TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Communities Foundation of Oklahoma 801 NW 63rd Street, Suite 200 Oklahoma City, OK 73116

Prepared By:

HoganTaylor LLP 1225 N Broadway Avenue, Suite 200 Oklahoma City, OK 73103

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 17, 2021.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	_	_		
or calendar year 2019, or fiscal year beginning	JUL 1	, 2019, and ending	JUN 30	, 20 2 0

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

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879EO for the latest information.

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

Name and title of officer JIM STUART

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 one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,673,985.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here 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 2019 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

X | | authorize | HOGANTAYLOR | LLP

ERO firm name	Enter five numbers, bu do not enter all zeros
, ,	y filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforementioned ERO to
	ure on the organization's tax year 2019 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State creen.
cer's signature	Date ▶
art III Certification and Authentication	
D's EFIN/PIN. Enter your six-digit electronic filing identification nber (EFIN) followed by your five-digit self-selected PIN.	73766775001

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 > 03/24/21

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

96320

to enter my PIN

Do not enter all zeros

Offic

ER

EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2019 calendar year, or tax year beginning JU	L 1, 2019 and	ending J	JN 30, 202)		
В	Check if applicab	C Name of organization			D Employe	r identifi	cation number	
Г	Addre	ss COMMUNITIES FOUNDATION OF OKLAHOM	A					
F	Name				73-1	396320		
F	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephon	e numbe	r	
F	Final return	801 NW 63RD STREET SILTER 200	,			488-14		
	termir ated		ZIP or foreign postal code		G Gross receip	ts\$	20,499,639.	
	Amen return	ded OKINDOMN CITY OF 73116	•		H(a) Is this a	a group re	eturn	
	Application	F Name and address of principal officer: 01H 5	TUART		for sub	ordinates	? Yes X No	
	pendi	SAME AS C ABOVE			H(b) Are all sui	oordinates in	ncluded? Yes No	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	If "No,"	attach a	list. (see instructions)	
		te: WWW.CFOK.ORG			H(c) Group	exemptio	n number 🕨	
<u>K_</u>	Form o	organization,	sociation Other >	L Year	of formation: 1	992 N	M State of legal domicile: OK	
P	art I	Summary						
a	1	Briefly describe the organization's mission or most	significant activities: SERVE	PHILANTHR	OPIC NEEDS	OF ALI	<u> </u>	
Governance		OF OKLAHOMA.						
ern	2		tinued its operations or dispos			1 1	1	
Š	3	Number of voting members of the governing body (11	
8	4	Number of independent voting members of the gov					11	
jes	5	Total number of individuals employed in calendar year.					36	
Activities &	6	Total number of volunteers (estimate if necessary)					0,	
AC	l 'a	Total unrelated business revenue from Part VIII, colon Net unrelated business taxable income from Form S					0.	
	 	Net unrelated business taxable income from Form's	990-1, iiile 39		Prior Yea		Current Year	
	8	Contributions and grants (Part VIII, line 1h)				0,466.	11,700,586.	
e e	9	D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			474,206.		274,302.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		4,516,74		3,669,789.		
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				3,503.	29,308.	
		Total revenue - add lines 8 through 11 (must equal F			4,922.	15,673,985.		
	13	Grants and similar amounts paid (Part IX, column (A				2,935.	9,305,367.	
	14	Benefits paid to or for members (Part IX, column (A)				0.	0.	
v,	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		24	8,699.	529,703.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)			0.	0.	
g	b	Total fundraising expenses (Part IX, column (D), line						
ш	i 17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,13	3,705.	607,250.	
	18	Total expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)		-	5,339.	10,442,320.	
		Revenue less expenses. Subtract line 18 from line 1	2		4,39	9,583.	5,231,665.	
Assets or	9			Ве	ginning of Curr		End of Year	
sset	20	Total assets (Part X, line 16)			108,86		112,125,645.	
et A	∃	Total liabilities (Part X, line 26)				9,461.	3,805,338.	
Z: P:	art II	Net assets or fund balances. Subtract line 21 from I Signature Block	ine 20		104,84	1,924.	108,320,307.	
		Ilties of perjury, I declare that I have examined this return, i	including accompanying schedules	and stateme	inte and to the	heet of my	knowledge and helief it is	
		et, and complete. Declaration of preparer (other than officer				-	Knowledge and belief, it is	
iruc	, 00110	is and complete. Becautation of property (cares than emeal	1) 10 baoba on an information of wi	non proparor	nas any knowle	ago.		
Sig	ın	Signature of officer			Date			
He		JIM STUART, CHAIR						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Pai	d	1	ASHLEY M. FOGLE	0:	3/24/21	if self-employ	P01258800	
Pre	parer	Firm's name HOGANTAYLOR LLP			Firm	's EIN ▶	73-1413977	
Use	Only	Firm's address 1225 N BROADWAY AVENUE, S	SUITE 200					
		OKLAHOMA CITY, OK 73103			Phor	ne no.405	-848-2020	
Ma	v the I	RS discuss this return with the preparer shown above	ve? (see instructions)				X Yes No	

	1990 (2019) COMMUNITIES FOUNDATION OF OKLAHOMA	73-1396320	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SERVE PHILANTHROPIC NEEDS OF ALL OF OKLAHOMA.		
	DENTI INITIANTINO NELLED OF IMPLOT ONCLINIONI.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,108,904. including grants of \$ 1,062,625.) (Revenue CRANNER NUMBER PROGRAMMED NAME OF COMMENTAL PROGRAMMED N	\$)
	GRANTS WERE PROVIDED TO FACILITATE THE RENOVATION AND REPURPOSING OF		
	THE FORMER PAULINE E. MAYER SHELTER TO BETTER FACILITATE CHILD WELFARE		
	SERVICES WITHIN OKLAHOMA.		
41:	780 315 756 374) (-		
4b	(Code:) (Expenses \$ 789,315. including grants of \$ 756,374.) (Revenue GRANTS WERE PROVIDED TO NEXUS EQUINE FOR PURCHASE OF PROPERTY TO EXPAND	\$)
	THE WORK OF THE NONPROFIT.		
	THE WORK OF THE NORTHOFFT.		
	(Code:) (Expenses \$ 401,767. including grants of \$ 385,000.) (Revenue		```
4c	(Code:) (Expenses \$401,/67. including grants of \$385,000.) (Revenue GRANTS WERE PROVIDED TO THE WHEELER COMMUNITY FOUNDATION FOR LAND TO	*	,
	BUILD A PUBLIC CHARTER SCHOOL.		
	BOILD IN LODDIC CHRISTIAN BEHOOD.		
	Other program convices (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 7,405,213. including grants of \$ 7,101,369.) (Revenue \$	274,302.)	
		2/1,302.)	
<u>4e</u>	Total program service expenses 9,705,199.		

Form 990 (2019) COMMUNITIES FOUNDATE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		.,,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	.,,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
''		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		-
.0		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-
IJ	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a 20b		-
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	democracy government on that by, columnity y, into it: II fes, complete ochequie I, Parts I and II			

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Form 990 (2019) COMMUNITIES FOUNDATION OF OKLAHOMA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	OEL		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
	· · · · · · · · · · · · · · · · · · ·			

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Form 990 (2019)

Part V	Statements Regarding	Other IRS Filings and	「ax Compliance _{(ເ}	continued)
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- .		x
لم	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7с		A
	Did the second of the distribution of the dist	7e		x
e f	Did the appropriate of units the control of the district of the control of the co	7e 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
•	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) COMMUNITIES FOUNDATION OF OKLAHOMA 73-1396320 Pag
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion 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?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	THE ORGANIZATION - (405) 488-1450			
	801 NW 63RD STREET SUITE 200 OKLAHOMA CITY OK 73116			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	heck ss pei	rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM STUART	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) DB GREEN VICE-CHAIR	1.00	х		x				0.	0.	0.
(3) TOM MCCASLAND III	1.00									
TREASURER		х		х				0.	0.	0.
(4) LESLIE RAINBOLT-FORBES	1.00									
SECRETARY		х		х				0.	0.	0.
(5) ROBERTA BURRAGE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TRIPP HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TONEY STRICKLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARK GISH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN PADDOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RICHARD RATCLIFFE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) DAVID RAINBOLT DIRECTOR	1.00	Х						0.	0.	0.
(12) TERESA ROSE CROOK	40.00	21						· · ·		
EXECUTIVE DIRECTOR	13.55			x				163,267.	0.	9,037.
		•								

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Form 990 (2019) COMMUNITIES I	FOUNDATION	OF	OKL	AHO	MA				73-139	6320		Pa	age 8
Part VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more son is	l than o s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensation from related	ion a		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations		e ion ed
										_			
										+			
										+			
1b Subtotal c Total from continuation sheets to Part VI	I, Section A)	>	163,267. 0. 163,267.		0.			037. 0. 037.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 							re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	٠٠١_			1
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated empl	oyee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su											3		Х
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	ate	ed organization or individ	lual for services		4	Х	77
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co											5		Х
the organization. Report compensation for								the organization's tax ye		iisaii			
(A) Name and business	address							(B) Description of s	ervices	Со	(C mper	s) nsatio	n
BANCFIRST 101 N. BROADWAY, OKLAHOMA CITY, OK 73123							-	INVESTMENT MANAGEM	ENT FEES			229,	224.
							 						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) COMMUNITIES
Part VIII Statement of Revenue

		Check if Schedule O	contair	ns a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
جَ جَ		Membership dues							
fts,		Fundraising events							
ig ig		Related organizations							
ns, Sim		Government grants (contr							
atio er 9	Ť	All other contributions, gifts,			11 700 506				
듗된		similar amounts not included			11,700,586.				
ont od (_	Noncash contributions included in			251,195.	44 500 506			
<u>0 g</u>	h	Total. Add lines 1a-1f				11,700,586.			
					Business Code				
e S	2 a	MANAGEMENT FEES			900099	274,302.	274,302.		
e <u>Š</u>	b								
Su	С								
eve	d								
Program Service Revenue	е								
Ā	f	All other program service	revenu	ле					
	g	Total. Add lines 2a-2f				274,302.			
	3	Investment income (includ							
		other similar amounts)				2,433,671.			2,433,671.
	4	Income from investment of							
	5	Royalties		-		29,308.			29,308.
		··- /		(i) Real	(ii) Personal	·			·
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	(i) Securities	(ii) Other				
	ı a	assets other than inventory	7a	6,061,772.					
	L	•	7 a	0,001,772.					
ø.	D	Less: cost or other basis	7.	1 825 651					
Revenue		and sales expenses	76	1,236,118.					
eve		Gain or (loss)				1,236,118.			1 236 119
		Net gain or (loss)			_	1,230,110.			1,236,118.
ther	8 a	Gross income from fundraising							
₽		including \$							
		contributions reported on		·					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from			_				
	9 a	Gross income from gamin	_	I					
		Part IV, line 19							
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gamin	g activities	.				
	10 a	Gross sales of inventory, I	ess re	turns					
		and allowances		10	a				
	b	Less: cost of goods sold		101	o				
	С	Net income or (loss) from	sales o	of inventory .	>				
, Τ					Business Code				
on e	11 a								
ane inuk	b								
Miscellaneous Revenue	С								
iš B	d	All other revenue							
2	_ е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction				15,673,985.	274,302.	0.	3,699,097.

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 t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations		,	<u></u>	
a	nd domestic governments. See Part IV, line 21	8,660,925.	8,660,925.		
2 0	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	644,442.	644,442.		
	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 C	Compensation of current officers, directors,				
tı	rustees, and key employees	183,272.	112,153.	67,672.	3,447
	ompensation not included above to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	318,871.	195,133.	117,741.	5,997
	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 (Other employee benefits	27,560.	16,866.	10,176.	518
10 F	Payroll taxes				
	ees for services (nonemployees):				
a N	//anagement				
b L	egal	520.		520.	
c A	ccounting	27,118.		27,118.	
d L	obbying				
e P	rofessional fundraising services. See Part IV, line 17				
f Ir	nvestment management fees	229,224.		229,224.	
g C	Other. (If line 11g amount exceeds 10% of line 25,				
С	olumn (A) amount, list line 11g expenses on Sch O.)	107,751.	64,650.	43,101.	
12 A	dvertising and promotion	9,879.			9,879
13 C	Office expenses	117,507.		117,507.	
14 Ir	nformation technology	47,288.		47,288.	
15 F	Royalties				
16 C	Occupancy				
17 T	ravel	9,512.	9,512.		
18 F	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
19 0	Conferences, conventions, and meetings	2,389.		2,389.	
	nterest				
21 F	ayments to affiliates				
22 D	Depreciation, depletion, and amortization	15,299.		15,299.	
23 Ir	nsurance	23,345.		23,345.	
a li	other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	UES AND SUBSCRIPTIONS	7,945.		7,945.	
۳ _	USINESS ENTERTAINMENT	4,611.		4,611.	
~ -	TAFF DEVELOPMENT	3,344.		3,344.	
· -	ETT PROGRAM EXPENSES	1,518.	1,518.		
~ -	Il other expenses	2,510.	1,313.		
	otal functional expenses. Add lines 1 through 24e	10,442,320.	9,705,199.	717,280.	19,841
	oint costs. Complete this line only if the organization	,,,	2,,20,200	, 200	15,011
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
		Oneskii Gonedale G Containe a reciponed of the	10 10 411	, into in the rare x	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,171,326.	1	4,512,168.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,790,234.	3	1,643,367.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
	_	trustee, key employee, creator or founder, subs		· · · ·			
		controlled entity or family member of any of the		· ·		5	
	6	Loans and other receivables from other disquali	•			_	
	_	under section 4958(f)(1)), and persons described	-	· · ·		6	
(0	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9					9	
	l	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	81,368.			
	h	Less: accumulated depreciation		15,299.	31,131.	10c	66,069.
	11	Investments - publicly traded securities		, ,	102,868,694.	11	105,904,041.
	12	Investments - other securities. See Part IV, line		, , -	12	, , ,	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		·····		14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			108,861,385.	16	112,125,645.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			4,019,461.	18	3,715,137.
	19		-,,	19	2,722,227		
	20	Deferred revenue			20		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete		of Coloradiula D		21	
	22	Loans and other payables to any current or form					
Liabilities	22	trustee, key employee, creator or founder, subs					
≣		controlled entity or family member of any of the				22	
L:	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	90,201.
	25	Other liabilities (including federal income tax, pa				27	,
	20	parties, and other liabilities not included on lines					
			•	.		25	
	26	Total liabilities. Add lines 17 through 25		·····	4,019,461.	26	3,805,338.
	20	Organizations that follow FASB ASC 958, che	ock here	X		20	
Se		and complete lines 27, 28, 32, and 33.	ock nere				
Š	27				104,841,924.	27	108,320,307.
Sala	28	Net assets with donor restrictions				28	
Ā	20	Organizations that do not follow FASB ASC 9				20	
Ē		and complete lines 29 through 33.	, 0110				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
et,	32	Total net assets or fund balances			104,841,924.	32	108,320,307.
Z	33	Total liabilities and net assets/fund balances			108,861,385.	33	112,125,645.
							· · · · · · · · · · · · · · · · · · ·

Form **990** (2019)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			985.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,442,	320.
3	Revenue less expenses. Subtract line 2 from line 1	3	5 ,	,231,	665.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 104,841				
5	Net unrealized gains (losses) on investments	5	-1	748,	387.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-8,	914.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4,	019.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	108	,320,	307.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	:dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public

Inspection
Employer identification number

Name of the organization COMMUNITIES FOUNDATION OF OKLAHOMA 73-1396320 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,048,579.	8,623,326.	9,438,580.	9,360,466.	11,700,586.	49,171,537.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,048,579.	8,623,326.	9,438,580.	9,360,466.	11,700,586.	49,171,537.
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)						7,493,859.
6	Public support. Subtract line 5 from line 4.						41,677,678.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	10,048,579.	8,623,326.	9,438,580.	9,360,466.	11,700,586.	49,171,537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,889,546.	1,878,444.	1,997,646.	2,415,093.	2,462,979.	10,643,708.
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						59,815,245.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,707,574.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	1 501(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publi					Г	
14	11 1 3					14	69.68 %
15	Public support percentage from 2018					15	71.94 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						. \Box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ			•	,		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITIES FOUNDATION OF OKLAHOMA 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	now, picase comp	note i uit ii.j				
Calendar year (or fiscal	year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, cor	ntributions, and s received. (Do not		, ,				
2 Gross receipts fr merchandise sold formed, or faciliti any activity that i organization's ta:	d or services per- es furnished in						
3 Gross receipts from are not an unrelation iness under section.	ted trade or bus-						
4 Tax revenues lev ization's benefit a or expended on i	and either paid to						
5 The value of serv furnished by a go the organization	overnmental unit to						
6 Total. Add lines	1 through 5						
7a Amounts include 3 received from 6	d on lines 1, 2, and disqualified persons						
b Amounts included on li from other than disqua exceed the greater of \$ amount on line 13 for the	lified persons that						
c Add lines 7a and	7b						
8 Public support. Section B. Total	(Subtract line 7c from line 6.)						
Calendar year (or fiscal		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from lin	·	(a) 2013	(b) 2010	(6) 2017	(u) 2018	(6) 2019	(i) Total
10a Gross income fro dividends, payme securities loans,	om interest, ents received on						
b Unrelated business	Г						
(less section 511 ta acquired after June	axes) from businesses 30, 1975						
c Add lines 10a an	d 10b						
11 Net income from activities not incl whether or not the regularly carried	unrelated business uded in line 10b, ne business is						
12 Other income. Do or loss from the s	o not include gain						
13 Total support. (Add	lines 9, 10c, 11, and 12.)						
14 First five years.	If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	nd stop here						>
Section C. Comp	outation of Public	Support Per	centage				
15 Public support p	ercentage for 2019 (lir	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support p			•			16	%
Section D. Comp	outation of Invest	tment Income	Percentage				
17 Investment incom	ne percentage for 20	19 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment incom	ne percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support	t tests - 2019. If the	organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3	3%, check this box an	d stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
	t tests - 2018. If the ore than 33 1/3%, chec	•			•	•	. \square
20 Private foundati			-	•		-	

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

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

	Yes	No
1		
0		
2		
За		
oa		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		rar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
	D:			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided? any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
_	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	ΩL		
2		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below. e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on 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	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting ora	anization (see
	instructions).			,

Schedule A (Form 990 or 990-EZ) 2019

Par	Tt v Type III Non-Functionally	y integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organization	ns to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that d				
	organizations, in excess of income from				
3	Administrative expenses paid to accom	plish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use as				
5	Qualified set-aside amounts (prior IRS a				
6	Other distributions (describe in Part VI)	. See instructions.			
7	Total annual distributions. Add lines 1	through 6.			
8	Distributions to attentive supported org	anizations to which th	ne organization is responsive		
	(provide details in Part VI). See instruct				
9	Distributable amount for 2019 from Sec	tion C, line 6			
10	Line 8 amount divided by line 9 amount	:			
Secti	tion E - Distribution Allocations (see ins	structions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Sec	tion C, line 6			
2	Underdistributions, if any, for years prio	r to 2019 (reason-			
	able cause required- explain in Part VI).	See instructions.			
3	Excess distributions carryover, if any, to	2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior ye	ears			
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see in	structions)			
j	Remainder. Subtract lines 3g, 3h, and 3	i from 3f.			
4	Distributions for 2019 from Section D,				
	line 7:				
а	Applied to underdistributions of prior ye	ears			
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b fro	om 4.			
5	Remaining underdistributions for years	prior to 2019, if			
	any. Subtract lines 3g and 4a from line	2. For result greater			
	than zero, explain in Part VI. See instru	ctions.			
	Remaining underdistributions for 2019.				
	and 4b from line 1. For result greater that				
	Part VI. See instructions.				
7	Excess distributions carryover to 202	0. Add lines 3i			
	and 4c.	· · · -,			
	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

COM	/3-1396320							
Organization type (check o	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	X 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							
Note: Only a section 501(c)(s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from						
year, total contribu	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								
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For 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.

Name of organization

Employer identification number

COMMUNITIES FOUNDATION OF OKLAHOMA

73-1396320

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCLAUGHLIN FAMILY FOUNDATION 6824 N. ROBINSON AVENUE OKLAHOMA CITY, OK 73116	\$ 2,563,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN D. CRESAP 1024 E. BRITTON ROAD, SUITE 100 OKLAHOMA CITY, OK 73131	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ST. FRANCIS OF THE WOODS, INC. PO BOX 400 COYLE, OK 73027	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CLINTON PUBLIC SCHOOL FOUNDATION PO BOX 822 CLINTON, OK 73601	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BURTON FOUNDATION, INC. 1024 E. BRITTON ROAD OKLAHOMA CITY, OK 73131	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	UNITED WAY OF CENTRAL OKLAHOMA PO BOX 248919 OKLAHOMA CITY, OK 73124	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITIES FOUNDATION OF OKLAHOMA

73-1396320

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DUNCAN REGIONAL HOSPITAL HEALTH FOUNDATION PO BOX 2000 DUNCAN, OK 73534	\$ 455,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	OKLAHOMA AIDS CARE FUND, INC. 6608 N. WESTERN AVENUE, SUITE 219 OKLAHOMA CITY, OK 73116	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LJS REVOCABLE TRUST PO BOX 699 TULSA, OK 74101	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	TRENTON R. MCKNIGHT PO BOX 123 THROCKMORTON, TX 76483	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITIES FOUNDATION OF OKLAHOMA

73-1396320

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization			Employer identification number
COMMUNIT	'IES FOUNDATION OF OKLAHOMA			73-1396320
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additionals	through (e) and the following lin charitable, etc., contributions of \$1,00	e entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer o	f gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	Transferee's name, address, ar	(e) Transfer or		of transferor to transferee
			Troidsonomp	Taunsion of to authorior
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
İ		(e) Transfer o	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	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 o	f gift	
}	Transferee's name, address, ar	nd ZIP + 4	Relationship o	of transferor to transferee
				_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number

73-1396320 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 61 806 Total number at end of year 4,892,911, 8,272,713. Aggregate value of contributions to (during year) 2 3,744,887. 7,131,169. 3 Aggregate value of grants from (during year) 36,772,243. Aggregate value at end of year 71,548,063. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 FASB 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 FASB 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 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pai	rt III Organizati	ons Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Sim	ilar Asset	s (conti	nued)	
3	Using the organization	n's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make	significa	nt use of its	·	·	
	collection items (chec	ck all that apply):								
а	Public exhibition	on	d	I . Loan or exc	hange program					
b	Scholarly resea	arch	е	Other						
С	Preservation fo	r future generations								
4	Provide a description	of the organization's co	ollections and explain	n how they further th	e organization's ex	empt pu	rpose in Part	XIII.		
5	During the year, did t	he organization solicit o	r receive donations o	of art, historical treas	sures, or other simi	lar assets		_		_
		nds rather than to be ma						Yes		No
Pai		d Custodial Arran		ete if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, or		
	reported an ar	mount on Form 990, Pa	t X, line 21.							
1a		n agent, trustee, custodi						_	_	,
) 					L	Yes		No
b	If "Yes," explain the a	arrangement in Part XIII	and complete the fol	lowing table:						
						<u> </u>		Amoun	t	
С						—	С			
d		year					d			
е		he year					е			
f							f			1
	-	include an amount on F				•	L	Yes		No
		arrangement in Part XIII.								
rai	Lildowille	nt Funds. Complete i						1,,,,,,,,,		1 .
4.	Desiration of combat		(a) Current year	(b) Prior year	(c) Two years back		ee years back			
	0 0 ,		30,418,078. 2,076,973.	29,281,667.	· · · · ·		2,898,517.		,040,2 ,058,9	
b			536,104.	1,076,532. 1,625,390.		_	846,792. 2,618,958.		35,1	
C		ngs, gains, and losses	1,369,136.	1,023,330.			891,188.		971,3	
d		OS	1,309,130.	1,221,804.	1,051,714	•	091,100.	+	3/1,	333.
е										
			353,562.	343,647.	305,111		281,939.	+	264,4	128
f ~		ses	31,308,457.	-			5,191,140.		,898,5	
g	End of year balance	d paragraph of the curr				• 25	,,101,140.		,050,5	· · ·
2		d percentage of the curr quasi-endowment		% (iiile Tg, coluiliii (a)) field as.					
a b		•	%							
·	•	ines 2a, 2b, and 2c sho	* -							
32		t funds not in the posse	•	ation that are held ar	nd administered for	the orga	nization			
ou	by:	trando not in the posse	oolon of the organiza	ation that are note ar	ia aariii iistoroa toi	trio orga	Inzation		Yes	No
	-	zations						3a(i)	100	X
		tions						3a(ii)		X
b	If "Yes" on line 3a(ii).	are the related organiza	tions listed as requir	ed on Schedule R?						
4		he intended uses of the								
Pai		dings, and Equipm								
	Complete if th	e organization answere	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part	X, line 10).			
		of property	(a) Cost or o	ther (b) Cost	or other (c	Accumu depreciat	lated	(d) Boo	k value)
1a	Land									
b										
		ents								
d					81,368.	1	5,299.		66,0	069.
		ı 1e. <i>(Column (d) must</i> e		X. column (B). line 1	0c.)				66,0	069.
_	·	• • • • • • •	-						_	

Schedule	e D (Form 990) 2019 COMMUNITI	ES FOUNDA	ATION OF OKLAHOMA		73-1396320	Page (
Part V		ties.				<u> </u>
	Complete if the organization answe	red "Yes" or		11b. See Form 990, Part X, line 12.		
<u> </u>	cription of security or category (including name		(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
	ncial derivatives					
	ely held equity interests					
(3) Othe	r					
(A)						
(B)						
(C)				<u> </u>		
(D)						
(E)						
(F)						
(G)						
(H)	I (h) must equal Form 000 Part V and (P) li	20 12)				
	II. (b) must equal Form 990, Part X, col. (B) li Investments - Program Rel					
	Complete if the organization answe		n Form 000 Part IV line	11c See Form 990 Part Y line 13		
	(a) Description of investment	ed res di	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market	value
(1)	, ,		(1)		, , , , , , , , , , , , , , , , , , ,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	l. (b) must equal Form 990, Part X, col. (B) li	ne 13.) ►				
Part IX						
	Complete if the organization answe			11d. See Form 990, Part X, line 15.	1 "15 "	
		(a) D	escription		(b) Book	value
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
<u>(6)</u> (7)						
(8)						
(9)						
	olumn (b) must equal Form 990. Part X. (col (R) line	15)		>	
Part X	Other Liabilities.	<i>он.</i> (<i>Б</i> / што				
	Complete if the organization answe	red "Yes" oi	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1.	(a) Description of liab				(b) Book	value
	ederal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

73-1396320

	Complete if the organization answered "Yes" on Form 990, Part IV, lin			4	10,105,257.
				1	10,103,237.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا	-1,748,387.		
	Net unrealized gains (losses) on investments		1,740,307.		
	Donated services and use of facilities				
	Recoveries of prior year grants Other (Describe in Part XIII.)		4,019.		
				2e	-1,744,368.
	Add lines 2a through 2d Subtract line 2e from line 1			3	11,849,625.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		3,824,360.		
	Add lines 4a and 4b			4c	3,824,360.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			5	15,673,985.
Par	XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	e 12a.			
1	Total expenses and losses per audited financial statements			1	9,541,029.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses	l I			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,541,029.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	901,291.		
С	Add lines 4a and 4b			4c	901,291.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3.)		5	10,442,320.
Par	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			, ,	
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
CHANG	GE IN VALUE OF SPLIT INTEREST AGREEMENT	4,019.			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
AGENO	CY TRANSFERS SUBJECT TO FAS 136	3,824,360.			
PART	XII, LINE 4B - OTHER ADJUSTMENTS:				
		001 201			
AGEN	CY TRANSFERS SUBJECT TO FAS 136	301,291.			

Schedule D	(Form 990) 2019 Supplemental Infor	COMMUNITIES	FOUNDATION OF OKLAHOMA	73-1396320	Page 5
Part XIII	Supplemental Infor	mation _{(contin}	ued)	_	

SCHEDULE 1 (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.

2019

OMB No. 1545-0047

Open to Public

Inspection

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

			9011101110					
Name of the organization COMMUNITIES FOUNDATION OF		OKLAHOMA					Employer identification number 73–1396320	number 0
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the g	rantees' eligibility '	or the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uc	
	tance?						X Yes	≗
2 Describe in Part IV the organization's procedures for monitoring the us	cedures for monit	oring the use of grant fu	Ψ	States.	:			
Falt III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Jomestic Organiz 35,000. Part II can	ations and Domestic be duplicated if additio	Domestic Governments. Con if additional space is neede	omplete if the orga d.	nization answered "Y	Complete it the organization answered "Yes" on Form 990, Part IV, line 21, tor any ded.	IV, line 21, tor any	
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	±
OKLAHOMA DEPT OF HUMAN SERVICES 2400 N LINCOLN BLVD OKLAHOMA CITY, OK 73111	73-6017987	501(C)(3)	1,148,693.	.0			OPERATIONS GRANT	
NEXUS EQUINE INC PO BOX 54572 OKLAHOMA CITY, OK 73154	81-1990122	501(C)(3)	756,374.	.0			OPERATIONS GRANT	
WHEELER COMMUNITY FOUNDATION, INC. PO BOX 1100 OKLAHOMA CITY, OK 73101	83-1247021	501(C)(3)	385,000.	.0			OPERATIONS GRANT	
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	382,562.	.0			OPERATIONS GRANT	
SIMMONS CENTER FOUNDATION PO BOX 981 DUNCAN, OK 73534	73-1344774	501(C)(3)	375,770.	.0			OPERATIONS GRANT	
CORPUS CHRISTI CHURCH (FOOD PANTRY) - 1005 NE 15TH STREET - OKLAHOMA CITY, OK 73117	73-0642604 501(C)(3	501(C)(3)	295,266.	•0			OPERATIONS GRANT	
Enter	nd government org	anizations listed in the	listed in the line 1 table				•	179.
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1	:					•	21.

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

Schedule I (Form 990) (2019)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	OUNDATION OF CASSISTANCE to GOV		Organizations in the United States	ited States (Sche	(Schedule I (Form 990), Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEPPERS RANCH, INC P.O. BOX 3814 EDMOND, OK 73083	73-1608380 501(C)(3)	501(C)(3)	255,133.	0			OPERATIONS GRANT
AGRICORPS INC PO BOX 123 THROCKMORTON, TX 76483	46-3335977	501(C)(3)	251,500.	.0			OPERATIONS GRANT
CHISHOLM TRAIL HERITAGE CENTER ASSOCIATION - 1000 CHISHOLM TRAIL PARKWAY - DUNCAN, OK 73533	14-1896825	501(C)(3)	181,446.	.0			OPERATIONS GRANT
OCU/COLLEGE OF NURSING 2501 N. BLACKWELDER OKLAHOMA CITY, OK 73106-1493	73-0579265	501(C)(3)	160,000.	.0			OPERATIONS GRANT
OKLAHOMA CITY UNIVERSITY 2501 N. BLACKWELDER AVE OKLAHOMA CITY, OK 73106	73-0579265	501(C)(3)	158,628.	0.			OPERATIONS GRANT
CONNECTED U INC 420 STEVE DOUGLAS DR EDMOND, OK 73034	83-3167626 501(C)(3)	501(C)(3)	150,000.	0			OPERATIONS GRANT
OKLAHOMA PUBLIC SCHOOL RESOURCE CENTER, INC 309 NW 13TH - OKLAHOMA CITY, OK 73103	46-3231101	501(C)(3)	150,000.	0.			OPERATIONS GRANT
DUNCAN REGIONAL HOSPITAL HEALTH FOUNDATION - PO BOX 2000 - DUNCAN, OK 73534-2000	20-2772056	501(C)(3)	135,176.	.0			OPERATIONS GRANT
WARRIORS REST FOUNDATION 2932 NW 122ND STREET OKLAHOMA CITY, OK 73120	82-3963036 501(C)(3)	501(C)(3)	114,757.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

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Page 1

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA

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

Farth Communation of Grants and Other Assistance to Governments and Organizations in the Office States (Schedule 1 (Form 899), Farth,	Assistance to do	vernments and Organ	Izations in the On	lled States (Sche	dule I (rollii 990), rai)	
(a) Name and address of organization or government	(a) 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
ORA EDUCATION FOUNDATION 3800 N PORTLAND AVE OKLAHOMA CITY, OK 73112	73-1006627 501(C)(3)	501(C)(3)	110,000.	.0		ŭ	OPERATIONS GRANT
MORE FOUNDATION 301 W. MAIN, SUITE 510 ARDMORE, OK 73401	73-1373231	501(C)(3)	106,911.	.0			OPERATIONS GRANT
BOYS AND GIRLS CLUB OF TAHLEQUAH PO BOX 1967 TAHLEQUAH, OK 74465-1967	73-1505432	501(C)(3)	106,575.	0		J	OPERATIONS GRANT
DARTMOUTH COLLEGE DEVELOPMENT 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111 501(C)(3)	501(C)(3)	100,000.	.0		ŭ.	OPERATIONS GRANT
ST. ANNE CATHOLIC CHURCH 301 S. 9TH STREET BROKEN ARROW, OK 74012	73-0711169	501(C)(3)	100,000.	0.		ŭ	OPERATIONS GRANT
OKLAHOMA ACADEMY FOR STATE GOALS P.O. BOX 968 NORMAN, OK 73070	73-1255400	501(C)(3)	84,436.	0.			OPERATIONS GRANT
CASADY SCHOOL 9500 N. PENNSYLVANIA AVE OKLAHOMA CITY, OK 73120	73-0587209	501(C)(3)	63,800.	0.		<u> </u>	OPERATIONS GRANT
BOYS AND GIRLS CLUB OF OKLAHOMA COUNTY - PO BOX 18701 - OKLAHOMA CITY, OK 73154	73-1472202	501(C)(3)	.000,09	0.		ŭ.	OPERATIONS GRANT
OKLAHOMA CITY FAMILY JUSTICE CENTER INC - 1140 N HUDSON - OKLAHOMA CITY, OK 73103	47-5502128 501(C)(3)	501(C)(3)	53,342.	.0		J	OPERATIONS GRANT
							Schodulo I (Form 000)

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Pa		(:) U
COMMUNITIES FOUNDATION OF OKLAHOMA are and Other Assistance to Governments and Organizations in the United State		chedule I (Form 990), Part II.)
COMMUNITIES FOUNDATION OF OKLAHOMA are and Other Assistance to Governments and Organizations in the Unit		Θl
COMMUNITIES FOUNDATION OF OKLAHOMA are and Other Assistance to Governments and Organizations in the		ted Star
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COMMUNITIES FOUNDATION OF OKLAHOMA arants and Other Assistance to Governments and C		zations in t
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Schedule I (Form 990) Part II Continuation o	COM	ìran
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Schedule Part II	I (Form	Continu
	Schedule	Part II

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHS TO INDEPENDENCE 4620 EAST FRANK PHILLIPS BOULEVARD BARTLESVILLE, OK 74006	45-4111813	501(C)(3)	.000,03	0		Ĭ	OPERATIONS GRANT
FESTIVAL OF LIGHT, INC. 211 CHICKASHA AVE CHICKASHA, OK 73018	73-1422395	501(C)(3)	50,000.	0		Š	OPERATIONS GRANT
RESTORE OKC INC 2222 NE 27TH STREET OKLAHOMA CITY, OK 73111	81-5470507 501(C)(3)	501(C)(3)	47,766.	0.		, and the second	OPERATIONS GRANT
DUNCAN PUBLIC SCHOOLS FOUNDATION P.O. BOX 1882 DUNCAN, OK 73534-1468	73-1341146 501(C)(3)	501(C)(3)	47,640.	0		, and the second	OPERATIONS GRANT
TAHLEQUAH BEST COMMUNITY COALITION PO BOX 1662 TAHLEQUAH, OK 74465	27-1418638 501(C)(3)	501(C)(3)	43,880.	.0			OPERATIONS GRANT
TAHLEQUAH PUBLIC SCHOOL FOUNDATION PO BOX 1123 TAHLEQUAH, OK 74465-1123	73-1365473	501(C)(3)	42,531.	.0			OPERATIONS GRANT
UNIVERSITY OF SCIENCE & ARTS OF OK FOUNDATION, INC 1727 W ALABAMA AVENUE - CHICKASHA, OK 73018	73-1031040	501(C)(3)	41,000.	0		Ĭ	OPERATIONS GRANT
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM - 1700 N. E. 63RD STREET - OKLAHOMA CITY, OK 73111	30-0341029	501(C)(3)	40,000.	.0		, in the second	OPERATIONS GRANT
OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	73-0528431	501(C)(3)	40,000.	.0		Ĭ	OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA

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 HOUSING AUTHORITY 1700 NE 4TH STREET OKLAHOMA CITY, OK 73117	73-0751972	501(C)(3)	39,700.	0.			OPERATIONS GRANT
UNIVERSITY OF OKLAHOMA FOUNDATION, INC PO BOX 258856 - OKLAHOMA CITY, OK 73156	73-6091755	501(C)(3)	37,550.	.0			OPERATIONS GRANT
TAHLEQUAH PUBLIC SCHOOLS 225N WATER AVE. TAHLEQUAH, OK 74464	73-6026802	тагвојан Ривгіс	SCHO 34,585.	.0			OPERATIONS GRANT
THE DALLAS OPERA 2403 FLORA ST. STE. 500 DALLAS, TX 75201	75-6004746	501(C)(3)	34,000.	.0			OPERATIONS GRANT
ASSISTANCE LEAGUE OF NORMAN 809 WALL STREET NORMAN, OK 73026	73-0927199 501(C)(3)	501(C)(3)	32,647.	.0			OPERATIONS GRANT
SAYRE PUBLIC SCHOOL FOUNDATION 129 EAST MAIN STREET SAYRE, OK 73662	73-1439751	501(C)(3)	32,443.	.0			OPERATIONS GRANT
OKLAHOMA CATTLEMEN'S FOUNDATION PO BOX 82395 OKLAHOMA CITY, OK 73148	73-1135528	501(C)(3)	30,985.	.0			OPERATIONS GRANT
FOOD AND SHELTER INC PO BOX 5537 NORMAN, OK 73071	73-1222111	501(C)(3)	30,294.	.0			OPERATIONS GRANT
SAMBURU TRUST USA INC PO BOX 265 BEALS, ME 04611	20-5542962	501(C)(3)	30,000.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

Schedul	e I (Form 990)	COMMUNITIES FO	OMMUNITIES FOUNDATION OF O	KLAHOMA				
Part II	Continuation of	of Grants and Other A	Assistance to Gov	rernments and Organi	izations in the United States	ed States (9	(Schedule I (Form 990), Part II.)	t 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
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 75275-0402	75-0800689	501(C)(3)	30,000.	.0			OPERATIONS GRANT
GRADY COUNTY HISTORICAL SOCIETY P.O. BOX 495 CHICKASHA, OK 73023	73-1149766	501(C)(3)	30,000.	.0			OPERATIONS GRANT
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297440 FORT WORTH, TX 76129	75-0827465	501(C)(3)	30,000.	.0			OPERATIONS GRANT
VARIETY CARE FOUNDATION 3000 N GRAND BLVD OKLAHOMA CITY, OK 73107	73-0580273	501(C)(3)	28,500.	.0			OPERATIONS GRANT
COMMUNITIES FOUNDATION OF OK 801 NW 63RD STREET OKLAHOWA CITY, OK 73116	73-1396320 501(C)(3)	501(C)(3)	27,853.	0.			OPERATIONS GRANT
HALO PROJECT 401 E. MEMORIAL RD. OKLAHOMA CITY, OK 73114	81-3947545	501(C)(3)	27,500.	.0			OPERATIONS GRANT
CITY OF TAHLEQUAH 111 S. CHEROKEE ST TAHLEQUAH, OK 74464	73-6005455	73-6005455 CITY OF TAHLEQUAH	. 27,475.	.0			OPERATIONS GRANT
THE CHILDREN'S CENTER REHABILITATION HOSPITAL - 6800 N. W. 39TH EXPRESSWAY - BETHANY, OK 73008	73-0580264	501(C)(3)	27,000.	.0			OPERATIONS GRANT
INFANT CRISIS SERVICES, INC. 4224 N. LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-1378766 501(C)(3)	501(C)(3)	26,787.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	UNDATION OF C		Organizations in the United States		(Schedule I (Form 990), Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	I C 75 U	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL OKLAHOMA PO BOX 248919 OKLAHOMA CITY, OK 73124	73-0589829	501(C)(3)	25,000.	.0			OPERATIONS GRANT
GENESIS PROJECT 9500 NE 150TH STREET JONES, OK 73049-8601	73-1153813	501(C)(3)	25,000.	Ö			OPERATIONS GRANT
KIWANIS INTERNATIONAL (DUNCAN CHISHOLM TRAIL KIWANIS CLUB) - PO BOX 1603 - DUNCAN, OK 73534	73-6102457	501(C)(3)	23,743.	· o			OPERATIONS GRANT
PIVOT, INC. 201 N.E. 50TH STREET OKLAHOMA CITY, OK 73105-1811	73-0940217	501(C)(3)	22,738.	0.			OPERATIONS GRANT
PAULS VALLEY FOUNDATION FOR ACADEMIC EXCELLENCE INC - PO BOX 63 - PAULS VALLEY, OK 73075-0063	73-1362811	501(C)(3)	22,503.	.0			OPERATIONS GRANT
CHURCH OF THE INCARNATION 3966 MCKINNEY AVENUE DALLAS, TX 75204-9975	75-0808771	501(C)(3)	22,000.	.0			OPERATIONS GRANT
UNITED WAY OF STEPHENS COUNTY P.O. BOX 1632 DUNCAN, OK 73534	23-7210483	501(C)(3)	21,877.	.0			OPERATIONS GRANT
PIONEER LIBRARY SYSTEM 300 NORMAN CENTER COURT NORMAN, OK 73072	73-6081619	501(C)(3)	21,759.	0			OPERATIONS GRANT
LAWTON PUBLIC SCHOOLS FOUNDATION, INC P.O. BOX 2323 - LAWTON, OK 73502	73-1386496 501(C)(3)	501(C)(3)	21,315.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	UNDATION OF C		Organizations in the United States		(Schedule I (Form 990), Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOW EDUCATION FOUNDATION INC PO BOX 531 BRISTOW, OK 74010-0531	73-1450789	501(C)(3)	20,184.	.0			OPERATIONS GRANT
CENTRAL OKLAHOMA HUMANE SOCIETY PO BOX 18471 OKLAHOMA CITY, OK 73154	20-8446621	501(C)(3)	20,000.	.0			OPERATIONS GRANT
UNIVERSITY OF PENNSYLVANIA SCHOOL OF LAW - 3501 SANSOM STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	20,000.	.0			OPERATIONS GRANT
CHEROKEE COUNTY MILITARY ORDER OF THE PURPLE HEART CHAPTER 641 - PO BOX 1191 - FORT GIBSON, OK 74434	73-1622732	501(C)(3)	20,000.	.0			OPERATIONS GRANT
DUNCAN SENIOR CITIZENS CENTER 1110 N. 7TH STREET DUNCAN, OK 73533	73-0775679	501(C)(3)	18,541.	0.			OPERATIONS GRANT
DUNCAN PUBLIC SCHOOLS PO BOX 1548 DUNCAN, OK 73534	73-6021226	73-6021226 DUNCAN PUBLIC SCI	SCHOOL 17,586.	0.			OPERATIONS GRANT
NORTHWEST TECHNOLOGY CENTER FOUNDATION - 1801 11TH STREET - ALVA, OK 73717-9607	73-1393251	501(C)(3)	17,080.	.0			OPERATIONS GRANT
CITY OF SHAWNEE 231 N. BELL AVE. SHAWNEE, OK 74801	73-6005424	CITY OF SHAWNEE	16,100.	.0			OPERATIONS GRANT
SISU YOUTH SERVICES 3131 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 73112	46-5678806 501(C)(3)	501(C)(3)	16,000.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA

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

(a) Name and address of c) EIN (b) EIN (c) IRC seconganization or government if applicat	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE DUNCAN PUBLIC LIBRARY - 2211 N. HIGHWAY 81 - DUNCAN, OK 73533	73-1355845	501(C)(3)	15,919.	.0			OPERATIONS GRANT
KINGFISHER MEALS ON WHEELS, INC. 201 S. 6TH STREET KINGFISHER, OK 73750	73-1017223	501(C)(3)	15,790.	.0			OPERATIONS GRANT
KINGFISHER EDUCATIONAL FOUNDATION PO BOX 24 KINGFISHER, OK 73750	73-1275143	501(C)(3)	15,757.	.0			OPERATIONS GRANT
BETHESDA, INC 1181 EAST MAIN NORMAN, OK 73071	73-1170216	501(C)(3)	15,706.	.0			OPERATIONS GRANT
FIRST BAPTIST CHURCH OF ANADARKO 700 W PETREE RD ANADARKO, OK 73005	73-0676330	501(C)(3)	15,500.	.0			OPERATIONS GRANT
MEALS ON WHEELS - NORMAN 528 E. MAIN STREET (PHYSICAL ADDRES NORMAN, OK 73070	73-0931924	501(C)(3)	15,230.	.0			OPERATIONS GRANT
OKLAHOMA DENTAL FOUNDATION 317 N.E. 13TH OKLAHOMA CITY, OK 73104	73-0678114	501(C)(3)	15,000.	.0			OPERATIONS GRANT
NEIGHBORHOOD SERVICES ORGANIZATION, INC 431 SW 11TH STREET - OKLAHOMA CITY, OK 73109	73-0785944	501(C)(3)	15,000.	°			OPERATIONS GRANT
UPTOWN 23RD DISTRICT ASSOCIATION PO BOX 1161 OKLAHOMA CITY, OK 73101	45-4611815	501(C)(4)	15,000.	0.			OPERATIONS GRANT
							Schedule I (Form 990)

	Organizations in the United States (Schedule I (Form 990), Part II.)
KLAHOMA	iments and Organizations in the United Sta
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) COMMUNITIES F	on of Grants and Other Assis
Schedule I (Form 990)	Part II Continuation

(a) Name and address of (b) EIN (c) IRC sec organization or government if applicat	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S REFUGEE COMMISSION 15 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	46-3668128	501(C)(3)	.000,21	•0			OPERATIONS GRANT
TO BY FOR KIDS FOUNDATION DBA CLEATS FOR KIDS - 720 W WILSHIRE BLVD SUITE 120 - OKLAHOMA CITY, OK 73116	45-3590945	501(C)(3)	15,000.	.0			OPERATIONS GRANT
ENGAGE LEARNING OKLAHOMA, INC. 305 COLLEGE AVENUE NORMAN, OK 73069	82-2574333 501(C)(3)	501(C)(3)	14,750.	.0			OPERATIONS GRANT
WELCH PUBLIC SCHOOLS ENRICHMENT FOUNDATION - PO BOX 129 - WELCH, OK 74369	73-1480590	501(C)(3)	14,745.	.0			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY FOUNDATION - PO BOX 1749 - STILLWATER, OK 74076-1749	73-6097060 501(C)(3)	501(C)(3)	14,628.	.0			OPERATIONS GRANT
OK LIBRARY ASSOCIATION 1190 MERAMEC STATION RD BALLWIN, MO 63021	73-1044902	501(C)(3)	14,211.	.0			OPERATIONS GRANT
FIRST UNITED METHODIST CHURCH ALVA 626 COLLEGE AVE ALVA, OK 73717	APPLIED FOR		14,000.	0.			OPERATIONS GRANT
CALM WATERS 4334 N.W. EXPRESSWAY, STE. 101 OKLAHOMA CITY, OK 73116	73-1561707 501(C)(3)	501(C)(3)	13,591.	.0			OPERATIONS GRANT
LAWTON PHILHARMONIC SOCIETY, INC. PO BOX 1473 LAWTON, OK 73502	73-6103649 501(C)(3)	501(C)(3)	13,305.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

(a) Name and address of c) EIN (b) EIN (c) IRC seconganization or government if applicat	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLDENVILLE EDUCATION FOUNDATION P.O. BOX 641 HOLDENVILLE, OK 74848	90-0539732	501(C)(3)	12,982.	.0		, ,	OPERATIONS GRANT
INDIAN CAPITAL TECHNOLOGY CENTER FOUNDATION - 2403 N. 41ST STREET EAST - MUSKOGEE, OK 74403	73-1599074 501(C)(3)	501(C)(3)	12,858.	0		V	OPERATIONS GRANT
OKLAHOMA CITY UNIVERSITY - STUDENT FINANCIAL SERVICES - 2501 NORTH BLACKWELDER - OKLAHOMA CITY, OK 73106	73-0579265 501(C)(3)	501(C)(3)	12,750.	.0			OPERATIONS GRANT
OKLAHOMA CITY BEAUTIFUL 3535 N. CLASSEN BLVD OKLAHOMA CITY, OK 73118	73-0785200 501(C)(3)	501(C)(3)	12,610.	0.			OPERATIONS GRANT
FRIENDS OF THE WILL ROGERS LIBRARY 1515 N. FLORENCE AVE CLAREMORE, OK 74017	26-0135494 501(C)(3)	501(C)(3)	12,242.	0.			OPERATIONS GRANT
STEPHENS COUNTY HUMANE SOCIETY PO BOX 669 DUNCAN, OK 73533	73-1202082	501(C)(3)	12,142.	0.			OPERATIONS GRANT
SHAWNEE POLICE FOUNDATION PO BOX 32 SHAWNEE, OK 74802	20-3322041	501(C)(3)	12,000.	0.			OPERATIONS GRANT
ONE WORLD, INC. 2107 VANCE DR. EDMOND, OK 73013	81-0715712	501(C)(3)	11,924.	.0			OPERATIONS GRANT
NORMAN PUBLIC SCHOOLS - ATHLETIC DEPARTMENT - 131 SOUTH FLOOD AVENUE - NORMAN, OK 73069	73-6021052 501(C)(3)	501(C)(3)	11,500.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

OKLAHOMA	
OF	
FOUNDATION	
COMMUNITIES	

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	UNDATION OF C		Organizations in the United States		(Schedule I (Form 990), Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICKASHA PUBLIC SCHOOLS FOUNDATION - PO BOX 2443 - CHICKASHA, OK 73023	73-1288810	501(C)(3)	11,240.	.0			OPERATIONS GRANT
CHISHOLM TRAIL ARTS COUNCIL, INC. 810 W. WALNUT DUNCAN, OK 73533	73-1028488	501(C)(3)	10,854.	0			OPERATIONS GRANT
BURLINGTON EDUCATION FOUNDATION 401 MAIN ST. BURLINGTON, OK 73722	73-1536760 501(C)(3)	501(C)(3)	10,769.	°°			OPERATIONS GRANT
STILLWATER PUBLIC EDUCATION FOUNDATION, INC PO BOX 286 - STILLWATER, OK 74076	73-1267401	501(C)(3)	10,578.	.0			OPERATIONS GRANT
NORMAN FIREHOUSE ART CENTER 444 SOUTH FLOOD NORMAN, OK 73069	23-7112097	501(C)(3)	10,290.	.0			OPERATIONS GRANT
CHISHOLM TRAIL CHURCH OF CHRIST 3204 W BEECH AVE DUNCAN, OK 73533	73-1194152	501(C)(3)	10,074.	.0			OPERATIONS GRANT
OKLAHOMA CITY COMMUNITY COLLEGE FOUNDATION - 7777 SOUTH MAY AVENUE - OKLAHOMA CITY, OK 73159	73-1529564	501(C)(3)	10,000.	.0			OPERATIONS GRANT
ANNA'S HOUSE FOUNDATION 3001 EAST MEMORIAL RD SUITE 200 EDMOND, OK 73013	33-1203679 501(C)(3)	501(C)(3)	10,000.	.0			OPERATIONS GRANT
AMERICAN HEART ASSOCIATION - OKC CHAPTER - 3401 NW 63RD STREET SUITE 200 - OKLAHOMA CITY, OK 73116	13-5613797 501(C)(3)	501(C)(3)	10,000.	0.			OPERATIONS GRANT
							Schedule I (Form 990)

	and Organizations in the United States (Schedule I (Form 990), Part II.)
COMMUNITIES FOUNDATION OF OKLAHOMA	ssistance to Governments and
COMMUNITIES FOU	n of Grants and Other As
schedule I (Form 990)	Part II Continuatior

	Assistance to do		id of gamerations in the Omical States (Confedure 1 (1 Omical),	ied States (Solie	date 1 (1 01111 990), F alt 11.)		
(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 73072	73-1286326 501(C)(3)	501(C)(3)	10,000.	.0			OPERATIONS GRANT
KLIFE PO BOX 54491 OKLAHOMA CITY, OK 73154	71-0806709	501(C)(3)	10,000.	.0			OPERATIONS GRANT
EMMANUEL EPISCOPAL CHURCH OF SHAWNEE, OK - PO BOX 1905 - SHAWNEE, OK 74802-1905	APPLIED FOR		10,000.	0			OPERATIONS GRANT
CAVETT KIDS FOUNDATION 730 W WILSHIRE BLVD STE 109 OKLAHOMA CITY, OK 73116	20-2025503	501(C)(3)	10,000.	0			OPERATIONS GRANT
ST LUKES UNITED METHODIST CHURCH 222 NW 15TH STREET OKLAHOMA CITY, OK 73103	73-1011829	501(C)(3)	10,000.	0.			OPERATIONS GRANT
OKCITY CENTER PO BOX 42301 OKC, OK 73123	81-4382319 501(C)(3)	501(C)(3)	10,000.	.0			OPERATIONS GRANT
ZEAL USA INC. P.O. BOX 702066 DALLAS, TX 75370	20-1859768	501(C)(3)	10,000.	0			OPERATIONS GRANT
NORTHEASTERN STATE UNIVERSITY FOUNDATION, INC 812 N. CEDAR AVENUE - TAHLEQUAH, OK 74464	23-7135815	501(C)(3)	10,000.	.0			OPERATIONS GRANT
KINGFISHER COMMUNITY COLLABORATIVE, INC 414 HILL DRIVE - KINGFISHER, OK 73750	82-0557760 501(C)(3)	501(C)(3)	10,000.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA	UNDATION OF C	КГАНОМА					73-1396320 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ssistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Par	t 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 COUNCIL OF PUBLIC AFFAIRS 1401 NORTH LINCOLN OKLAHOMA CITY, OK 73104	73-1436375	501(C)(3)	10,000.	.0			OPERATIONS GRANT
POSITIVE TOMORROWS, INC. PO BOX 61190 OKLAHOMA CITY, OK 73146	73-1393438 501(C)(3)	501(C)(3)	10,000.	.0			OPERATIONS GRANT
SEMINOLE HIGH SCHOOL PO BOX 1031 SEMINOLE, OK 74818	APPLIED FOR	SEMINOLE PUBLIC	scно 10,000.	0.			OPERATIONS GRANT
ST. FRANCIS OF ASSISI 1901 N.W. 18TH STREET OKLAHOMA CITY, OK 73106	73-0722461 501(C)(3)	501(C)(3)	10,000.	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
ST. LUKE'S UNITED METHODIST CHURCH 222 NW 15TH ST. OKLAHOMA CITY, OK 73103	73-0580268 501(C)(3)	501(C)(3)	10,000.	0.			OPERATIONS GRANT
GARBER ALUMNI ASSOCIATION PO BOX 236 GARBER, OK 73738-0236	82-2390078	501(C)(3)	.696,6	.0			OPERATIONS GRANT
HINTON ELEMENTARY SCHOOL 513 N MARION HINTON, OK 73047	APPLIED FOR	HINTON PUBLIC SCHOOL	HOOL 9,984.	0.			OPERATIONS GRANT
RED ANDREWS CHRISTWAS DINNER FOUNDATION - 2513 SW 124TH STREET - OKLAHOMA CITY, OK 73170	80-0865847 501(C)(3)	501(C)(3)	9,932.	0.			OPERATIONS GRANT

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	OUNDATION OF CAssistance to Gov		izations in the Uni	ited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN		(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
ABILTY FIRST, INC. 1301 W. MAIN STREET DUNCAN, OK 73533-4328	73-1151612	501(C)(3)	9,752.	.0			OPERATIONS GRANT
CHIEF FIRE & SAFETY CO., INC. PO BOX 1214 CHICKASHA, OK 73023	73-1032744	501(C)(3)	9,665.	0			OPERATIONS GRANT
LAST FRONTIER COUNCIL BOY SCOUTS 3031 NW 64TH STREET OKLAHOMA CITY, OK 73116	73-0580263 501(C)(3)	501(C)(3)	9,341.	0			OPERATIONS GRANT
GABRIEL'S HOUSE, INC. P.O. BOX 883 DUNCAN, OK 73533	73-1573021	501(C)(3)	9,268.	0			OPERATIONS GRANT
RIGHTS AND RESOLUTION ADVOCATES 2410 W. MEMORIAL RD. OKLAHOMA CITY, OK 73134	45-5424128 501(C)(3)	501(C)(3)	9,211.	•0			OPERATIONS GRANT
ALL SAINTS' EPISCOPAL CHURCH 809 WEST CEDAR DUNCAN, OK 73533	73-0796096	501(C)(3)	9,134.	.0			OPERATIONS GRANT
MY GOD MOTHER'S HOUSE, INC. 502 SEQUOYAH TRAIL NORMAN, OK 73071	82-5364135	501(C)(3)	.080,6	.0			OPERATIONS GRANT
AMES CEMETERY PO BOX 21 COVINGTON, OK 73730	73-6105956	501(C)(3)	8,877.	.0			OPERATIONS GRANT
MABEE-GERRER MUSEUM OF ART 1900 W. MACARTHUR DRIVE SHAWNEE, OK 74804	73-1392868 501(C)(3)	501(C)(3)	8,581.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

	Organizations in the United States (Schedule I (Form 990), Part II.)
NITIES FOUNDATION OF OKLAHOMA	ance to Governments and
I (Form 990) COMMUNITIES FOU	Continuation of Grants and Other Assist
Schedule	Part II

Page 1

(a) Name and address of corganization or government if applicat	(p) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION STREET PROJECT 1001 S. OWEN TAHLEQUAH, OK 74464	83-1795842	501(C)(3)	8,558.	.0		Ĭ	OPERATIONS GRANT
OKARCHE EDUCATIONAL FOUNDATION PO BOX 324 OKARCHE, OK 73762-0324	73-1511954 501(C)(3)	501(C)(3)	8,452.	.0		, and the second	OPERATIONS GRANT
CLEVELAND COUNTY FAMILY YMCA 1350 LEXINGTON AVE NORMAN, OK 73069	73-1149824 501(C)(3)	501(C)(3)	8,235.	0			OPERATIONS GRANT
CASA OF OKLAHOMA COUNTY 5905 NORTH CLASSEN COURT SUITE 302 OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	8,235.	.0		J	OPERATIONS GRANT
POTTAWATOMIE COUNTY JR. LIVESTOCK SHOW - PO BOX 234 - TECUMSEH, OK 74873	73-6006409 501(C)(3)	501(C)(3)	.8,098.	.0			OPERATIONS GRANT
CASA OF CHEROKEE COUNTRY P.O. BOX 1788 TAHLEQUAH, OK 74465	73-1478988	501(C)(3)	8,094.	.0			OPERATIONS GRANT
OKLAHOMA YOUTH EXPOSITION, INC. 21 LAND RUSH ST OKLAHOMA CITY, OK 73107	73-1620710	501(C)(3)	8,094.	.0			OPERATIONS GRANT
OKLAHOMA CHILDREN'S THEATER 2501 N. BLACKWELDER OKLAHOMA CITY, OK 73106	73-1289903	501(C)(3)	8,000.	.0			OPERATIONS GRANT
ALVA GOLDBUG EDUCATION FOUNDATION 418 FLYNN ST. ALVA, OK 73717	APPLIED FOR		7,957.	.0		Ŭ	OPERATIONS GRANT
							Schedule I (Form 990)

	Organizations in the United States (Schedule I (Form 990), Part II.)
KLAHOMA	iments and Organizations in the United Sta
OUNDATION OF C	Assistance to Govern
) COMMUNITIES F	on of Grants and Other Assis
Schedule I (Form 990)	Part II Continuation

(a) Name and address of corganization or government if applicat	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPUR KITCHEN FOUNDATION 1325 N. WALKER AVE #138 OKLAHOMA CITY, OK 73103	83-2543870	501(C)(3)	7,500.	.0		· ·	OPERATIONS GRANT
OKLAHOMA STATE DEPARTMENT OF EDUCATION - 2500 N LINCOLN BLVD., STE. B-11 - OKLAHOMA CITY, OK 73105	73-6017987	501(C)(3)	7,500.	.0			OPERATIONS GRANT
DAVIS PUBLIC SCHOOL FOUNDATION PO BOX 333 DAVIS, OK 73030	73-1390242 501(C)(3)	501(C)(3)	7,486.	.0			OPERATIONS GRANT
STRATFORD PUBLIC SCHOOL PO BOX 589 STRATFORD, OK 74872	73-0761376 STRATFORD	PUBLIC	SCH 7,419.	0			OPERATIONS GRANT
STEPHENS COUNTY HISTORICAL SOCIETY P.O. BOX 1294 DUNCAN, OK 73534	23-7258111	501(C)(3)	7,339.	.0			OPERATIONS GRANT
ALVA INDEPENDENT SCHOOL DISTRICT #001 - 418 FLYNN ST ALVA, OK 73717	73-1286795	ALVA PUBLIC SCHOOLS	LS 7,311.	.0			OPERATIONS GRANT
CLARA LUPER SIT-IN PLAZA FOUNDATION, INC 3824 DAHLIA STREET - DENVER, CO 80207	APPLIED FOR		7,200.	0			OPERATIONS GRANT
OKLAHOMA PANHANDLE STATE UNIVERSITY - 323 EAGLE BLVD - GOODWELL, OK 73939	91-1896905	501(C)(3)	7,000.	0			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY 201 WHITEHURST STILLWATER, OK 74078-1017	73-1383996	501(C)(3)	7,000.	.0		Ĭ	OPERATIONS GRANT
							Schedule I (Form 990)

Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	UNDATION OF O	KLAHOMA	zations in the Un	ited States (Sche	(Schedule I (Form 990). Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON ELEMENTARY PO BOX 780 PAULS VALLEY, OK 73075	APPLIED FOR	PAULS VALLEY PUBLIC	IC 6,924.	.0			OPERATIONS GRANT
BLACKWELL PUBLIC SCHOOL FOUNDATION PO BOX 151 BLACKWELL, OK 74631	73-1330442 501(C)(3)	501(C)(3)	6,829.	.0			OPERATIONS GRANT
TAHLEQUAH FIRST UNITED METHODIST CHURCH - 300 WEST DELAWARE STREET - TAHLEQUAH, OK 74464	APPLIED FOR		6,654.	.0			OPERATIONS GRANT
VICTORIOUS LIFE CHURCH 24389 HIGHWAY 82 TAHLEQUAH, OK 74464	APPLIED FOR		6,654.	.0			OPERATIONS GRANT
FREEDOM CHURCH PO BOX 188 PIEDMONI, OK 73078	73-1571631	501(C)(3)	6,622.	0.			OPERATIONS GRANT
BLACKWELL OKLAHOMA COMMUNITY FOUNDATION INC - PO BOX 514 - BLACKWELL, OK 74631-0514	73-1388218 501(C)(3)	501(C)(3)	6,502.	.0			OPERATIONS GRANT
THE SALVATION ARMY OF CENTRAL OKLAHOMA - 1001 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	58-0660607 501(C)(3)	501(C)(3)	6,296.	.0			OPERATIONS GRANT
CLAREMORE MUSEUM OF HISTORY, INC. PO BOX 126 CLAREMORE, OK 74017-0126	81-1207692 501(C)(3)	501(C)(3)	6,265.	.0			OPERATIONS GRANT
FIRST CHRISTIAN CHURCH DUNCAN 912 W. WALNUT DUNCAN, OK 73533	73-0661826 501(C)(3)	501(C)(3)	6,253.	0.			OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA

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
MARY ABBOTT CHILDREN'S HOUSE 251 E SYMMES ST NORMAN, OK 73069-5028	73-1512416	501(C)(3)	6,238.	.0			OPERATIONS GRANT
GIRL SCOUTS OF WESTERN OKLAHOMA 6100 N. ROBINSON OKLAHOMA CITY, OK 73118	73-0677849	501(C)(3)	6,050.	.0			OPERATIONS GRANT
REACHING OUR CITY, INC. 7710 NW 10TH ST. OKLAHOMA CITY, OK 73127	73-1565487	501(C)(3)	6,000.	.0			OPERATIONS GRANT
SOUTHWEST YOUTH & FAMILY SERVICES INC - PO BOX 829 - CHICKASHA, OK 73023-0829	73-0937233	501(C)(3)	6,000.	.0			OPERATIONS GRANT
NORMAN HIGH SCHOOL 911 W. MAIN NORMAN, OK 73069	73-6021052	73-6021052 NORMAN PUBLIC SCHOOL	оог 6,000.	.0			OPERATIONS GRANT
THUNDERBIRD CLUBHOUSE PO BOX 1666 NORMAN, OK 73070	73-1425145	501(C)(3)	5,872.	.0			OPERATIONS GRANT
SHAWNEE POLICE FOUNDATION PO BOX 32 SHAWNEE, OK 74802	20-3322041	501(C)(3)	5,789.	.0			OPERATIONS GRANT
BRIDGES OF NORMAN, INC 1670 N. STUBBEMAN NORMAN, OK 73069	73-1466304	501(C)(3)	5,779.	.0			OPERATIONS GRANT
SHATTUCK PUBLIC SCHOOLS 602 S. HICKORY SHATTUCK, OK 73858	73-0717442	SHATTUCK PUBLIC \$	\$СНО 5,625.	0			OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA

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	(a)	(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
INCARNATE WORD ACADEMY 609 CRAWFORD ST HOUSTON, TX 77002-3616	74-1280554	501(C)(3)	5,500.	.0			OPERATIONS GRANT
NORTHEASTERN OKLAHOMA A&M COLLEGE 200 I STREET NE MIAMI, OK 74354	47-3647768	501(C)(3)	5,497.	.0			OPERATIONS GRANT
TAHLEQUAH COMMUNITY PLAYHOUSE PO BOX 902 TAHLEQUAH, OK 74465	73-1388414 501(C)(3)	501(C)(3)	5,348.	.0			OPERATIONS GRANT
CASA FOR CHILDREN/MUSKOGEE 419 W. BROADWAY ST. MUSKOGEE, OK 74401	73-1497371	501(C)(3)	5,253.	.0			OPERATIONS GRANT
SHAWNEE EDUCATIONAL FOUNDATION PO BOX 3521 SHAWNEE, OK 74802	73-1344552	501(C)(3)	5,214.	0.			OPERATIONS GRANT
ALVA COMMUNITY FOUNDATION (ALVA FIRE DEPT) - 40215 CR 463 - ALVA, OK 73717	APPLIED FOR		5,180.	0.			OPERATIONS GRANT
FRIENDS FOR FOLKS 1218 LINDSEY PLAZA DR NORMAN, OK 73071	47-5521163	501(C)(3)	5,000.	0.			OPERATIONS GRANT
FIELDS AND FUTURES FOUNDATION 7001 NW 164TH EDMOND, OK 73013	46-4569055	501(C)(3)	5,000.	.0			OPERATIONS GRANT
NORTHWESTERN OKLAHOMA STATE UNIVERSITY - 709 OKLAHOMA BOULEVARD - ALVA, OK 73717	73-0947945	501(C)(3)	5,000.	.0			OPERATIONS GRANT
							Schedule I (Form 990)

	Organizations in the United States (Schedule I (Form 990), Part II.)
KLAHOMA	iments and Organizations in the United Sta
OUNDATION OF C	Assistance to Govern
) COMMUNITIES F	on of Grants and Other Assis
Schedule I (Form 990)	Part II Continuation

(a) Name and address of (b) EIN (c) IRC so organization or government	(b) EIN		able cash grant assistance (b) Amount of non-cash cash grant assistance appraisal, other)	(e) Amount of non-cash assistance	(f) Method of valuation no (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE IS ALIVE MINISTRIES INC 14401 N MAY AVE OKLAHOMA CITY, OK 73134	46-1181070 501(C)(3)	501(C)(3)	5,000.	.0			OPERATIONS GRANT
FAITH 7 ACTIVITY CENTER PO BOX 3907 SHAWNEE, OK 74802	73-1092643	501(C)(3)	5,000.	0.			OPERATIONS GRANT
TULSA COMMUNITY COLLEGE FOUNDATION 3727 EAST APACHE TULSA, OK 74115	23-7103807	501(C)(3)	5,000.	.0		Ĭ	OPERATIONS GRANT
UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA - 1737 W. ALABAMA - CHICKASHA, OK 73018	73-1544514	501(C)(3)	5,000.	0			OPERATIONS GRANT
UNITED WAY OF PAYNE COUNTY, INC. PO BOX 308 STILLWATER, OK 74076-0308	73-0602756	501(C)(3)	5,000.	0.			OPERATIONS GRANT
OKLAHOMA PROJECT WOMAN INC. PO BOX 14026 TULSA, OK 74159	73-1616817 501(C)(3)	501(C)(3)	5,000.	0.			OPERATIONS GRANT
OKLAHOMA STATE UNIVERSITY - OKLAHOMA CITY - 900 N. PORTLAND AVENUE - OKLAHOMA CITY, OK 73107	73-1383996	501(C)(3)	5,000.	0			OPERATIONS GRANT
SOUTH CENTRAL INDUSTRIES, INC. PO BOX 3766 SHAWNEE, OK 74802	73-1138726	501(C)(3)	5,000.	.0			OPERATIONS GRANT
EAST CENTRAL UNIVERSITY 1100 EAST 14TH ST. ADA, OK 74820	APPLIED FOR		5,000.	.0		_	OPERATIONS GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) COMMUNITIES FOUNDATION OF OKLAHOMA Part II Continuation of Grants and Other Assistance to Governments and	OUNDATION OF C		izations in the Uni	ted States (Sche	Organizations in the United States (Schedule I (Form 990). Part II.)		73-1396320 Page 1
(a) Name and address of organization or government	(b) EIN		(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
BROXTON FIRE DEPT COMPANY PO BOX 458 FORT COBB, OK 73038	73-1538748	501(C)(3)	.000,2	.0			OPERATIONS GRANT
ANGELS FOSTER FAMILY NETWORK PO BOX 31746 EDMOND, OK 73003	26-2895165	501(C)(3)	.000,2	0			OPERATIONS GRANT
KAPPA KAPPA GAMMA FOUNDATION PO BOX 2187 COLUMBUS, GA 31902-2187	31-6049792 501(C)(3)	501(C)(3)	5,000.	0			OPERATIONS GRANT
SCISSORTAIL PARK FOUNDATION 301 W RENO AVE OKLAHOMA CITY, OK 73102	81-1857531	501(C)(3)	5,000.	0			OPERATIONS GRANT
NATIONAL AMBUCS INC PO BOX 203 KINGFISHER, OK 73750	90-0548233	501(C)(3)	5,000.	.0			OPERATIONS GRANT
ROSE STATE COLLEGE 6420 SE 15 STREET OKLAHOMA CITY, OK 73110	73-1345128	501(C)(3)	5,000.	.0			OPERATIONS GRANT
RIPPLE EFFECT IMAGES 12110 SUNSET HILLS RD. RESTON, VA 20190	27-3756018	501(C)(3)	5,000.	.0			OPERATIONS GRANT
CONNORS STATE COLLEGE 700 COLLEGE ROAD WARNER, OK 74469	APPLIED FOR		5,000.	.0			OPERATIONS GRANT
LANGSTON UNIVERSITY FOUNDATION PO BOX 725 LANGSTON, OK 73050-0725	11-3815948 501(C)(3)	501(C)(3)	5,000.	0			OPERATIONS GRANT
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
COMMUNITIES FOUNDATION OF OKLAHOMA	n of Grants and Other Assistance to Governments and Organizations in the United States
le I (Form 990)	Continuation
Schedui	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government (a) Amount of assistance (book, FMV, applicable cash grant assistance appraisal, other)	(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
CAMERON UNIVERSITY 2800 W. GORE BOULEVARD LAWTON, OK 73505	73-1490825	501(C)(3)	5,000.	.0			OPERATIONS GRANT
STRAKE JESUIT COLLEGE PREPARATORY 8900 BELLAIRE BLVD HOUSTON, TX 77036-9940	74-1680596	501(C)(3)	5,000.	.0		V	OPERATIONS GRANT
KINGFISHER CHAMBER OF COMMERCE 123 W MILES KINGFISHER, OK 73750	73-0558344 501(C)(3)	501(C)(3)	5,000.	.0			OPERATIONS GRANT
REDLANDS COMMUNITY COLLEGE 1300 S. COUNTRY CLUB ROAD EL RENO, OK 73036	APPLIED FOR	501(C)(3)	5,000.	.0			OPERATIONS GRANT
HEARTLINE INC. 3801 NW 63RD ST OKLAHOMA CITY, OK 73116	73-0800311	501(C)(3)	.000,3	•0			OPERATIONS GRANT
							Schedule I (Form 990)

73-1396320

Schedule I (Form 990) (2019) COMMUNITIES FOUNDATION OF OKLAHOMA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL	416	644,442.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
DOCUMENT CRITERIA AND SELECTION PROCESS FOR SUCH GRANTEES.	ANTEES, THIS	INFORMATION			
MUST BE INCLUDED IN THE ORIGINAL APPLICATION TO OPEN THE FUND AT CFO AND	N THE FUND A	T CFO AND			
APPROPRIATE FORMS TO DOCUMENT THE SELECTION AND THE REQUIREMENTS	REQUIREMENT	S OF THE			
GRANTS ARE ALSO ON FILE. AWARD LETTERS ACCOMPANY ALL PAYMENTS AND DESCRIBE	L PAYMENTS A	ND DESCRIBE			
THE PURPOSE OF THE GRANT AND ANY REPORTING REQUIREMENTS	ENTS.				

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COMMUNITIES FOUNDATION OF OKLAHOMA

Employer identification number 73-1396320

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

73-1396320

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	🖳
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) TERESA ROSE CROOK	Θ	149,850.	13,417.	0.	5,233.	3,804.	172,304.	0
EXECUTIVE DIRECTOR	(ii)	0	0	0.	0.	0.	0.	0
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SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open To Public

Open To Public Inspection

Nan	ne of the organization							Emp	oloyer	ident	tification	on nu	mber
			FOUNDATION OF							6320			
Pa	art I Excess Bene	efit Transac	ctions (section 5	01(c)(3), secti	ion 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).			
	Complete if the c	organization ar	nswered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	rt V, li	ne 40	b.			
1	(a) Name of disqualified p	(k) Relationship bet			ified	(c) Description of transa				(d)	Corre	cted?
	(a) Name of disqualified p	person	person and or	rganiza	ation	(0	Description of trans	saction	n		Y	es	No
											\perp		
2	Enter the amount of tax is	ncurred by the	e organization man	agers	or disc	jualified persons duri	ng the year under						
3	Enter the amount of tax,	if any, on line	2, above, reimburs	ed by	the ore	ganization		J	\$				
Dr	art II Loans to and	Vor From I	nterested Pers	cone									
ГС													
	·	•				, Part V, line 38a or F	form 990, Part IV, line	26; 0	r if th	e orga	nızatıc	n	
			990, Part X, line 5, 6		an to or	(a) Original	(A) D. I	()	In.	(h) Ap	proved	(:) \/	/ritton
	(a) Name of interested person	(b) Relationsh with organizati		fron	n the	(e) Original principal amount			by bo		ard or	oroved ard or ittee? (i) Written agreement	
	, and the second				From	' '	-	Yes	No	Yes		Yes	т —
				10	FIOIII			163	NO	163	INO	163	NO
Tota	al	····				> \$							
Pa	art III Grants or As	sistance B	enefiting Inter	este	d Per	sons.							
	Complete if the c	organization ar	nswered "Yes" on I	Form 9	990, Pa	art IV, line 27.	T						
	(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance	(d) Type				Purp		f
			interested pers the organiza		a	assistance	assistano	е			assista	arice	
			0.19411121						+				
									+				
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									+				
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									-				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 COMMUNITIES FOUNDATION OF OKLAHOMA Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	res on Form 990, Fart IV, line 20a, 20	3D, UI 20C.				
(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	229,224.	TOM MCCASLA		Х	
					l	
Part V Supplemental Information. Provide additional information for response.	nses to questions on Schedule I (see i	nstructions).		I		
The same same same same same same same sam						
SCH L, PART IV, BUSINESS TRANSACTIONS 1	INVOLVING INTERESTED PERSONS:					
(A) NAME OF PERSON: TOM MCCASLAND III						
(D) DESCRIPTION OF TRANSACTION: TOM MCC	CASLAND III IS ON THE BOARD O	F				
DIRECTORS AND TRUST COMMITTEE AT BANCFI	RST, WHICH IS THE INSTITUTION	N THAT				
HOLDS \$105,904,041 OF THE FOUNDATION'S	INVESTMENTS. THE FOUNDATION	PAID				
INVESTMENT FEES OF \$229,224 DURING THIS	S FISCAL YEAR.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

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

Pai	t I Types of Property				·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lii	on n	(d) Method of det oncash contribut		_	s
1	Art - Works of art			,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	5	251	195. HIGH	/LOW ON DATE	REC.		
10	Securities - Closely held stock			,		<u> </u>			
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
.0	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									
24	Scientific specimens Archeological artifacts								
25	Other								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	the tax vear for c	ontributions	T '				
	for which the organization completed Form 82	-	•		,				
	Tel Willer the organization completed form oz	00,1 4,11,1		Joinion				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1	through 28	that it			
000	must hold for at least three years from the date								
	exempt purposes for the entire holding period?			Willow long troquillou to			30a		х
h	If "Yes," describe the arrangement in Part II.	•					Jou		
31	Does the organization have a gift acceptance p	oolicv that re	auires the review	of any nonstandard co	ntributions?		31	х	
	Does the organization hire or use third parties						-		
∪∠u	contributions?						32a		х
b	If "Yes," describe in Part II.						JEU		
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) i	s checked	l			
	describe in Part II.	J. G. 101	,po or proport)	milon oolamii (a) i	- J.100110u,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service **Employer identification number** Name of the organization 73-1396320 COMMUNITIES FOUNDATION OF OKLAHOMA FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GRANTS FOR CHARITABLE PROGRAMS AND PROJECTS THROUGHOUT THE STATE OF OKLAHOMA AND THROUGHT THE UNITED STATES. EXPENSES \$ 7,405,213. INCL GRANTS OF \$ 7,101,369. REVENUE \$ 274,302. FORM 990, PART VI, SECTION B, LINE 11B: A COMPLETE COPY OF THE 990 IS EMAILED TO THE BOARD OF DIRECTORS PRIOR TO SIGNATURE BY THE CHAIR. DIRECTORS ARE INSTRUCTED TO REPLY ALL WITH ANY QUESTIONS OR COMMENTS BEFORE THE DATE WHEN THE CHAIR WILL SIGN THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ARE PROVIDED A DISCLOSURE FORM AND ASKED TO COMPLETE IT EACH YEAR AT THE ANNUAL MEETING. OTHER COMMITTEE MEMBERS ARE PROVIDED A DISCLOSURE FORM AT THE FIRST MEETING FOLLOWING THE BEGINNING OF THE FISCAL YEAR. FORM 990, PART VI, SECTION B, LINE 15A: COMPARABLE DATA WAS REVIEWED BY MEMBERS OF THE BOARD TO DETERMINE WAGES FOR THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THIS INFORMATION IS UPLOADED ONTO OUR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

4,019.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 https://www.irs.gov/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print COMMUNITIES FOUNDATION OF OKLAHOMA 73-1396320 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 801 NW 63RD STREET, SUITE 200 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73116 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ▶ 801 NW 63RD STREET, SUITE 200 - OKLAHOMA CITY, OK 73116 Telephone No. ▶ (405) 488-1450 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 . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or __ , and ending JUN 30, 2020 ► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)