITIES FO	UNDATION OF	OKLAH	OMA,			identification number
		INC.	<u></u>						3-1396320
Pa				All organizations must co			ee instruction	S.	
	r			For lines 1 through 11, o	,	,			
1			-	on of churches describe	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2			ion 170(b)(1)(A)(ii).	-					
3		•		anization described in <b>s</b>			•		
4			ation operated in co	njunction with a hospita	rdescribed	a in sectio	A)(1)(d)011 N	J(III). Enter	the hospital's hame,
5	city, and stat		or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental	unit describ	ed in
5	-	-	Complete Part II.)				overnmentar		
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7		-	-	intial part of its support				the general	public described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)		Ū			•	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oport from	contributio	ons, member	ship fees, a	nd gross receipts from
	activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
				(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
			mplete Part III.)						
10		-	-	ively to test for public satisfies the basefit of the	-				
11	-	-	-	ively for the benefit of, to ed in <b>section 509(a)(1)</b> o	-			•	
			-	of supporting organization					
а		-		supervised, or controlled		-		-	aivina
				gularly appoint or elect	•			••••••	
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts supporte	ed organizatio	on(s), by ha	ving
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		-		g organization operated				Illy integrate	ed with,
				s). You must complete					
d				orting organization oper					
				zation generally must sa nplete Part IV, Section:				d an attent	veness
е			,	written determination fro				II Type III	
Ũ				nally integrated support			, iype i, iype	, n, rype m	
f									
			n about the supporte						
	(i) Name of supp		(ii) EIN		(iv) Is the o	rganization in vour	(v) Amount o	-	(vi) Amount of
	organizatior	1		(described on lines 1-9 above or IRC section		document?	support Instruct		other support (see Instructions)
				(see instructions))	Yes	No	Instruct	10113)	
_	_								
Tota				unations for				hda A /T	
	· · · · · · · · · · · · · · · · · · ·	duction Act N 432021 09-17-14	lotice, see the Instr	uctions for			Scheo	ule A (For	m 990 or 990-EZ) 2014

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# Schedule A (Form 990 or 990 EZ) 2014 INC.

Part II

73-1396320 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11124371.	36030271.	8222313.	10796091.	11026982.	77200028.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11124371.	36030271.	8222313.	10796091.	11026982.	77200028.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						77200028.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	11124371.	36030271.	8222313.	10796091.	11026982.	77200028.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	772,348.	1258689.	1649380.	1538086.	1750558.	6969061.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	712,233.	727,172.	779,348.	864,991.		4008984.
11	Total support. Add lines 7 through 10						88178073.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectic	on 501(c)(3)	
_	organization, check this box and sto	phere					<b>)</b>
See	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2014					14	87.55 %
	Public support percentage from 2013					15	90.15 %
<b>16</b> a	33 1/3% support test - 2014. If the	-					
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2013. If the	-					
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	<b>st - 2014.</b> If the org	anization did not o	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	ces" test, check th	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances'	' test. The organiza	tion qualifies as a	publicly supporte	d organization		▶∟
b	10% -facts-and-circumstances tes	<b>st - 2013.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	cly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns ►
					Sch	dule A (Form 990	) or 990-EZ) 2014

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### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nization,
	check this box and stop here	-					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2013	3 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	014 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · · ·			18	%
19a	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and lin	e 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2013. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<b>)</b>
	23 09-17-14						990 or 990-EZ) 2014
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2014.05060 COMMUNITIES FOUNDATION OF O 77657301

### Schedule A (Form 990 or 990-EZ) 2014 INC.

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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1

2

3a

3b

3c

4a

4b

4c

Yes

No

Sche	dule A (Form 990 or 990 EZ) 2014 INC. 73-	139632	0 Ра	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u>Sec</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <i>Part VI</i> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.5		
h	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have been engaged in <i>the</i> reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
~	of its supported organizations? If "Yes," describe in $P_{art} V_I$ the role played by the organization in this regard.	3b		
432025	5 09-17-14 Schedule A (For		0-EZ)	2014

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ganizations on Nov. 20, 1970. See inst e Sections A through E. (A) Prior Year	(B) Current Year (optional)
e Sections A through E. (A) Prior Year	(B) Current Year
(A) Prior Year	
(A) Prior Year	(B) Current Year (optional)
	Current Year

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

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<b>.</b> .		OUNDATION OF O.		2 1206220				
	Schedule A (Form 990 or 990-EZ) 2014 INC.       73-1396320 Page 7         Part V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
		(a)(3) Supporting Orga	anizations (continued)					
	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsive	)					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
-	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a	,,							
b								
 C								
d								
	From 2013							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а								
b								
с								
d	Excess from 2013							
	Excess from 2014							
-								

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

COMMUNITIES FOUNDATION O	F C	)КЬАНОМА,
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Schedule A	(Form 990 or 990-E2	Z) 2014 INC.			7	<u>3-1396320 р</u>
Part VI				equired by Part II, line 10	; Part II, line 17a or 17	o; and Part III, line 12.
	Also complete this	part for any addition	nal information. (See inst	ructions).		
2028 09-17-	14				Schedule A	Form 990 or 990-EZ
50200	788989 770	65730	2011 05060	20 COMMUNITIES	FOIINDATION	
ノロムロゴ	100202 110	00100	7014 • 0 7 0 0 0	COLUMETTED	TOONDATTON	OT 0 11001

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

# 2014

Employer identification number

COMMUNITIES	FOUNDATION	OF	OKLAHOMA
0011101111110	TOOLDITTTOIL	<u> </u>	OICHINGINI /

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I	73-1396320			
Organization type (check of				
Filers of:	Section:			
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			

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

501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### Special Rules

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

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

**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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D       Supplemental Financial         (Form 990)       Complete if the organization answered Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11c         Department of the Treasury       Attach to Form 990         Internal Revenue Service       Information about Schedule D (Form 990) and its inst				ered "Yes" to 11d, 11e, 11f 990.	Form 990 , 12a, or 12	, 2b.			201 Open to Inspectio	
Name of the organizat		ES FOUNDA	TION OF	OKLAHOM	A,	rs.gov/i			entification	
-	INC.						_	73-	13963	20
	ations Maintaining			Other Simi	lar Fund	s or A	Accor	Ints.Con	nplete if the	Э
organizatio	on answered "Yes" to For	m 990, Part IV, line			-1- 1					
			(a) Dond	r advised fun	as 39		( <b>b)</b> Fun	as and ot	her accour	115 87
	nd of year			3 09/	,542.			1	0,913	
	of contributions to (during	-		3,998					2,722	
	of grants from (during yea at end of year			33,351				8	37,975	$\frac{1}{688}$
	on inform all donors and					sed fur	nds			/ • • •
-	on's property, subject to		-					X	Yes	
6 Did the organizati	on inform all grantees, do poses and not for the ber	onors, and donor a	dvisors in writing or donor advisor,	g that grant fu or for any oth	inds can be ner purpose	e used e confe	only rring		Yes	
Part II Conserv	vation Easements.	Complete if the org	ganization answe	ered "Yes" to	Form 990,	Part IV,	, line 7.			
1 Purpose(s) of con	servation easements hele	d by the organizati	on (check all tha	t apply).						
	n of land for public use (e	e.g., recreation or e	education)		ion of a his				area	
	of natural habitat		L	Preservat	ion of a cer	tified h	istoric	structure		
	n of open space									
•	a through 2d if the organi	zation held a quali	fied conservation	1 Contribution	in the form	of a co	onserva	ation ease	ement on tr	ie last
day of the tax yea	lf .							Held at th	e End of the	Tax Y
a Total number of c	onservation easements						2a	nord at a		Tux
	tricted by conservation e						2b			
	rvation easements on a c						2c			
	rvation easements includ									
	nal Register						2d			
	rvation easements modifi						nizatior	n during th	he tax	
year 🕨										
	where property subject t			-						
	ation have a written policy							_	_	
	forcement of the conserv								Yes	
	er hours devoted to moni									
	ses incurred in monitoring							\$		
	rvation easement reporte		-	-					٦.,	
	n)(4)(B)(ii)?								_ Yes	
	be how the organization	•			•					
conservation ease	ble, the text of the footno	te to the organizat	tion's financial si	latements tha	t describes	s the or	ganiza	lion's acc	ounting for	
	ations Maintaining	Collections o	f Art. Histori	cal Treasu	res. or C	Other	Simil	ar Asse	ets.	
	if the organization answe		-		,					
1a If the organization	elected, as permitted ur	nder SFAS 116 (AS	SC 958), not to re	eport in its rev	enue state	ment a	nd bala	ance shee	et works of	art,
historical treasure	s, or other similar assets	held for public exh	nibition, educatio	on, or researcl	n in further	ance of	<sup>i</sup> public	service,	provide, in	Part >
	tnote to its financial state									
<b>b</b> If the organization	elected, as permitted ur	nder SFAS 116 (AS	SC 958), to repor	t in its revenu	e statemer	nt and b	balance	e sheet wo	orks of art,	histor
treasures, or othe	r similar assets held for p	ublic exhibition, e	ducation, or rese	arch in furthe	rance of pu	ublic se	ervice, p	provide th	e following	amoi
relating to these it										
	uded in Form 990, Part VI									
	ed in Form 990, Part X							\$		
	received or held works of					al gain,	provid	е		
	unts required to be repor									
	in Form 990, Part VIII, lir							\$		
<b>b</b> Assets included in	n Form 990, Part X						. 🕨	\$		
HA For Paperwork R	eduction Act Notice, se	e the Instruction	s for Form 990.					Schedule	D (Form 9	<del>)</del> 90) 2(
32051	,									, -
32051 0-01-14			26							

0	T110	TIES FOUND	AIION OF	OKLA	HOMA,		73-13	9632	0 5	
		alloctions of Ar	t Historiaal	Tragou	raa ar Oth	or Cimi				age Z
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	ne followi	ng that are a s	significan	t use of its	collectio	n item	IS
	(check all that apply):		┌┐.							
a		d		xchange	programs					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						oose in Par	t XIII.		
5	During the year, did the organization solicit o							-		7
	to be sold to raise funds rather than to be ma		U					Yes		No
Par	TIV Escrow and Custodial Arran		ete if the organiza	tion ansv	vered "Yes" to	Form 99	0, Part IV,	line 9, or		
<u> </u>	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-					٦		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					<b>1</b> f		_		
	Did the organization include an amount on Fo						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	-								
		(a) Current year	(b) Prior year	`,	wo years back	. ,	years back	(e) Four	r years	back
	Beginning of year balance	22,802,131.	19,443,73		.6,843,849.		205,082.			
b	Contributions	1,765,592.	1,070,93		1,273,261.		110,289.			
	Net investment earnings, gains, and losses	466,092.	3,352,52	3.	2,229,788.		311,928.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,721,239.	816,78	9.	695,020.		603,043.			
f	Administrative expenses	272,361.	248,27	4.	208,144.		180,407.			
g	End of year balance	23,040,215.	22,802,13	1. 1	9,443,733.	16,	843,849.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, columi	n (a)) held	as:					
а	Board designated or quasi-endowment 🕨	100.00	%							
b	Permanent endowment	%	_							
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	Ild equal 100%.								
3a	Are there endowment funds not in the posse		ation that are hel	d and adr	ninistered for	the organ	ization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a	. See For	m 990, Part X	, line 10.				
-	Description of property	(a) Cost or of		ost or oth		ccumula	ed	(d) Boo	k valu	e
		basis (investr	• • •	is (other)	• •	preciatio		.,		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	00	515.			29,5	515.			0.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X. column (B), lin	e 10c.)	•					0.

Schedule D (Form 990) 2014

432052 10-01-14

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		FOUNDATION (	OF OKLAHOMA,		
	(Form 990) 2014 INC.			73-13	96320 Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-ye	ear market value
(1) Financia	al derivatives				
(2) Closely	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line			
	(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-ye	ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 99	0, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....

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

Schedule D (Form 990) 2014

432053 10-01-14

(8)

Sche	edule D (Form 990) 2014 INC •			73-	1396320 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents Wi	th Revenue per R	etur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,897,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-5,850,474.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е				2e	-5,850,474.
3	Subtract line 2e from line 1			3	15,747,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,131,025.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	4,131,025.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,879,006.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	11,243,084.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	11,243,084.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	3,348,873.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	3,348,873.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	14,591,957.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines	1b and 2b; Part V, line	4; Parl	: X, line 2; Part XI,

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

# PART X, LINE 2:

MANAGEMENT HAS EV	ALUATED THE FOUNDA	TIONS TAX POSIT	IONS AND CONCI	LUDED THAT
THE FOUNDATION HA	AS TAKEN NO UNCERTA:	IN TAX POSITION	IS THAT REQUIRE	3
ADJUSTMENT TO THE	E FINANCIAL STATEMEN	NTS TO COMPLY W	ITH THE PROVIS	SIONS OF
THIS GUIDANCE. WI	TH FEW EXCEPTIONS,	THE FOUNDATION	I IS NOT SUBJEC	СТ ТО
EXAMINATION BY AN	NY TAX JURISDICTION	FOR YEARS PRIC	OR TO JUNE 30,	2011.
PART XI, LINE 4B	- OTHER ADJUSTMENTS	5:		
AGENCY TRANSFERS	SUBJECT TO FAS 136			4,131,025.
PART XII, LINE 41	3 - OTHER ADJUSTMEN	rs:		
	SUBJECT TO FAS 136			3,348,873.
432054 10-01-14		29	Sched	ule D (Form 990) 2014
350209 788989 776	5730 2014.050	-	FOUNDATION OF	0 77657301

aedule D (Form 990) 2011	COMMUNITIES INC.	 01 011211	 73-1396320	Pac
nedule D (Form 990) 2014 art XIII   Supplemental Info	rmation (continued)			ı ay
			Schedule D (Form	0001

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COMMUNITIES OUNDATION OF 0 776573 01 20 4. 05060 F

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Grants and Oth vernments, an lete if the organizatio ion about Schedule I	nd Individual on answered "Yes" Attach to For	<b> S in the Ŭni</b> ' to Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2014</b> Open to Public Inspection
Name of the organization COMMUNITI	ES FOUNDA	TION OF OKL	AHOMA,	s instructions is a	<u>uww.irs.gov/form9</u>	90.	Employer identification number
INC.							73-1396320
Part I General Information on Grants and					. fourthe guarde ou op		
1 Does the organization maintain records t							
<ul><li>criteria used to award the grants or assis</li><li>2 Describe in Part IV the organization's pro-</li></ul>							
Part II Grants and Other Assistance to I					anization answered "	Yes" to Form 990 Par	IV line 21 for any
recipient that received more than §	-						,
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS' EPISCOPAL CHURCH 809 WEST CEDAR	72 0706006	501 (0) (2)	7 110				
DUNCAN, OK 73533	73-0796096	501(C)(3)	7,118.	0.			2014 ANNUAL DISTRIBUTION
ALVA RUNNYMEDE, C/O BILLIE BUCKLES 501 SPRUCE							
ALVA, OK 73717		501(C)(3)	9,966.	0.			2014 ANNUAL DISTRIBUTION
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W. BRYN MAWR AVE, SUITE 550 CHICAGO, IL 60631	23-7286648	501(C)(3)	80,000.	0.			SUPPORT GRANT IN HONOR OF FARMER BOB & BOB WILLIS MEDICAL STUDENT SUMMER PROGRAM
AMES CEMETERY P.O. BOX 514							
AMES, OK 73718		501(C)(3)	6,887.	0.			2014 ANNUAL DISTRIBUTION
ANNA'S HOUSE 10915 WATERS WELLING WAY							
EDMOND, OK 73013	33-1203679	501(C)(3)	35,000.	0.			GENERAL SUPPORT GRANT
ASSISTANCE LEAGUE OF NORMAN 809 WALL STREET		501 (0) (2)					
NORMAN, OK 73069		501(C)(3)	31,434.	0.			2014 ANNUAL DISTRIBUTION
2 Enter total number of section 501(c)(3) and	•	•					🕈
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2014)

Schedule I (Form 990)

organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AT&T PERFORMING ARTS CENTER							
2100 ROSS AVENUE, STE. 650							
DALLAS, TX 75201	75-2890923	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT
BANK IT: A HABIT OF HELPING							
FOUNDATION FISCAL SPONSORSHIP FUND							
- 29827 COUNTY ROAD 510 - ALVA, OK							RECEIVED 501C3 CLOSING
73717	45-3141550	501(C)(3)	39,180.	٥.			FUND
BEAUTIFUL DREAM SOCIETY							
P.O. BOX 32554							DONATION TO BEAUTIFUL
OKLAHOMA CITY, OK 73123	27-2574811	501(C)(3)	15,962.	0.			DREAM SOCIETY
BETA THETA PI FOUNDATION OF							CONSTRUCTION/RENOVATION
OKLAHOMA, INC P.O. BOX 721805 -							BENEFITING EDUCATION
NORMAN, OK 73070	31-6050515	501(C)(3)	100,000.	0.			ENDEAVORS
BLACKWELL PUBLIC SCHOOL FOUNDATION							
PO BOX 151							
BLACKWELL, OK 74631	73-1330442	501(C)(3)	6,603.	0.			2014 ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF OKLAHOMA							
COUNTY - P.O. BOX 18701 - OKLAHOMA	72 1472202	E01(0)(2)	20.250	0			
CITY, OK 73154	73-1472202	501(C)(3)	30,250.	0.			SUPPORT GRANT
BRIDGES OF NORMAN, INC.							
1670 N. STUBBEMAN							
NORMAN, OK 73069		501(C)(3)	8,000.	0.			GENERAL SUPPORT GRANT
NORMAN, OR 75009		501(0/(3)	8,000.	0.			GENERAL SUFFORT GRANT
BRISTOW EDUCATION FOUNDATION							REIMBURSE - 5/8/15 EVEN
P.O. BOX 531							EXPENSES - PERFORMER &
BRISTOW, OK 74010		501(C)(3)	4,698.	0.			FOOD
			÷,000.	0.			
BRISTOW EDUCATION FOUNDATION FUNDS							
COMMUNITY BANK - P.O. BOX 1020 -							
		1	1			1	

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOW PUBLIC SCHOOLS COMMUNITY BANK, C/O MATT - PO BOX 1020 - BRISTOW, OK 74010	73-6026797	501(C)(3)	15,930.	0.			ANNUAL GRANTS TO TEACHERS
BURLINGTON EDUCATION FOUNDATION P. O. BOX 17							
BURLINGTON, OK 73722	73-1536760	501(C)(3)	7,473.	0.			2014 ANNUAL DISTRIBUTION
CALM WATERS 4334 N.W. EXPRESSWAY, STE. 101 OKLAHOMA CITY, OK 73116	73-1561707	501(C)(3)	17,183.	0.			2014 ANNUAL DISTRIBUTION
CAMERON UNIVERSITY, DEPT OF EDUCATION - 2800 W. GORE BLVD - LAWTON, OK 73505		501(C)(3)	5,000.	0.			CAMPUS GRANT
CASA OF CHEROKEE COUNTY P.O. BOX 1788 TAHLEQUAH, OK 74465	73-1478988	501(C)(3)	5,648.	0.			2014 ANNUAL DISTRIBUTION
CASA OF OKLAHOMA COUNTY 5905 CLASSEN COURT, STE 302 OKLAHOMA CITY, OK 73118		501(C)(3)	31,586.	0.			2014 ANNUAL DISTRIBUTION
CASADY SCHOOL 9500 N. PENNSYLVANIA OKLAHOMA CITY, OK 73156-0390	73-0587209	501(C)(3)	52,976.	0.			2014 ANNUAL DISTRIBUTION
CELEBRATION PRESCHOOL, INC PO BOX 890847 OKLAHOMA CITY, OK 73189	51-0186343	501(C)(3)	10,000.	0.			SUPPORT GRANT
CENTRAL OKLAHOMA HUMANE SOCIETY 9300 N. MAY AVE. STE. 400-281 OKLAHOMA CITY, OK 73120	20-8446621	501(C)(3)	40,000.	0.			SUPPORT GRANT

INC. Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa I	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HICKASHA AREA ARTS COUNCIL							
P.O. BOX 505							
CHICKASHA, OK 73018	73-1385017	501(C)(3)	5,000.	0.			2014 GRANTS
CHICKASHA CHRISTIAN MINISTRIES							
602 W. TENNESSEE AVE							
CHICKASHA, OK 73018	73-1242989	501(C)(3)	25,000.	0.			2014 GRANTS
CHICKASHA FESTIVAL OF LIGHT, INC.							
, 211 CHICKASHA AVE							
CHICKASHA, OK 73018		501(C)(3)	15,000.	0.			2014 GRANTS
CHICKASHA PUBLIC SCHOOLS							
FOUNDATION - P.O. BOX 2443 -							
CHICKASHA, OK 73023		501(C)(3)	5,000.	0.			2014 GRANTS
7			, -				
CHICKASHA ROBOTICS TEAM							
101 JOHN P COWAN							
CHICKASHA, OK 73018		501(C)(3)	10,000.	0.			2014 GRANTS
CHIEF FIRE & SAFETY CO., INC.							
PO BOX 1214							
CHICKASHA, OK 73023	73-1032744	501(C)(3)	3,717.	0.			INV# 179253 & 177687
CUITCHOLM MDALL ADMG COUNCIL							
CHISHOLM TRAIL ARTS COUNCIL 810 W. WALNUT							
DUNCAN, OK 73533	73-1028488	501(C)(3)	8,208.	0.			2014 ANNUAL DISTRIBUTI
	,5 1020100	551(6)(5)	0,200.	<b>.</b>			
CHISHOLM TRAIL CHURCH OF CHRIST							
L404 WEST MAIN STREET							COMPASSION CENTER-2014
DUNCAN, OK 73533		501(C)(3)	9,726.	0.			ANNUAL DISTRIBUTION
CHISHOLM TRAIL HERITAGE CENTER							
1000 CHISHOLM TRAIL PARKWAY							
DUNCAN, OK 73533	14-1896825	501(C)(3)	92,892.	0.			2014 ANNUAL DISTRIBUTI

Schedule I (Form 990)

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		cash grant	non-cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance	
CLAREHOUSE, INC.							
7617 S. MINGO							
TULSA, OK 74133	73-1603851	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT
COMMUNITY CHRISTIAN SCHOOL, INC.							
3002 BROCE DR.							
NORMAN, OK 73072	73-1286326	501(C)(3)	11,000.	0.			SUPPORT GRANT
DALLAS ARBORETUM & BOTANICAL							
GARDEN, INC 8617 GARLAND ROAD -							
DALLAS, TX 75218	23-7375815	501(C)(3)	10,000.	0.			GENERAL SUPPORT GRANT
DALLAS OPERA, WINSPEAR OPERA HOUSE							
2403 FLORA ST. STE. 500							
DALLAS, TX 75201	75-6004746	501(C)(3)	35,000.	0.			SUPPORT GRANT
			,				
DARTMOUTH COLLEGE							
7 LEBANON ST., STE 309							
HANOVER, NH 03755	02-0222111	501(C)(3)	100,000.	0.			SUPPORT GRANT
DUNCAN CHAMBER OF COMMERCE &							
INDUSTRY - P. O. BOX 699 -							SUPPORT GRANT DUNCAN'S
DUNCAN, OK 73534	73-0178473	501(C)(3)	8,500.	0.			MEMORIAL PARK
DUNCAN GROUP HOMES, INC.							
1301 W. MAIN STREET							
DUNCAN, OK 73533-4328	73-1151612	501(C)(3)	9,394.	0.			2014 ANNUAL DISTRIBUTIC
,			,				
DUNCAN PUBLIC SCHOOLS FBO DHS							
LIBRARY - PO BOX 1548 - DUNCAN, OK							
73534	73-1341146	501(C)(3)	8,493.	0.			2014 ANNUAL DISTRIBUTIO
DUNCAN PUBLIC SCHOOLS FOUNDATION							
P.O. BOX 1882							
DUNCAN, OK 73534-1468	73-1341146	501(C)(3)	35,997.	0.			2014 ANNUAL DISTRIBUTIO

Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DUNCAN REGIONAL HOSPITAL HEALTH							
FOUNDATION - P. O. BOX 2000 -	20 2772056	E01(0)(2)	274 410	0			
DUNCAN, OK 73534-2000	20-2772056	501(C)(3)	274,410.	0.			2014 ANNUAL DISTRIBUTION
DUNCAN SENIOR CITIZENS CENTER							
1110 N. 7TH STREET							
DUNCAN, OK 73533	73-0775679	501(C)(3)	17,898.	0.			2014 ANNUAL DISTRIBUTION
EASTERN OKLAHOMA STATE COLLEGE							
DEVELOPMENT FOUNDATION - 1301 WEST							
MAIN - WILBURTON, OK 74578	23-7281986	501(C)(3)	1,299,903.	0.			2014 ANNUAL DISTRIBUTION
FIREHOUSE ART CENTER							
444 SOUTH FLOOD AVENUE	00 5110005	F01 ( g) ( ) )	0.855				
NORMAN, OK 73069	23-7112097	501(C)(3)	9,755.	0.			2014 ANNUAL DISTRIBUTION
FIRST CHRISTIAN CHURCH DAY CARE							
916 W. WALNUT							GRANT FOR OPERATIONS PER
DUNCAN, OK 73533	73-0661826	501(C)(3)	20,000.	0.			FUND
			,				
FIRST SERVE OKC							PAYMENT TO CITY OF OKC T
7301 NORTH BROADWAY, SUITE 2258							RECEIVE MATCHING FOR
OKLAHOMA CITY, OK 73116	46-3499004	501(C)(3)	383,933.	0.			INDOOR FACILITY
FOOD & SHELTER FOR FRIENDS							
104 WEST COMANCHE				_			
NORMAN, OK 73069	73-1222111	501(C)(3)	2,515.	0.			2014 ANNUAL DISTRIBUTION
FOOD & SHELTER FOR FRIENDS							
104 WEST COMANCHE							
NORMAN, OK 73069	73-1222111	501(C)(3)	100.	0.			SUPPORT GRANT
			130.				
FOOD & SHELTER FOR FRIENDS							
104 WEST COMANCHE							SUPPORT GRANT - NEW
NORMAN, OK 73069	73-1222111	501(C)(3)	3,000.	0.			HOUSING UNIT

INC. Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD & SHELTER FOR FRIENDS							
104 WEST COMANCHE							
NORMAN, OK 73069	73-1222111	501(C)(3)	7,000.	0.			GENERAL SUPPORT GRANT
FORT COBB-BROXTON PUBLIC SCHOOLS							
600 TOWAKONIE AVENUE							SUPPORT GRANT - VEHICLE
FT. COBB, OK 73038		501(C)(3)	39,000.	0.			FOR
FREEDOM CHURCH							
PO BOX 188							
PIEDMONT, OK 73078-0188	73-1571631	501(C)(3)	5,000.	0.			SUPPORT GRANT
FRIENDS OF THE WILL ROGERS LIBRARY							
1200 ANDRE CIRCLE		501(C)(3)	0 201	0.			2014 ANNUAL DISTRIBUTIO
CLARMORE, OK 74017		501(0)(3)	9,291.	0.			2014 ANNOAL DISIRIBUTION
GABRIEL'S HOUSE							
P.O. BOX 883							
DUNCAN, OK 73534	73-1573021	501(C)(3)	8,195.	0.			2014 ANNUAL DISTRIBUTION
GRADY COUNTY HISTORICAL SOCIETY							
P.O. BOX 495							
CHICKASHA, OK 73023	73-1149766	501(C)(3)	25,000.	0.			2014 GRANTS
NOT DENVITI DE EDUCATION EQUNDATION							
HOLDENVILLE EDUCATION FOUNDATION							
P.O. BOX 641		501(C)(3)	0 220	0.			2014 ANNUAL DISTRIBUTIO
HOLDENVILLE, OK 74848		501(C)(3)	9,220.	0.			2014 ANNOAL DISTRIBUTION
HOMELESS ALLIANCE							
1724 NW 4 STREET							
OKLAHOMA CITY, OK 73106	11-3718005	501(C)(3)	84,284.	0.			SUPPORT GRANT
HOPEHOUSE SUPPORTIVE AND							
TRANSITIONAL LIVING, INC 6608							
N. WESTERN AVE. PMB #168 -							
OKLAHOMA CITY, OK 73116	27-4689910	501(C)(3)	500,000.	0.			SUPPORT GRANT

Schedule I (Form 990) INC.

			( ) , , , , , , , , , , , , , , , , , ,				
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFANT CRISIS SERVICES, INC.							
4224 N. LINCOLN BLVD							SUPPORT GRANT - BOOTS &
OKLAHOMA CITY, OK 73105	73-1378766	501(C)(3)	26,534.	0.			BALL GOWNS
i							
INFANT CRISIS SERVICES, INC.							
4225 N. LINCOLN BLVD							
OKLAHOMA CITY, OK 73106	73-1378766	501(C)(3)	471.	0.			2014 ANNUAL DISTRIBUTION
INFANT CRISIS SERVICES, INC.							
4226 N. LINCOLN BLVD							SUPPORT GRANT - CAPITAL
OKLAHOMA CITY, OK 73107	73-1378766	501(C)(3)	25,000.	0.			CAMPAIGN
,,,			,	- •			
INFANT CRISIS SERVICES, INC.							
4227 N. LINCOLN BLVD							
OKLAHOMA CITY, OK 73108	73-1378767	501(C)(3)	263.	0.			2014 ANNUAL DISTRIBUTION
INFANT CRISIS SERVICES, INC.							
4228 N. LINCOLN BLVD	72 1270760	E01(0)(2)	500	0			
OKLAHOMA CITY, OK 73109	73-1378768	501(C)(3)	500.	0.			SUPPORT GRANT
JOHN W. REX CHARTER ELEMENTARY							
SCHOOL, INC 500 W. SHERIDAN							DEVON - GRANT FOR MONEY
AVE OKLAHOMA CITY, OK 73102	46-0694033	501(C)(3)	598,193.	0.			MARKET ACCT
KCSC CLASSICAL RADIO FOUNDATION							
100 N. UNIVERSITY DR.							
EDMOND, OK 73034	73-1622883	501(C)(3)	25,000.	0.			SUPPORT GRANT
VENTLA DADY INC							
KEHILA PARK, INC. P.O. BOX 402							SUPPORT GRANT FOR MULTIGENERATIONAL
SULPHUR, OK 73086	46-2449009	501(C)(3)	649,124.	0.			COMMUNITY
		501(0/(3/	049,124.	0.			
KILPATRICK CHARITABLE TRUST							
1346 DRAYTON WOODS DR.							
TUCKER, GA 73008		501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT

Schedule I (Form 990) INC.

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNIGHTS OF COLUMBUS CHARITIES USA INC., ONE COLUMBUS PLAZA - P.O. BOX 1966 - NEW HAVEN, CT 06509	41-2140273	501(C)(3)	10,000.	0.			K OF C CHRISTIAN REFUGEE RELIEF
LAWTON PUBLIC SCHOOLS FOUNDATION, INC P.O. BOX 2323 - LAWTON, OK 73502	73-1386496	501(C)(3)	20,574.	0.			2014 ANNUAL DISTRIBUTION
MABEE-GERRER MUSEUM OF ART 1900 W. MACARTHUR DRIVE SHAWNEE, OK 74804	73-1392868	501(C)(3)	8,296.	0.			2014 ANNUAL DISTRIBUTION
MARGARET HUDSON PROGRAM INC 1136 S. ALLEGHENY AVE TULSA, OK 74112	73-0793181	501(C)(3)	9,800.	0.			2015 AWARD
MARY ABBOTT CHILDREN'S HOUSE PO BOX 6316 NORMAN, OK 73070	73-1512416	501(C)(3)	6,399.	0.			SUPPORT GRANT
MEALS ON WHEELS P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	6,041.	0.			2014 ANNUAL DISTRIBUTION
MERCY HEALTH CENTER FOUNDATION 13321 NORTHH MERIDIAN, SUITE 206 OKLAHOMA CITY, OK 73120	73-1593024	501(C)(3)	25,000.	0.			CANCER CENTER SUPPORT GRANT
MIDWEST CITY - DEL CITY PUBLIC SCHOOLS - 7217 S.E. 15TH STREET - MIDWEST CITY, OK 73110	73-6033476	501(C)(3)	9,800.	0.			2015 AWARD
MORE FOUNDATION 301 W. MAIN ST, SUITE 210 ARDMORE, OK 73401	73-1373231	501(C)(3)	86,436.	0.			2014 ANNUAL DISTRIBUTION

Schedule I (Form 990) INC •						7	73-1396320 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COWBOY & WESTERN HERITAGE							
MUSEUM - 1700 N. E. 63RD -							
OKLAHOMA CITY, OK 73111	73-0689546	501(C)(3)	11,325.	0.			SUPPORT GRANT
	75 0005540	501(0/(5/	11,525.	0.			BOITONT GNANT
NATURE CONSERVANCY, INC.							
408 N.W. 7TH							
OKLAHOMA CITY, OK 73102	53-0242652	501(C)(3)	30,000.	0.			SUPPORT GRANT
NEW HORIZONS FOUNDATION, INC.							
5550 TECH CENTER DR., SUITE 303							
COLORADO SPRINGS, CO 80919	84-1123082	501(C)(3)	5,000.	0.			SUPPORT GRANT
NORTHWESTERN OKLAHOMA STATE							
UNIVERSITY FOUNDATION - 709							
OKLAHOMA BOULEVARD - ALVA, OK							REPLACING SURFACE ON
73717	73-0947945	501(C)(3)	25,000.	0.			FOOTBALL FIELD
OK FOSTER WISHES							
1301 N. SPRING DR.							
OKLAHOMA CITY, OK 73127	45-2280639	501(C)(3)	5,000.	0.			SUPPORT GRANT
OK LIBRARY ASSOCIATION							
P. O. BOX 6550							
EDMOND, OK 73083	73-1044902	501(C)(3)	9,755.	0.			2014 ANNUAL DISTRIBUTION
OKARCHE EDUCATIONAL FOUNDATION							
P.O. BOX 324							
OKARCHE, OK 73762	73-1511954	501(C)(3)	7,858.	0.			2014 ANNUAL DISTRIBUTION
OVC MUCEUM OF ADD							
OKC MUSEUM OF ART							
415 COUCH DRIVE	73-0528431	501(C)(2)	00 270	0.			UNRESTRICTED GRANT
OKLAHOMA CITY, OK 73102	13-0320431	501(C)(3)	80,270.	0.			ONVEDIATCIED GRANI.
OKLAHOMA ACADEMY FOR STATE GOALS							
P.O. BOX 968							
NORMAN, OK 73070	73-1255400	501(C)(3)	59,415.	0.			2014 ANNUAL DISTRIBUTION
				۰.			SISTINGSTION

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(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OKLAHOMA AFTERSCHOOL NETWORK							
133 W. MAIN ST., SUITE 100							
OKLAHOMA CITY, OK 73102	45-5533265	501(C)(3)	137,400.	0.			DECEMBER PAYROLL
OKLAHOMA CITY UNIVERSITY							
2501 N. BLACKWELDER AVE							SCHOOL OF LAW SUPPORT
OKLAHOMA CITY, OK 73106	73-0579265	501(C)(3)	60,000.	0.			GRANT
OKLAHOMA FAMILY NETWORK							
P.O. BOX 21072							TRANSFER OF MALLEYHENRY
OKLAHOMA CITY, OK 73156	73-1515579	501(C)(3)	5,151.	0.			FUND TO OK FAMILY NETWORF
OKLAHOMA MEDICAL RESEARCH							
FOUNDATION - 825 NE 13TH STREET -							SUPPORT GRANT - ANNUAL
OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	10,000.	0.			241 EVENT
OKLAHOMA WONDERTORIUM							
P.O. BOX 1299							SUPPORT GRANT -
STILLWATER, OK 74076	73-1610689	501(C)(3)	12,000.	0.			EDUCATIONAL PROGRAMS
OKLAHOMA YOUTH EXPOSITION, INC.							
500 NW 30TH STREET							
OKLAHOMA CITY, OK 73118		501(C)(3)	8,177.	0.			2014 ANNUAL DISTRIBUTION
OSU FOUNDATION							
400 S. MONROE ST.							
STILLWATER, OK 74074	73-6097060	501(C)(3)	67,880.	0.			SUPPORT GRANT -
OSU-OKC							
900 N. PORTLAND							SINGLE MOTHER STUDENT
OKLAHOMA CITY, OK 73107		501(C)(3)	5,000.	0.			PROJECT GRANT
OU FOUNDATION							
100 TIMBERDELL RD.							
NORMAN, OK 73019	73-6091755	501(C)(3)	45,007.	0.			2014 ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAULS VALLEY FOUNDATION FOR ACADEMIC EXCELLENCE - P.O. BOX 63 - PAULS VALLEY, OK 73075	73-1362811	501(C)(3)	19,153.	0.			2014 ANNUAL DISTRIBUTION
PAYNE COUNTY YOUTH SERVICES P.O. BOX 2647 STILLWATER, OK 74076	73-1093612	501(C)(3)	9,800.	0.			2015 AWARD
PEACEFUL ANIMAL ADOPTION SHELTER P.O. BOX 491 VINITA, OK 74301	45-5414625	501(C)(3)	20,000.	0.			GENERAL SUPPORT GRANT
PEPPERS RANCH, INC P.O. BOX 3814 EDMOND, OK 73083	73-1608380	501(C)(3)	250,000.	0.			SUPPORT GRANT-INDOOR RIDING ARENA
PET FOOD PANTRY OF OKC P.O. BOX 57678 OKLAHOMA CITY, OK 73157-7678	27-2952574	501(C)(3)	13,500.	0.			SUPPORT GRANT
PIEDMONT SERVICE CENTER P.O. BOX 205 PIEDMONT, OK 73078	73-1611025	501(C)(3)	10,000.	0.			DISASTER RECOVERY GRANT- UNDERINSURED PIEDMONT FAMILY TRYING TO GET BAC INTO HOUSING
PIN OAK CHARITY HORSE SHOW ASSOCIATION - 2501 S. MASON RD KATY, TX 77450	74-1755067	501(C)(3)	20,000.	0.			GENERAL SUPPORT GRANT
PIONEER LIBRARY SYSTEM 300 NORMAN CENTER COURT NORMAN, OK 73072	73-6081619	501(C)(3)	5,748.	0.			2014 ANNUAL DISTRIBUTION
PURCELL BASEBALL/SOFTBALL ASSOCIATION - P.O. BOX 715 - PURCELL, OK 73080		501(C)(3)	15,150.	0.			CLOSING FUND

Schedule I (Form 990) INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF UC DAVIS							
ONE SHIELDS AVE DAVIS, CA 95616	73-0579272	501(C)(3)	300,000.	0.			SUPPORT THE WORK OF DR. JOHN MADIGAN
	13 0319212	501(0)(3)					
REGIONAL FOOD BANK OF OKLAHOMA							
PO BOX 270968							SUPPORT GRANT-FOOD FOR
OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	30,100.	0.			KIDS
			·				
REMERGE OF OKLAHOMA COUNTY, INC.							
1444 N.W. 28							PAYROLL FOR AUGUST 1,
OKLAHOMA CITY, OK 73106	46-4504748	501(C)(3)	349,487.	0.			2014
ROGERS COUNTY VOLUNTEERS FOR YOUTH							
1700 S LYNN RIGGS BLVD, STE A							
CLAREMORE, OK 74017	73-1563581	501(C)(3)	9,800.	0.			2015 AWARD
DONALD MODONALD HOUSE							
RONALD MCDONALD HOUSE 1301 NE 14TH STREET							
OKLAHOMA CITY, OK 73117	73-1103242	501(C)(3)	10,000.	0.			SUPPORT GRANT
	75 1105242	501(0)(3)	10,000.				DOTTORT CRIMI
ROSE STATE COLLEGE							
6420 SE 15 STREET							SINGLE MOTHER STUDENT
MIDWEST CITY, OK 73110		501(C)(3)	5,000.	0.			PROJECT GRANT
SALVATION ARMY							
P.O. BOX 2095							
OKLAHOMA CITY, OK 73101	58-0660607	501(C)(3)	27,880.	0.			GENERAL SUPPORT GRANT
SAYRE PUBLIC SCHOOL FOUNDATION							
ENDOWMENT FUNDS - 129 EAST MAIN				_			
STREET - SAYRE, OK 73662		501(C)(3)	23,961.	0.			2014 ANNUAL DISTRIBUTIO
SHAWNEE PUBLIC LIBRARY 225 N. WEBSTER							
NORMAN, OK 73069-7133	73-6081619	501(C)(3)	10,446.	0.			2014 ANNUAL DISTRIBUTIO
1011111, OK / 5005 / 155	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 10,440.	٥.			Lott mmone prointbolld

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(a) Name and address of			(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMMONS CENTER							
P.O. BOX 981							
DUNCAN, OK 73533	73-1344774	501(C)(3)	7,504.	0.			SUPPORT GRANT
SIMPSONVILLE PARKS AND RECREATION							
DEPARTMENT - PO BOX 557 -							SUPPORT GRANT - 4TH OF
SIMPSONVILLE, KY 40067	61-1024041	501(C)(3)	15,000.	0.			JULA
SMART START CENTRAL OKLAHOMA							
P.O. BOX 21505							
OKLAHOMA CITY, OK 73156	42-1593360	501(C)(3)	274,380.	0.			CF0543-PAYROLL
SOONER THEATRE							
101 E. MAIN STREET							
NORMAN, OK 73069	51-0196629	501(C)(3)	5,174.	0.			2014 ANNUAL DISTRIBUTION
SOUTHERN METHODIST UNIVERSITY,							
CATHERINE MAUER-COX SCHOOL OF							
BUSINESS - P.O. BOX 750333 -							SCHOOL OF BUSINESS -
DALLAS, TX 75275	75-0800689	501(C)(3)	50,000.	0.			SUPPORT GRANT
SPRING GATHERING CHARITY HORSE							
SHOW - 714 SUPERIOR RD							
MAGNOLIA, TX 77354	27-4616166	501(C)(3)	20,000.	0.			GENERAL SUPPORT GRANT
ST. GREGORY'S UNIVERSITY							
1900 WEST MACARTHUR							SUPPORT GRANT NEW NURSING
SHAWNEE, OK 74804	73-0685198	501(C)(3)	200,000.	0.			PROGRAM
	/3 0003130	501(0)(3)	200,000.				
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL, INC 501ST. JUDE PLACE							
- MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,000.	0.			SUPPORT GRANT
ST. MARY MAGDELENE CATHOLIC CHURCH							
625 MAGDALA PLACE							
	56-2147331	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT
APEX, NC 27502	JU-ZI4/JJL		5,000.	٥.			GENERAL SUFFORT GRANT

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Part II Continuation of Grants and Other	Assistance to Ge	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST. MARY MAGDELENE CATHOLIC SCHOOL 625 MAGDALA PLACE							
APEX, NC 27502	56-2147331	501(C)(3)	5,000.	٥.			GENERAL SUPPORT GRANT
STEPHENS COUNTY HISTORICAL SOCIETY P.O. BOX 1294							
DUNCAN, OK 73534	23-7258111	501(C)(3)	6,736.	0.			2014 ANNUAL DISTRIBUTION
STEPHENS COUNTY HUMANE SOCIETY 2110 W. CLUB DRIVE							
DUNCAN, OK 73533	73-1202082	501(C)(3)	10,080.	٥.			2014 ANNUAL DISTRIBUTION
STILLWATER CARES 3115 W. 24TH							
STILLWATER, OK 74074	27-3331134	501(C)(3)	5,000.	0.			DONATION MATCHING
STILLWATER MEDICAL CENTER FOUNDATION - P.O. BOX 2408 - STILLWATER, OK 74076	73-1173571	501(C)(3)	10,000.	0.			SUPPORT GRANT-WARM WATER POOL PROJECT
STILLWATER PUBLIC EDUCATION FOUNDATION, INC 314 S. LEWIS - STILLWATER, OK 74074	73-1267401	501(C)(3)	9,554.	0.			2014 ANNUAL DISTRIBUTION
SUPPORTING KIDS IN INDEPENDENT LIVING/YSOC - 201 N.E. 50TH STREET							
- OKLAHOMA CITY, OK 73105	73-0940217	501(C)(3)	21,713.	0.			2014 ANNUAL DISTRIBUTION
TAHLEQUAH PUBLIC SCHOOL FOUNDATION 1 PLAZA SOUTH, STE 276							CHECK FOR LOCAL ACCOUNT
TAHLEQUAH, OK 74464	73-1365473	501(C)(3)	14,665.	0.			TO CLOSE FUND
TEXAS BIGHORN SOCIETY P.O. BOX 53145	RC 00/0000	501 ( 0 ) ( 0 )					
LUBBOCK, TX 79453	76-0043028	501(C)(3)	5,000.	0.			SUPPORT GRANT

INC. Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
EXAS CHRISTIAN UNIVERSITY							
BOX 298200							
FORT WORTH, TX 76129	75-0827465	501(C)(3)	100,000.	0.			SUPPORT GRANT
THE CARDINAL GIBBONS FUND							
1401 EDWARDS MILL ROAD							
RALEIGH, NC 27607	56-0786755	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT
THE CHILDREN'S CENTER							
6800 N. W. 39TH EXPRESSWAY BETHANY, OK 73008	73-0580264	501(C)(3)	15,999.	0.			SUPPORT GRANT
BEINANI, OK 75008	73-0580204	501(C)(3)	15,555.	0.			SUPPORT GRANT
THE FIRST CONGREGATIONAL CHURCH OF							
WINTER PARK - 999 JUEL ST							SUPPORT GRANT- THE
ORLANDO, FL 32814	59-0637840	501(C)(3)	10,000.	0.			JEREMIAH PROJECT
,			, -				
TOY SHOP OF DUNCAN							
P.O. BOX 206							
DUNCAN, OK 73534	51-0200884	501(C)(3)	17,276.	0.			2014 ANNUAL DISTRIBUTIC
TULSA COMMUNITY FOUNDATION							
7030 S. YALE AVE., SUITE 600	72 1554474	F01/(0)/(2)	64 700	0			
TULSA, OK 74136	73-1554474	501(C)(3)	64,790.	0.			MY DREAM TRANSFER
UNITED METHODIST CHURCH OF GARBER							
PO BOX 55							
GARBER, OK 73738		501(C)(3)	5,000.	0.			SUPPORT GRANT
			-,	- •			
UNITED WAY OF STEPHENS COUNTY							
P.O. BOX 1632							
DUNCAN, OK 73534	23-7210483	501(C)(3)	20,603.	0.			2014 ANNUAL DISTRIBUTIC
UNITED WAY OF STILLWATER, OK							
P.O. BOX 308							
STILLWATER, OK 74076-0308	73-0602756	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT

Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINE - CHAPEL HILL - P.O. BOX 309 - CHAPEL HILL, NC 27515	56-6001393	501(C)(3)	20,000.	0.			SUPPORT GRANT FOOTBALL SPECIAL ACCOUNT
JNIVERSITY OF PENNSYLVANIA SCHOOL DF LAW – 3501 SANSOM STREET – PHILADELPHIA, PA 19104		501(C)(3)	50,000.	0.			SUPPORT GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE ST., CAMPUS BOX 1004 ST. LOUIS, MO 63130	43-0653611	501(C)(3)	1,000.	0.			SUPPORT GRANT
WELCH PUBLIC SCHOOLS ENRICHMENT FOUNDATION - P. O. BOX 129 - WELCH, OK 74369	73-1480590	501(C)(3)	7,458.	0.			2014 ANNUAL DISTRIBUTIO
WELCH PUBLIC SCHOOLS ENRICHMENT FOUNDATION - P. O. BOX 130 - WELCH, OK 74370	73-1480590	501(C)(3)	808.	0.			2014 ANNUAL DISTRIBUTIO
SAVANNAH STATION THERAPEUTIC RIDING PROGRAM - P.O. BOX 851215 - YUKON, OK 73085	47-1943254	501(C)(3)	29,924.	0.			QUOTE # 00002829
WESTERN WAKE CRISIS MINISTRY 103 E. CHATHAM STREET APEX, NC 27502	56-1585440	501(C)(3)	5,000.	0.			GENERAL SUPPORT GRANT
WINN FELINE FOUNDATION 637 WYCKOFF AVE SUITE 336 WYCKOFF, NJ 07481	23-7138699	501(C)(3)	30,000.	0.			SUPPORT GRANT
WOMEN'S OKLAHOMA GOLF ASSOCIATION 6218 S LEWIS AVE STE 200 TULSA, OK 74136-1030	73-1197623	501(C)(3)	35,902.	0.			DISBANDING LOCAL CHAPTEF

INC. Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCA OF GREATER OKLAHOMA CITY							
500 N. BROADWAY							SUPPORT GRANT - CAMP
OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	100,000.	0.			CLASSEN
			,				
YOUTH & FAMILY SERVICES, INC.							
PO BOX 1207							
EL RENO, OK 73036	73-0970667	501(C)(3)	5,000.	0.			2015 AWARD
OUTH AT HEART INC							
P.O. BOX 35798							
TULSA, OK 74153	73-1043630	501(C)(3)	9,800.	0.			2015 AWARD
COMMUNITY FOUNDATION OF OKLAHOMA	75 1045050	501(0)(3)	5,000.	••			
INC OTHER GRANTS LESS THAN							
5,000 - 2932 NW 122ND ST, SUITE D							OTHER GRANTS LESS THAN
- OKLAHOMA CITY, OK 73120-1955	73-1396320	501(C)(3)	3,157,993.	0.			\$5,000
OKLIANOMA CIII, OK 75120-1955	75-1590520	501(0)(3)	5,157,995.	0.			\$5,000

73-1396320

Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHOLARSHIPS	603	1,082,263.	0.		

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

Schedule I (Form 990) (2014)

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

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21

Department of the Treasury
Internal Revenue Service

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

**Open To Public** Inspection

4

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. COMMUNITIES FOUNDATION OF OKLAHOMA,

Employer identification number 73-1396320

(d)

Method of determining

	INC.			
Part I	Types of Property			
		(a)	(b)	(c)
		Check if	Number of	Noncash contribution
		applicable	contributions or	amounts reported on
			items contributed	Form 990, Part VIII, line
1 Art	Works of art			

		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	ution ar	nount	S
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	Х	9	1,067,614.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule M (Form 990) (2014)

432141 08-12-14

11350209 788989 7765730

COMMUNITIES	FOUNDATION	OF	OKLAHOMA,

73-1396320

Schedule M (Form 990) (2014)	INC.	73-1396320	Pag
Part II Supplemental	<b>Information.</b> Provide the information required by Part I, lines 30b, 32b, and the object of the section of the	nd 33, and whether the organiza a combination of both. Also corr	ation
		Cabadula M / Farms /	<u> </u>
32142 08-12-14	-1	Schedule M (Form S	990) (2
50209 788989 776	51 5730 2014.05060 COMMUNITIES FOUN	NDATION OF 0 776	573

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	<b>ZU14</b> Open to Public				
Internal Revenue Service Name of the organizatio	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f ∩ COMMUNITIES FOUNDATION OF OKLAHOMA, INC.	Inspection           Employer identification number           73-1396320				
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
ALL OTHER ACCOMPLISHMENT GRANTS USED IN OTHER COMMUNITY EDUCATIONAL						
PROGRAMS AND MISCELLANEOUS PROGRAMS.						
EXPENSES \$ 11,120,060. INCLUDING GRANTS OF \$ 10,322,052. REVENUE \$ 0.						
FORM 990, PA	RT VI, SECTION A, LINE 3:					
YES, TO FOUN	DATION MANAGEMENT, INC.					
FORM 990, PA	RT VI, SECTION B, LINE 11:					
THE FORM 990	IS SCANNED AND E-MAILED TO THE BOARD OF DIRE	CTORS FOR THEIR				
REVIEW. TRU	STEES WILL REPLY TO MANAGEMENT STAFF WITH ANY	QUESTIONS OR				
THEIR APPROV	AL TO SIGN THE RETURN.					
FORM 990, PA	RT VI, SECTION B, LINE 12C:					
YES, THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES						
COMPLIANCE W	ITH THE CONFLICT OF INTEREST POLICY.					
FORM 990, PART VI, SECTION C, LINE 19:						
INFORMATION IS AVAILABLE UPON REQUEST.						

 

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

 432211 08-27-14
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2014.05060 COMMUNITIES FOUNDATION OF O 77657301