

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Communities Foundation of Oklahoma 2932 N.W. 122nd Street, Suite D Oklahoma City, OK 73120
Prepared by	HoganTaylor LLP 11600 Broadway Extension, Suite 300 Oklahoma City, OK 73114
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

COMMUNITIES FOUNDATION OF OKLAHOMA

73-1396320

Name and title of officer

**MARY JENKINS
CHAIR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>11,284,250.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HOGANTAYLOR LLP to enter my PIN 96320
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73637475001

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ HOGANTAYLOR LLP Date ▶ 05/09/18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2932 N.W. 122ND STREET, SUITE D City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73120 F Name and address of principal officer: MARY JENKINS SAME AS C ABOVE	D Employer identification number 73-1396320 E Telephone number (405) 755-5571 G Gross receipts \$ 15,444,220. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFOK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1992		M State of legal domicile: OK

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA.</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	99
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.
8	Contributions and grants (Part VIII, line 1h)	8,028,623.
9	Program service revenue (Part VIII, line 2g)	887,819.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,909,749.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,130.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,854,321.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,081,290.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,513.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,428,314.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,509,604.
19	Revenue less expenses. Subtract line 18 from line 12	4,344,717.
20	Total assets (Part X, line 16)	92,261,882.
21	Total liabilities (Part X, line 26)	4,012,798.
22	Net assets or fund balances. Subtract line 21 from line 20	88,249,084.

Part II Signature Block

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

Sign Here	Signature of officer MARY JENKINS, CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name W. LYNDEL LACKEY Preparer's signature W. LYNDEL LACKEY Date 05/09/18 Check if self-employed <input type="checkbox"/> PTIN P00234298 Firm's name ▶ HOGANTAYLOR LLP Firm's EIN ▶ 73-1413977 Firm's address ▶ 11600 BROADWAY EXTENSION, SUITE 300 OKLAHOMA CITY, OK 73114 Phone no. (405) 848-2020	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 905,510. including grants of \$ 713,000.) (Revenue \$) GRANTS WERE PROVIDED TO FIRST SERVE OKC FUND FOR CONSTRUCTION OF A MULTIPURPOSE BUILDING FOR USE BY THE OKLAHOMA CITY TENNIS COMMUNITY TO IMPROVE THE HEALTH AND PHYSICAL TRAINING OF STUDENTS AND COMMUNITY.

4b (Code:) (Expenses \$ 400,704. including grants of \$ 315,515.) (Revenue \$) GRANTS WERE PROVIDED TO KINGFISHER ALLSPORTS FACILITY FOR CONSTRUCTION OF A MULTIPURPOSE BUILDING FOR USE BY KINGFISHER PUBLIC SCHOOL SYSTEM TO IMPROVE THE HEALTH AND PHYSICAL TRAINING OF STUDENTS AND COMMUNITY.

4c (Code:) (Expenses \$ 317,500. including grants of \$ 250,000.) (Revenue \$) TO SUPPORT THE SCHOOL OF VETERINARY MEDICINE AT UC DAVIS AND THE WORK OF DR JOHN MADIGAN AND DR MONICA ALEMAN IN THE DEPARTMENT OF MEDICINE AND EPIDEMIOLOGY, FOR SUPPORT OF THEIR RESEARCH IN EQUINE AND COMPARATIVE NEUROLOGY OF MAMMALS AND FOR SUPPORT OF EQUINE AND ANIMAL WELFARE PROGRAMS INCLUDING DISASTER AND EMERGENCY RESPONSE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,531,044. including grants of \$ 7,129,391.) (Revenue \$ 654,957.)

4e Total program service expenses 9,154,758.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OK**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **FOUNDATION MANAGEMENT, INC. - (405) 755-5571**
2932 N.W. 122ND STREET, SUITE D, OKLAHOMA CITY, OK 73120

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

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

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List all of the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include TRIPP HALL, DB GREEN, ROBERTA BURRAGE, BILL BURGESS, JIM STUART, LESLIE RAINBOLT-FORBES, TOM MCCASLAND III, RICHARD RYERSON, MARY JENKINS, and RANDY MACON.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION MANAGEMENT, INC., 2932 NW 122ND STREET, OKLAHOMA CITY, OK 73120	MANAGEMENT SERVICES	995,803.
BANCFIRST 101 N BROADWAY, OKLAHOMA CITY, OK 73123	PORTFOLIO MANAGEMENT	387,945.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,623,326.				
	g Noncash contributions included in lines 1a-1f: \$		1,351,010.				
	h Total. Add lines 1a-1f		8,623,326.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		900099	654,957.	654,957.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		654,957.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,839,541.			1,839,541.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		38,903.			38,903.	
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4,287,493.					
		b Less: cost or other basis and sales expenses		4,159,970.			
		c Gain or (loss)		127,523.			
	d Net gain or (loss)		127,523.			127,523.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			11,284,250.	654,957.	0.	2,005,967.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,982,358.	6,982,358.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,425,548.	1,425,548.		
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 persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	995,803.	746,852.	199,161.	49,790.
b Legal	825.		825.	
c Accounting	28,535.		28,535.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	387,945.		387,945.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	23,723.			23,723.
13 Office expenses	817.		817.	
14 Information technology	50,917.		50,917.	
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	10,117.		10,117.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,592.		14,592.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	5,000.		5,000.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,926,180.	9,154,758.	697,909.	73,513.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,409,056.	1	3,925,808.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,986,833.	3	2,011,623.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,515.		
	b Less: accumulated depreciation	10b 29,515.	10c 0.	0.
	11 Investments - publicly traded securities	86,300,684.	11	95,067,604.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	565,309.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	92,261,882.	16	101,005,035.	
Liabilities	17 Accounts payable and accrued expenses	53,082.	17	
	18 Grants payable	3,959,716.	18	4,330,355.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,012,798.	26	4,330,355.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	88,249,084.	27	96,674,680.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	88,249,084.	33	96,674,680.	
34 Total liabilities and net assets/fund balances	92,261,882.	34	101,005,035.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,284,250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,926,180.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,358,070.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,249,084.
5	Net unrealized gains (losses) on investments	5	7,444,889.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-377,363.
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	96,674,680.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,222,313.	10,796,091.	11,026,982.	10,048,579.	8,623,326.	48,717,291.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	8,222,313.	10,796,091.	11,026,982.	10,048,579.	8,623,326.	48,717,291.
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)						9,185,778.
6 Public support. Subtract line 5 from line 4.						39,531,513.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	8,222,313.	10,796,091.	11,026,982.	10,048,579.	8,623,326.	48,717,291.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,649,380.	1,538,086.	1,750,558.	1,889,546.	1,878,444.	8,706,014.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						57,423,305.
12 Gross receipts from related activities, etc. (see instructions)					12	3,847,754.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	68.84 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	47.31 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions		
3	Excess distributions carryover, if any, to 2016:		
a			
b			
c	From 2013		
d	From 2014		
e	From 2015		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2016 distributable amount		
i	Carryover from 2011 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2016 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2016 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		
7	Excess distributions carryover to 2017. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b	Excess from 2013		
c	Excess from 2014		
d	Excess from 2015		
e	Excess from 2016		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number

73-1396320

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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) (2016)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARNALL FAMILY FOUNDATION 5617 N CLASSEN BLVD STE 100 OKLAHOMA CITY, OK 73118	\$ 1,447,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCCASLAND FOUNDATION P. O. BOX 1702 DUNCAN, OK 73534	\$ 577,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DUNCAN REGIONAL HOSPITAL HEALTH FOUNDATION P. O. BOX 2000 DUNCAN, OK 73534	\$ 482,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS DONATION 2932 N.W. 122ND STREET OKLAHOMA CITY, OK 73120	\$ 452,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STACY SCHUSTERMAN REVOCABLE TRUST P.O. BOX 699 TULSA, OK 74101	\$ 407,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	OKLAHOMA YOUTH EXPOSITION, INC. 500 NW 30TH STREET OKLAHOMA CITY, OK 73118	\$ 326,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SNODGRASS, MARK 1602 CASA VIEW KINGFISHER, OK 73750	\$ 305,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MORE FOUNDATION 301 W. MAIN, SUITE 210 ARDMORE, OK 73401	\$ 238,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE BROWNING KIMBALL FOUNDATION PO BOX 21210 OKLAHOMA CITY, OK 73156	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SHARE TRUST FOUNDATION P.O. BOX 21708 OKLAHOMA CITY, OK 73156	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MCCASLAND III, TOM 804 RICHLAND AVE LAFAYETTE, LA 70508	\$ 295,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	BLUMENTHAL, JEFF & LORI 7004 N. COUNTRY CLUB PL. OKLAHOMA CITY, OK 73116	\$ 188,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	H.E. RAINBOLT TRUST 1717 RANDEL ROAD OKLAHOMA CITY, OK 73116	\$ 208,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	2,100 SHARES BANCFIRST _____ _____ _____	\$ 195,195.	12/23/16
12	1,515 SHARES ILLINOIS TOOL WORKS _____ _____ _____	\$ 174,377.	10/20/16
13	20,000 SHARES LSB INDUSTRIES _____ _____ _____	\$ 208,500.	06/08/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number 73-1396320
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	46	814
2 Aggregate value of contributions to (during year)	4,602,149.	14,868,363.
3 Aggregate value of grants from (during year)	2,243,637.	7,567,286.
4 Aggregate value at end of year	35,101,719.	61,581,050.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,898,517.	23,040,215.	22,802,131.	19,443,733.	16,843,849.
b Contributions	846,792.	1,058,937.	1,765,592.	1,070,938.	1,273,260.
c Net investment earnings, gains, and losses	2,618,958.	35,186.	466,092.	3,352,523.	2,229,788.
d Grants or scholarships					
e Other expenditures for facilities and programs	891,188.	971,393.	1,721,239.	816,789.	695,020.
f Administrative expenses	281,939.	264,428.	272,361.	248,274.	208,144.
g End of year balance	25,191,140.	22,898,517.	23,040,215.	22,802,131.	19,443,733.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,515.	29,515.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,685,852.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,444,889.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,444,889.
3	Subtract line 2e from line 1	3	6,240,963.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	5,043,287.
c	Add lines 4a and 4b	4c	5,043,287.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,284,250.

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

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

1	Total expenses and losses per audited financial statements	1	8,254,350.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,254,350.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,671,830.
c	Add lines 4a and 4b	4c	1,671,830.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,926,180.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSFERS SUBJECT TO FAS 136 5,043,287.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSFERS SUBJECT TO FAS 136 1,671,830.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILTY FIRST, INC. 1301 W. MAIN STREET DUNCAN, OK 73533	73-1151612	501(C)(3)	9,451.	0.			OPERATIONS GRANT
ALL SAINTS' EPISCOPAL CHURCH 809 WEST CEDAR DUNCAN, OK 73533	73-0796096	501(C)(3)	7,174.	0.			OPERATIONS GRANT
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	10,000.	0.			OPERATIONS GRANT
AMES CEMETERY PO BOX 514 AMES, OK 73730	73-6105956	501(C)(13)	9,596.	0.			MAINTENANCE OF COMMON AREAS
ANNA'S HOUSE FOUNDATION 3001 EAST MEMORIAL RD SUITE 200 EDMOND, OK 73013	33-1203679	501(C)(3)	32,500.	0.			OPERATIONS GRANT
ARMED SERVICES YMCA OF THE USA 900 NW CACHE RD LAWTON, OK 73507	73-0583931	501(C)(3)	20,000.	0.			OPERATIONS GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **173.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL OKC 400 WEST CALIFORNIA AVE OKLAHOMA CITY, OK 73135	73-6112471	501(C)(3)	13,500.	0.			OPERATIONS GRANT
ASSISTANCE LEAGUE OF NORMAN 809 WALL STREET NORMAN, OK 73026	73-0927199	501(C)(3)	36,774.	0.			OPERATIONS GRANT
BLACKWELL OKLAHOMA COMMUNITY FOUNDATION INC - P.O. BOX 514 - BLACKWELL, OK 74631	73-1388218	501(C)(3)	8,130.	0.			OPERATIONS GRANT
BLACKWELL PUBLIC SCHOOL FOUNDATION PO BOX 151 BLACKWELL, OK 74631	73-1330442	501(C)(3)	6,654.	0.			OPERATIONS GRANT
BOB STOOPS CHAMPIONS FOUNDATION, INC. - 180 W. BROOKS, SUITE 320 - NORMAN, OK 73069	73-1617340	501(C)(3)	5,900.	0.			OPERATIONS GRANT
BOYS AND GIRLS CLUB OF TAHLEQUAH PO BOX 1967 TAHLEQUAH, OK 74465	73-1505432	501(C)(3)	28,757.	0.			OPERATIONS GRANT
BOYS & GIRLS CLUB OF OKLAHOMA COUNTY - P.O. BOX 18701 - OKLAHOMA CITY, OK 73154	73-1472202	501(C)(3)	10,000.	0.			OPERATIONS GRANT
BRISTOW EDUCATION FOUNDATION INC 104 SOUTH MAIN BRISTOW, OK 74010	73-1450789	501(C)(3)	19,650.	0.			OPERATIONS GRANT
BURLINGTON EDUCATION FOUNDATION P. O. BOX 17 BURLINGTON, OK 73722	73-1536760	501(C)(3)	9,234.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALM WATERS 4334 N.W. EXPRESSWAY, STE. 101 OKLAHOMA CITY, OK 73116	73-1561707	501(C)(3)	13,230.	0.			OPERATIONS GRANT
CASADY SCHOOL 9500 N. PENNSYLVANIA AVE OKLAHOMA CITY, OK 73120	73-0587209	501(C)(3)	53,167.	0.			OPERATIONS GRANT
CASA OF CHEROKEE COUNTRY P.O. BOX 1788 TAHLEQUAH, OK 74465	73-1478988	501(C)(3)	6,864.	0.			OPERATIONS GRANT
CASA OF OKLAHOMA COUNTY 5905 NORTH CLASSEN COURT SUITE 302 OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	10,497.	0.			OPERATIONS GRANT
CENTRAL OKLAHOMA HUMANE SOCIETY 9300 N. MAY AVE. STE. 400-281 OKLAHOMA CITY, OK 73120	20-8446621	501(C)(3)	10,000.	0.			OPERATIONS GRANT
CHICKASHA AREA ARTS COUNCIL P.O. BOX 505 CHICKASHA, OK 73023	73-1385017	501(C)(3)	12,000.	0.			OPERATIONS GRANT
CHICKASHA HIGH SCHOOL 101 JOHN COWAN DRIVE CHICKASHA, OK 73018	73-1084608	501(C)(3)	42,000.	0.			OPERATIONS GRANT
CHICKASHA PUBLIC SCHOOLS FOUNDATION - P.O. BOX 2443 - CHICKASHA, OK 73023	73-1288810	501(C)(3)	6,174.	0.			OPERATIONS GRANT
CHISHOLM TRAIL ARTS COUNCIL, INC. 810 W. WALNUT DUNCAN, OK 73533	73-1028488	501(C)(3)	10,443.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHISHOLM TRAIL CHURCH OF CHRIST 3204 W BEECH AVE DUNCAN, OK 73533	73-1194152	501(C)(3)	9,804.	0.			OPERATIONS GRANT
CHISHOLM TRAIL HERITAGE CENTER ASSOCIATION - 1000 CHISHOLM TRAIL PARKWAY - DUNCAN, OK 73533	14-1896825	501(C)(3)	128,754.	0.			OPERATIONS GRANT
CHOCTAW/NICOMA PARK PUBLIC SCHOOL FOUNDATION - 16366 RIVER ROCK CIRCLE - CHOCTAW, OK 73020	73-1394251	501(C)(3)	10,054.	0.			OPERATIONS GRANT
CHURCH OF THE INCARNATION 3966 MCKINNEY AVENUE DALLAS, TX 75204	75-0808771	501(C)(3)	18,500.	0.			OPERATIONS GRANT
CITY OF FORT COBB PO BOX 328 FT. COBB, OK 73038	73-6005211	501(C)(3)	6,500.	0.			OPERATIONS GRANT
CITY OF OKLAHOMA CITY 420 W. MAIN STREET, SUITE 210 OKLAHOMA CITY, OK 73102	APPLIED FOR	501(C)(3)	10,257.	0.			OPERATIONS GRANT
CITY OF SHAWNEE 16 W 9TH ST SHAWNEE, OK 74802	APPLIED FOR	501(C)(3)	5,550.	0.			OPERATIONS GRANT
CITY OF SHAWNEE / SHAWNEE SISTER CITIES - 16 W 9TH ST - SHAWNEE, OK 74802	73-0444415	501(C)(3)	8,049.	0.			OPERATIONS GRANT
CLAREMORE MUSEUM OF HISTORY, INC. PO BOX 126 CLAREMORE, OK 74017	81-1207692	501(C)(3)	15,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHRISTIAN SCHOOL, INC. 3002 BROCE DR. NORMAN, OK 73107	73-1286326	501(C)(3)	39,000.	0.			OPERATIONS GRANT
CONNORS STATE COLLEGE RT. 1 BOX 1000 WARNER, OK 74469	73-1096349	501(C)(3)	14,500.	0.			OPERATIONS GRANT
DALLAS ARBORETUM & BOTANICAL GARDEN, INC. - 8617 GARLAND ROAD - DALLAS, TX 75218	23-7375815	501(C)(3)	10,000.	0.			OPERATIONS GRANT
DALLAS AREA CHAPTER AMERICAN RED CROSS - 4800 HARRY HINES BLVD - DALLAS, TX 75235	53-0196605	501(C)(3)	10,000.	0.			OPERATIONS GRANT
DARTMOUTH COLLEGE DEVELOPMENT 204 PARKHURST HANOVER, NH 03755	02-0222111	501(C)(3)	100,000.	0.			OPERATIONS GRANT
DAVIS PUBLIC SCHOOL FOUNDATION PO BOX 333 DAVIS, OK 73030	73-1390242	501(C)(3)	6,415.	0.			OPERATIONS GRANT
DUNCAN PUBLIC SCHOOLS PO BOX 1548 DUNCAN, OK 73534	73-6021226	501(C)(3)	11,615.	0.			OPERATIONS GRANT
DUNCAN PUBLIC SCHOOLS FOUNDATION P.O. BOX 1882 DUNCAN, OK 73534	73-1341146	501(C)(3)	26,299.	0.			OPERATIONS GRANT
DUNCAN REGIONAL HOSPITAL PO BOX 2000 DUNCAN, OK 73534	73-1008550	501(C)(3)	244,423.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNCAN REGIONAL HOSPITAL HEALTH FOUNDATION - P. O. BOX 2000 - DUNCAN, OK 73534	20-2772056	501(C)(3)	383,788.	0.			OPERATIONS GRANT
DUNCAN SENIOR CITIZENS CENTER 1110 N. 7TH STREET DUNCAN, OK 73533	73-0775679	501(C)(3)	18,045.	0.			OPERATIONS GRANT
EAST CENTRAL UNIVERSITY 1100 EAST 14TH ADA, OK 74820	23-7058908	501(C)(3)	52,000.	0.			OPERATIONS GRANT
EASTERN OKLAHOMA STATE COLLEGE DEVELOPMENT FOUNDATION - 1301 WEST MAIN - WILBURTON, OK 74578	23-7281986	501(C)(3)	104,189.	0.			SCHOLARSHIP PROGRAMS
EL SISTEMA OKLAHOMA, INC. 3220 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134	47-1650812	501(C)(3)	23,634.	0.			OPERATIONS GRANT
ENGLISH SPEAKING UNION - OKC BRANCH - P.O. BOX 21285 - OKLAHOMA CITY, OK 73120	73-6112438	501(C)(3)	8,967.	0.			OPERATIONS GRANT
FIREHOUSE ART CENTER 444 SOUTH FLOOD NORMAN, OK 73069	23-7112097	501(C)(3)	10,013.	0.			OPERATIONS GRANT
FIRST BAPTIST CHURCH SHAWNEE P.O. BOX 1928 SHAWNEE, OK 74802	73-0614288	501(C)(3)	88,000.	0.			OPERATIONS GRANT
FIRST CHRISTIAN CHURCH DUNCAN 912 W. WALNUT DUNCAN, OK 73533	73-0661826	501(C)(3)	6,065.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST SERVE OKC FOUNDATION 7301 NORTH BROADWAY EXT. OKLAHOMA CITY, OK 73116	46-3499004	501(C)(3)	96,401.	0.			OPERATIONS GRANT
FORT COBB-BROXTON PUBLIC SCHOOLS 600 TOWAKONIE AVENUE FT. COBB, OK 73038	73-1384385	501(C)(3)	11,636.	0.			OPERATIONS GRANT
FREEDOM CHURCH 106 MONROE AVE, NE PIEDMONT, OK 73078	73-1571631	501(C)(3)	14,530.	0.			OPERATIONS GRANT
FRIENDS FOR FOLKS 1218 LINDSEY PLAZA DR NORMAN, OK 73071	47-5521163	501(C)(3)	16,204.	0.			OPERATIONS GRANT
FRIENDS OF THE DUNCAN PUBLIC LIBRARY - 2211 N. HIGHWAY 81 - DUNCAN, OK 73533	73-1355845	501(C)(3)	15,501.	0.			OPERATIONS GRANT
FRIENDS OF THE WILL ROGERS LIBRARY 1515 N. FLORENCE AVE CLAREMORE, OK 74017	26-0135494	501(C)(3)	12,614.	0.			OPERATIONS GRANT
GABRIEL'S HOUSE, INC. P.O. BOX 883 DUNCAN, OK 73533	73-1573021	501(C)(3)	8,432.	0.			OPERATIONS GRANT
GARBER OKLAHOMA ALUMNI ASSOCIATION P.O. BOX 236 GARBER, OK 73738	82-2390078	501(C)(3)	5,533.	0.			OPERATIONS GRANT
GENESIS PROJECT 9500 NE 150TH STREET JONES, OK 73049	73-1153813	501(C)(3)	28,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENLEAF FIRE DEPARTMENT P O BOX 276 ALVA, OK 73717	APPLIED FOR	501(C)(3)	65,000.	0.			OPERATIONS GRANT
GREENSPRING SOLUTIONS, INC. 14123 MELODY DRIVE PRINCESS ANNE, MD 21853	47-2478825	501(C)(3)	30,000.	0.			OPERATIONS GRANT
HERITAGE HALL 1800 NW 122ND ST OKLAHOMA CITY, OK 73120	73-0783395	501(C)(3)	7,875.	0.			OPERATIONS GRANT
HILL COUNTY WEED DISTRICT 1405 WEST SECOND STREET HAVRE, MT 59501	APPLIED FOR	501(C)(3)	65,000.	0.			OPERATIONS GRANT
HOLDENVILLE EDUCATION FOUNDATION P.O. BOX 641 HOLDENVILLE, OK 74848	90-0539732	501(C)(3)	10,044.	0.			OPERATIONS GRANT
HOMELESS ALLIANCE 1724 NW 4 STREET OKLAHOMA CITY, OK 73106	11-3718005	501(C)(3)	55,807.	0.			OPERATIONS GRANT
IMPACT OKLAHOMA, INC. P.O. BOX 20149 OKLAHOMA CITY, OK 73156	73-1715755	501(C)(3)	6,729.	0.			OPERATIONS GRANT
INFANT CRISIS SERVICES, INC. 4224 N. LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-1378766	501(C)(3)	5,951.	0.			OPERATIONS GRANT
JOHN W. REX CHARTER ELEMENTARY SCHOOL, INC. - 500 W. SHERIDAN AVE. - OKLAHOMA CITY, OK 73102	46-0694033	501(C)(3)	59,560.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	13,750.	0.			OPERATIONS GRANT
KENTUCKY EQUINE HUMANE CENTER INC PO BOX 910124 LEXINGTON, KY 40591	20-5883736	501(C)(3)	35,000.	0.			OPERATIONS GRANT
KINGFISHER EDUCATION FOUNDATION PO BOX 24 KINGFISHER, OK 73750	73-1275143	501(C)(3)	6,295.	0.			OPERATIONS GRANT
KLIFE PO BOX 54491 OKLAHOMA CITY, OK 73154	71-0806709	501(C)(3)	10,000.	0.			OPERATIONS GRANT
LA HOSPITAL EMPLOYEE ASSISTANCE FUND - 9521 BROOKLINE AVE. - BATON ROUGE, LA 70809	72-0636846	501(C)(3)	12,000.	0.			OPERATIONS GRANT
LAWTON PHILHARMONIC SOCIETY, INC. PO BOX 1473 LAWTON, OK 73502	73-6103649	501(C)(3)	14,056.	0.			OPERATIONS GRANT
LAWTON PUBLIC SCHOOLS FOUNDATION, INC. - P.O. BOX 2323 - LAWTON, OK 73502	73-1386496	501(C)(3)	20,758.	0.			OPERATIONS GRANT
LEEDEY EDUCATION FOUNDATION PO BOX 314 LEEDEY, OK 73654	45-1649784	501(C)(3)	8,884.	0.			OPERATIONS GRANT
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)(3)	11,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MABEE-GERRER MUSEUM OF ART 1900 W. MACARTHUR DRIVE SHAWNEE, OK 74804	73-1392868	501(C)(3)	13,363.	0.			OPERATIONS GRANT
MARY ABBOTT CHILDREN'S HOUSE 251 E SYMMES ST NORMAN, OK 73069	73-1512416	501(C)(3)	5,453.	0.			OPERATIONS GRANT
MEALS ON WHEELS - NORMAN P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	5,090.	0.			OPERATIONS GRANT
MERCY HEALTH FOUNDATION 13321 NORTH MERIDIAN SUITE 206 OKLAHOMA CITY, OK 73101	46-3184231	501(C)(3)	10,000.	0.			OPERATIONS GRANT
MILLWOOD PUBLIC SCHOOLS 6724 MARTIN LUTHER KING OKLAHOMA CITY, OK 73111	APPLIED FOR	501(C)(3)	8,500.	0.			OPERATIONS GRANT
MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY - 1870 MINOR CIRCLE - ROLLA, MO 65409	APPLIED FOR	501(C)(3)	11,947.	0.			OPERATIONS GRANT
MORE FOUNDATION 301 W. MAIN, SUITE 210 ARDMORE, OK 73401	73-1373231	501(C)(3)	99,061.	0.			OPERATIONS GRANT
MURRAY STATE COLLEGE ONE MURRAY CAMPUS TISHOMINGO, OK 73460	APPLIED FOR	501(C)(3)	53,000.	0.			OPERATIONS GRANT
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM - 1700 N. E. 63RD STREET - OKLAHOMA CITY, OK 73111	30-0341029	501(C)(3)	21,000.	0.			GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORS BUILDING NEIGHBORHOODS INC - 207 N 2ND ST - MUSKOGEE, OK 74401	73-1600003	501(C)(3)	36,249.	0.			OPERATIONS GRANT
NEXUS EQUINE INC PO BOX 54572 OKLAHOMA CITY, OK 73154	81-1990122	501(C)(3)	120,000.	0.			OPERATIONS GRANT
NORMAN ARTS AND HUMANITIES COUNCIL PO BOX 85 NORMAN, OK 73070	73-1051578	501(C)(3)	7,000.	0.			OPERATIONS GRANT
NORMAN HIGH SCHOOL 911 W. MAIN NORMAN, OK 73069	73-6021052	501(C)(3)	10,920.	0.			OPERATIONS GRANT
NORTHEASTERN STATE UNIVERSITY 701 NORTH GRAND AVE. TAHLEQUAH, OK 74464	APPLIED FOR	501(C)(3)	25,708.	0.			OPERATIONS GRANT
NORTHWESTERN OKLA. STATE UNIVERSITY - 709 OKLAHOMA BLVD. - ALVA, OK 73717	APPLIED FOR	501(C)(3)	8,700.	0.			OPERATIONS GRANT
NORTHWEST TECHNOLOGY CENTER FOUNDATION - 1801 S. 11TH STREET - ALVA, OK 73717	73-1393251	501(C)(3)	5,396.	0.			OPERATIONS GRANT
OKARCHE EDUCATIONAL FOUNDATION P.O. BOX 324 OKARCHE, OK 73762	73-1511954	501(C)(3)	8,001.	0.			OPERATIONS GRANT
OKC MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	73-0528431	501(C)(3)	30,000.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA ACADEMY FOR STATE GOALS P.O. BOX 968 NORMAN, OK 73070	73-1255400	501(C)(3)	79,747.	0.			OPERATIONS GRANT
OKLAHOMA AFTERSCHOOL NETWORK 133 W. MAIN ST., SUITE 100 OKLAHOMA CITY, OK 73105	45-5533265	501(C)(3)	18,327.	0.			OPERATIONS GRANT
OKLAHOMA AFTERSCHOOL NETWORK, INC. 2801 N. LINCOLN BLVD, SUITE 224 OKLAHOMA CITY, OK 73105	45-5533265	501(C)(3)	46,916.	0.			OPERATIONS GRANT
OKLAHOMA ANIMAL CARE FOUNDATION P. O. BOX 14521 OKLAHOMA CITY, OK 73113	73-1431290	501(C)(3)	38,400.	0.			OPERATIONS GRANT
OKLAHOMA BAPTIST UNIVERSITY 500 W. UNIVERSITY SHAWNEE, OK 74804	73-0579264	501(C)(3)	34,229.	0.			OPERATIONS GRANT
OKLAHOMA CATTLEMEN'S FOUNDATION PO BOX 82395 OKLAHOMA CITY, OK 73148	73-1135528	501(C)(3)	32,527.	0.			OPERATIONS GRANT
OKLAHOMA CHILDREN'S THEATER 2501 N. BLACKWELDER OKLAHOMA CITY, OK 73106	73-1289903	501(C)(3)	6,140.	0.			OPERATIONS GRANT
OKLAHOMA CITY ALL SPORTS ASSOCIATION - 211 N ROBINSON, STE 250 - OKLAHOMA CITY, OK 73102	73-6082918	501(C)(3)	10,000.	0.			OPERATIONS GRANT
OKLAHOMA CITY BALLET 7421 N. CLASSEN BLVD OKLAHOMA CITY, OK 73116	23-7003520	501(C)(3)	50,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA CITY COMMUNITY COLLEGE 7777 S. MAY AVE OKLAHOMA CITY, OK 73159	73-1529564	501(C)(3)	6,500.	0.			OPERATIONS GRANT
OKLAHOMA CITY UNIVERSITY 2501 N. BLACKWELDER AVE OKLAHOMA CITY, OK 73106	73-0579265	501(C)(3)	63,069.	0.			OPERATIONS GRANT
OKLAHOMA DEPARTMENT OF LIBRARIES 200 NE 18TH STREET OKLAHOMA CITY, OK 73105	73-1044902	501(C)(3)	6,269.	0.			OPERATIONS GRANT
OKLAHOMA HEALTH CARE WORKFORCE RESOURCES CENTER, INC - PO BOX 108850 - OKLAHOMA CITY, OK 73101	35-2364349	501(C)(3)	14,834.	0.			OPERATIONS GRANT
OKLAHOMA LAWYERS FOR CHILDREN 800 N. HARVEY AVE, SUITE 323 OKLAHOMA CITY, OK 73102	73-1542815	501(C)(3)	6,117.	0.			OPERATIONS GRANT
OKLAHOMA PUBLIC SCHOOL RESOURCE CENTER, INC. - 309 NW 13TH - OKLAHOMA CITY, OK 73103	46-3231101	501(C)(3)	10,000.	0.			OPERATIONS GRANT
OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION - 655 RESEARCH PARKWAY, SUITE 200 - OKLAHOMA CITY, OK 73104	73-6017987	501(C)(3)	54,440.	0.			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY 113 STUDENT UNION STILLWATER, OK 74074	APPLIED FOR	501(C)(3)	211,790.	0.			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY - INSTITUTE OF TECHNOLOGY - 1801 E. 4TH - OKMULGEE, OK 74447	APPLIED FOR	501(C)(3)	6,250.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA YOUTH EXPOSITION, INC. 500 NW 30TH STREET OKLAHOMA CITY, OK 73118	73-1620710	501(C)(3)	14,696.	0.			OPERATIONS GRANT
OK LIBRARY ASSOCIATION P. O. BOX 6550 EDMOND, OK 73118	73-1044902	501(C)(3)	11,613.	0.			OPERATIONS GRANT
ORAL ROBERTS UNIVERSITY 7777 S. LEWIS AVE. TULSA, OK 74170	73-0739626	501(C)(3)	22,000.	0.			OPERATIONS GRANT
OSU FOUNDATION 400 S. MONROE ST. STILLWATER, OK 74074	73-6097060	501(C)(3)	12,969.	0.			OPERATIONS GRANT
OU HEALTH SCIENCES CENTER 1100 N. LINDSEY OKLAHOMA CITY, OK 73126	73-6017987	501(C)(3)	21,452.	0.			OPERATIONS GRANT
PAULS VALLEY FOUNDATION FOR ACADEMIC EXCELLENCE - P.O. BOX 63 - PAULS VALLEY, OK 73075	73-1362811	501(C)(3)	20,862.	0.			OPERATIONS GRANT
PEPPERS RANCH, INC P.O. BOX 3814 EDMOND, OK 73083	73-1608380	501(C)(3)	20,000.	0.			OPERATIONS GRANT
PET ANGELS RESCUE INC 10424 S COLTRANE GUTHRIE, OK 73044	20-8905732	501(C)(3)	14,336.	0.			OPERATIONS GRANT
PIN OAK CHARITY HORSE SHOW ASSOCIATION - 2501 S. MASON RD. - KATY, TX 77450	74-1755067	501(C)(3)	20,000.	0.			OPERATIONS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER LIBRARY SYSTEM 300 NORMAN CENTER COURT NORMAN, OK 73072	73-6081619	501(C)(3)	20,161.	0.			OPERATIONS GRANT
POSITIVE TOMORROWS, INC. P.O. BOX 61190 OKLAHOMA CITY, OK 73146	73-1393438	501(C)(3)	100,000.	0.			OPERATIONS GRANT
PROJECT O SI YO 118 WEST KEETOOWAH TAHLEQUAH, OK 74464	20-8709518	501(C)(3)	7,290.	0.			OPERATIONS GRANT
REGENTS OF UC DAVIS ONE SHIELDS AVE DAVIS, CA 95616	73-0579272	501(C)(3)	250,000.	0.			OPERATIONS GRANT
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	54,285.	0.			OPERATIONS GRANT
REMERGE PO BOX 2845 OKLAHOMA CITY, OK 73101	46-4504748	501(C)(3)	50,000.	0.			OPERATIONS GRANT
ROSE STATE COLLEGE 6420 SE 15TH STREET MIDWEST CITY, OK 73110	73-1345128	501(C)(3)	11,500.	0.			OPERATIONS GRANT
ROTARY CLUB OF MIDWEST CITY P.O. BOX 10971 MIDWEST CITY, OK 73140	73-6113509	501(C)(4)	8,534.	0.			OPERATIONS GRANT
SALVATION ARMY 1001 N PENN AVE OKLAHOMA CITY, OK 73107	58-0660607	501(C)(3)	37,000.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITANS OF PAULS VALLEY P.O. BOX 638 PAULS VALLEY, OK 73075	81-3035567	501(C)(3)	63,588.	0.			OPERATIONS GRANT
SAYRE PUBLIC SCHOOL FOUNDATION 129 EAST MAIN STREET SAYRE, OK 73662	73-1439751	501(C)(3)	45,772.	0.			OPERATIONS GRANT
SCOTTISH RITE CHILDHOOD LANGUAGE DISORDERS CLINIC - 1304 13TH ST S - GREAT FALLS, MT 59405	36-3896840	501(C)(3)	165,000.	0.			OPERATIONS GRANT
SHARE MEDICAL CENTER FOUNDATION, INC. - P.O. BOX 727 - ALVA, OK 73717	73-1608371	501(C)(3)	10,537.	0.			OPERATIONS GRANT
SHAWNEE CHAMBER OF COMMERCE P.O. BOX 11 TECUMSEH, OK 74873	73-0444415	501(C)(6)	6,579.	0.			CHARITABLE PROGRAMS
SHAWNEE EDUCATIONAL FOUNDATION P.O. BOX 3488 SHAWNEE, OK 74802	73-1344552	501(C)(3)	5,067.	0.			OPERATIONS GRANT
SMART START CENTRAL OKLAHOMA P.O. BOX 21505 OKLAHOMA CITY, OK 73156	42-1593360	501(C)(3)	98,175.	0.			OPERATIONS GRANT
SOUTHEASTERN OKLAHOMA STATE UNIVERSITY - 1405 N. 4TH AVE 4216 - DURANT, OK 74701	APPLIED FOR	501(C)(3)	30,500.	0.			OPERATIONS GRANT
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 75275	75-0800689	501(C)(3)	75,000.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN OKLAHOMA STATE UNIVERSITY - 100 CAMPUS DRIVE - WEATHERFORD, OK 73096	73-1024870	501(C)(3)	38,200.	0.			OPERATIONS GRANT
SOUTHWEST YOUTH & FAMILY SERVICES INC - PO BOX 829 - CHICKASHA, OK 73023	73-0937233	501(C)(3)	31,620.	0.			OPERATIONS GRANT
ST. ANNE CATHOLIC CHURCH 301 S. 9TH STREET BROKEN ARROW, OK 74012	73-0711169	501(C)(3)	100,000.	0.			OPERATIONS GRANT
STEPHENS COUNTY EPISCOPAL CHURCH FUND - 7500 S. COMANCHE LAKE ROAD - DUNCAN, OK 73533	APPLIED FOR	501(C)(3)	32,000.	0.			OPERATIONS GRANT
STEPHENS COUNTY HISTORICAL SOCIETY P.O. BOX 1294 DUNCAN, OK 73534	23-7258111	501(C)(3)	7,767.	0.			OPERATIONS GRANT
STEPHENS COUNTY HUMANE SOCIETY PO BOX 669 DUNCAN, OK 73533	73-1202082	501(C)(3)	12,188.	0.			OPERATIONS GRANT
ST. GREGORY'S UNIVERSITY 1900 WEST MACARTHUR SHAWNEE, OK 74804	73-0685198	501(C)(3)	20,000.	0.			OPERATIONS GRANT
STILLWATER MEDICAL CENTER P.O. BOX 2408 STILLWATER, OK 74076	73-1173571	501(C)(3)	18,000.	0.			OPERATIONS GRANT
STILLWATER PUBLIC EDUCATION FOUNDATION, INC. - PO BOX 286 - STILLWATER, OK 74076	73-1267401	501(C)(3)	9,944.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKES UNITED METHODIST CHURCH 222 NW 15TH STREET OKLAHOMA CITY, OK 73103	73-1011829	501(C)(3)	20,500.	0.			OPERATIONS GRANT
ST MARY STAR OF THE SEA BASILICA 1010 WINDSOR LN KEY WEST, FL 33040	59-6015970	501(C)(3)	10,000.	0.			OPERATIONS GRANT
TAHLEQUAH FIRST UNITED METHODIST CHURCH - 300 WEST DELAWARE STREET - TAHLEQUAH, OK 74464	APPLIED FOR	501(C)(3)	6,888.	0.			OPERATIONS GRANT
TAHLEQUAH PUBLIC SCHOOL FOUNDATION 1 PLAZA SOUTH, STE 276 TAHLEQUAH, OK 74464	73-1365473	501(C)(3)	29,553.	0.			OPERATIONS GRANT
TEEN EMPOWER! INC. PO BOX 6083 OKLAHOMA CITY, OK 73153	01-0803393	501(C)(3)	35,000.	0.			OPERATIONS GRANT
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297440 FORT WORTH, TX 76129	75-0827465	501(C)(3)	100,000.	0.			OPERATIONS GRANT
THE CHILDREN'S CENTER REHABILITATION HOSPITAL - 6800 N. W. 39TH EXPRESSWAY - BETHANY, OK 73008	73-0580264	501(C)(3)	10,939.	0.			OPERATIONS GRANT
THE DALLAS OPERA 2403 FLORA ST. STE. 500 DALLAS, TX 75201	75-6004746	501(C)(3)	35,000.	0.			OPERATIONS GRANT
THE RUNNYMEDE PO BOX 668 ALVA, OK 73717	73-1204712	501(C)(3)	12,525.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOY SHOP OF DUNCAN P.O. BOX 206 DUNCAN, OK 73534	51-0200884	501(C)(3)	22,462.	0.			OPERATIONS GRANT
TWO FLY FOUNDATION INC 2231 MIRACLE DRIVE CASPER, WY 82609	84-1648012	501(C)(3)	10,000.	0.			OPERATIONS GRANT
UNITED WAY OF STEPHENS COUNTY P.O. BOX 1632 DUNCAN, OK 73534	23-7210483	501(C)(3)	21,259.	0.			OPERATIONS GRANT
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 865 RESEARCH PARKWAY, URP865-450 - OKLAHOMA CITY, OK 73104	73-6017987	501(C)(3)	124,000.	0.			OPERATIONS GRANT
UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE, BOX 162 EDMOND, OK 73034	73-6108032	501(C)(3)	51,990.	0.			OPERATIONS GRANT
UNIVERSITY OF MICHIGAN 2101 COMMONWEALTH SUITE B ANN ARBOR, MI 48105	38-6006309	501(C)(3)	7,550.	0.			OPERATIONS GRANT
UNIVERSITY OF NEBRASKA P.O. BOX 880411 LINCOLN, NE 68588	47-0379839	501(C)(3)	10,000.	0.			OPERATIONS GRANT
UNIVERSITY OF OKLAHOMA 1000 ASP ROOM 105 NORMAN, OK 73019	73-1377584	501(C)(3)	237,061.	0.			OPERATIONS GRANT
UNIVERSITY OF OKLAHOMA FOUNDATION, INC. - 100 TIMBERDELL RD. - NORMAN, OK 73019	73-6091755	501(C)(3)	124,839.	0.			OPERATIONS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA SCHOOL OF LAW - 3501 SANSOM STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	70,000.	0.			OPERATIONS GRANT
UNIVERSITY OF TULSA 800 S. TUCKER TULSA, OK 74104	73-0579298	501(C)(3)	131,612.	0.			OPERATIONS GRANT
U OF KANSAS 1450 JAYHAWK BLVD KANSAS CITY, KS 66049	APPLIED FOR	501(C)(3)	6,000.	0.			OPERATIONS GRANT
VICTORIOUS LIFE CHURCH 24389 HIGHWAY 82 TAHLEQUAH, OK 74464	APPLIED FOR	501(C)(3)	6,888.	0.			OPERATIONS GRANT
WARTBURG COLLEGE 100 WARTBURG BLVD WAVERLY, IA 50677	42-0680351	501(C)(3)	6,000.	0.			OPERATIONS GRANT
WELCH PUBLIC SCHOOLS ENRICHMENT FOUNDATION - P. O. BOX 129 - WELCH, OK 74369	73-1480590	501(C)(3)	11,918.	0.			OPERATIONS GRANT
YMCA OF GREATER OKLAHOMA CITY 500 N. BROADWAY SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	10,000.	0.			OPERATIONS GRANT
PIVOT, INC. 201 N.E. 50TH STREET OKLAHOMA CITY, OK 73105	73-0940217	501(C)(3)	53,129.	0.			OPERATIONS GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF	498	897,077.	0.		
EDUCATIONAL	399	493,946.	0.		
HEALTH, GENERAL	10	9,125.	0.		
HUMAN SERVICES	5	10,000.	0.		
HOUSING	14	15,400.	0.		

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

PART I, LINE 2:

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TOM MCCASLAND III	BOARD MEMBER	387,945.	TOM MCCASLA		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: TOM MCCASLAND III

(D) DESCRIPTION OF TRANSACTION: TOM MCCASLAND III IS ON THE BOARD OF DIRECTORS AND TRUST COMMITTEE AT BANCFIRST, WHICH IS THE INSTITUTION THAT HOLDS \$95,953,200 OF THE FOUNDATION'S INVESTMENTS. THE FOUNDATION PAID INVESTMENT FEES OF \$387,945 DURING THIS FISCAL YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	1,351,010.	HIGH/LOW ON DATE REC
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number

73-1396320

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

ALL OTHER ACCOMPLISHMENT GRANTS USED IN OTHER COMMUNITY EDUCATIONAL
PROGRAMS AND MISCELLANEOUS PROGRAMS.

EXPENSES \$ 7,531,044. INCL GRANTS OF \$ 7,129,391. REVENUE \$ 654,957.

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

DELEGATED CONTROL TO FOUNDATION MANAGEMENT, INC.

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

THE 990 IS CIRCULATED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD FOR THEIR
REVIEW AND RESPONSE WITH ANY QUESTIONS PRIOR TO FILING.

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

NEW CONFLICT OF INTEREST FORMS ARE GATHERED EACH YEAR AT THE ANNUAL
MEETING. BOARD MEMBERS ARE ALSO ENCOURAGED TO SELF DISCLOSE ANY CONFLICTS
AS THEY MAY APPLY DURING ANY BUSINESS MEETINGS.

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

INFORMATION IS AVAILABLE ON THE ORGANIZATION WEB
SITE AND BY REQUEST.

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

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITIES FOUNDATION OF OKLAHOMA	Employer identification number (EIN) or 73-1396320
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2932 N.W. 122ND STREET, SUITE D	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73120	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

FOUNDATION MANAGEMENT, INC. - 2932 N.W. 122ND STREET, SUITE D - OKLAHOMA CITY, OK 73120

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**