Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning

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

OMB No. 1545-0047

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

and ending

Open to Public Inspection

В	Check if	Please C Name of organization			D Employer id	lentification number
	applicable	use IHS			77 10	A A 7 A
2	Addres	print or TULSA COMMUNITY FOU.				554474
<u></u>	Name change			Room/suite	•	
	Initial return	Specific 7030 S. YALE, SUITE				494-8823
	Final return	tions. City or town, state or country, and ZIP +	4		F Accounting meth	
	Amend	TODDA, OK 74130	(4)		Other (specify)	
L	Applica pendin	Section 501(c)(3) organizations and 4947(a must attach a completed Schedule A (Form)(1) nonexempt charitable trusts 990 or 990-EZ).			tion 527 organizations.
				H(a) Is this a group re		
		: >WWW.TULSACF.ORG	1047()(4)	H(b) If "Yes," enter nu		
		ation type (check only one) X 501(c) (3)		H(c) Are all affiliates i (If "No," attach a	list.)	
		ere if the organization is not a 509(a)(3) supp		H(d) is this a separate	e return filed by	van or- ruling? Yes X No
ſ	eceipts	are normally not more than \$25,000. A return is not red	quired, but if the organization	ganization cover		N/A
	nooses	to file a return, be sure to file a complete return.		I Group Exemptio		
			116 252 069	Sch. B (Form 99	•	ion is not required to attach
	ross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 > Revenue, Expenses, and Changes in	Not Assets or Fund Bala	l	U, 330-LZ, UI C	
H.				ilices	iene redek	
	1	Contributions, gifts, grants, and similar amounts rece		31,301,2	61	
		Contributions to donor advised funds		7,447,7		
	b	Direct public support (not included on line 1a) Indirect public support (not included on line 1a)		1/441/1		
	C	Government contributions (grants) (not included on I			27 (27 (27 (27 (27 (27 (27 (27 (27 (27 (
	d	Total (add lines 1a through 1d) (cash \$29 , !		8,777,413.) 1e	38,748,998.
	e	Program service revenue including government fees				
	2	Membership dues and assessments				
	3	Interest on savings and temporary cash investments			····· - } 	155,692.
	5	Dividends and interest from securities			1 1	1,711,704.
	6.0	Gross rents	1 _ 1	•••••		
	h	Less: rental expenses				
	c	Net rental income or (loss). Subtract line 6b from line			6c	
Ž	7	Other investment income (describe) 7	
Revenue		Gross amount from sales of assets other	(A) Securities	(B) Other		
æ		than inventory	75,193,752. 8a	181,7		
	b	Less: cost or other basis and sales expenses	71,113,314. 8b	180,5		
	C	Gain or (loss) (attach schedule)	4,080,438. 8c	1,1:		
	· d	Net gain or (loss). Combine line 8c, columns (A) and	B) STMT 2	STMT	3 8d	4,081,572.
	9	Special events and activities (attach schedule). If any	amount is from gaming, check here 🕨	▶	er strother	
			of contributions reported on line 1b) 9a			
		Less: direct expenses other than fundraising expense				
	C	Net income or (loss) from special events. Subtract line			9c	
	10 a	• • • • • • • • • • • • • • • • • • • •				
	b	Less: cost of goods sold	10b			
	C	Gross profit or (loss) from sales of inventory (attach s			1	261,122.
	11	Other revenue (from Part VII, line 103)				44,959,088.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,			····	18,919,173.
ဖွ	13	Program services (from line 44, column (B))			···· ···	637,864.
Expenses	14	Management and general (from line 44, column (C))			····	56,883.
xbe	15				40	30,003.
ú	16	Payments to affiliates (attach schedule)				19,613,920.
	17 18	Excess or (deficit) for the year. Subtract line 17 from I			40	25,345,168.
ايد	19	Net assets or fund balances at beginning of year (from				70,382,817.
Net Assets	20	Other changes in net assets or fund balances (attach e	xplanation) SEE S	STATEMENT 4		1,722,359.
⋖	21	Net assets or fund balances at end of year. Combine li	nes 18, 19, and 20	a.aa.aa. aaa.aa a.a	21	97,450,344.
1		about at the buildings at and of Jour combine it	-, -,, ,,,,,,,,,,,,,,,,,,,,,,			

73-1554474 Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds				STATEMENT 6	
(attach schedule)	1				
(cash \$15765527 noncash \$ 0	.\				
If this amount includes foreign grants, check here	T 228	15,765,527.	15,765,527.		
22b Other grants and allocations (attach schedule	_	<u> </u>		STATEMENT 7	
(cash \$2000042 • noncash \$ 0	.]				
If this amount includes foreign grants, check here	1 22b	2,000,042.	2,000,042.		
23 Specific assistance to individuals (attach		, , , , , , , , , , , , ,			weg a land of the second
schedule) STATEMENT 8	23	260,837.	260,837.		evyena i jalija i ja
24 Benefits paid to or for members (attach	-				
schedule)	24				And the second s
25a Compensation of current officers, directors, key	 			ONNOTED TO SERVE THE SERVE	
employees, etc. listed in Part V-A	25a	221,778.	110,889.	72,078.	38,811.
b Compensation of former officers, directors, key	100	222///01		72,0.00	00,0220
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
·	İ			•	
section 4958(f)(1)) and persons described in	25c				
section 4958(c)(3)(B)	236				
	26	243,613.	120,035.	110,745.	12,833.
included on lines 25a, b, and c	20	243,013.	120,033.	110,143	12,000
27 Pension plan contributions not included on	07	8,500.	3,763.	3,881.	856.
lines 25a, b, and c	27	8,300.	3,703.	3,001.	030.
28 Employee benefits not included on lines		25,374.	5,457.	18,007.	1 010
25a · 27	28 29	27,333.	13,445.	11,415.	1,910. 2,473.
29 Payroll taxes	-	41,333.	13,443.	11,410.	2,4/3.
30 Professional fundraising fees	30	20 015		39,815.	
31 Accounting fees	31	39,815. 385.		39,813.	
32 Legal fees	32	9,894.		9,894.	
33 Supplies	33	3,034.		3,034.	
34 Telephone	35	710.		710.	
35 Postage and shipping	36	38,323.		38,323.	
36 Occupancy	-	414.		414.	
37 Equipment rental and maintenance	37 38	2,452.		2,452.	····
38 Printing and publications	39	6,133.		6,133.	
39 Travel	-	0,133.		0,133.	
40 Conferences, conventions, and meetings	40				
41 Interest	42	4,644.		4,644.	
43 Other expenses not covered above (itemize):		1,011		1,011.	
	43a				
ab	43b				
	43c				
4	43d				
Δ	43e				
	43f				
SEE STATEMENT 5	43g	958,146.	639,178.	318,968.	
14 Total functional expenses. Add lines 22a through	709	200,140.	000,1100	010,000	
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	19,613,920.	18,919,173.	637,864.	56,883.
Joint Costs. Check Jif you are following				037,0046	33,003.
Are any joint costs from a combined educational campaig			orted in (B) Program service	es?	Yes X No
f "Yes," enter (i) the aggregate amount of these joint cos			i) the amount allocated to f		N/A ;
iii) the amount allocated to Management and general \$	~ ¥ <u>_</u>		v) the amount allocated to		N/A
23011 1-23-07		, , , , , , , , , , , , , , , , , ,			Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wł	nat is the organization's primary exempt purpose? SEE STATEMENT 9	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	FUNDING OF QUALIFIED CHARITABLE ORGANIZATIONS AND OTHER ENTITIES THAT BENEFIT THE TULSA COMMUNITY INTERESTS AND/OR GEOGRAPHIC AREA.	
b	(Grants and allocations \$ 18,026,406 ⋅) If this amount includes foreign grants, check here ►	18,919,173.
U		
<u>c</u>	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	
Δ	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	18,919,173.
1	Total of Frogram Services (Should equal line ++, Column (D), Frogram Services)	~~,~~,

C.C. 16 40 D	e: Whe	Balance Sheets (See the instructions.) ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin th	e description column	(A) Beginning of year	T	(B) End of year
	T					1	
	45	Cash · non-interest-bearing		45			
	46	Savings and temporary cash investments	24,119,238	46	36,476,660		
						9.400 K	
	47 a	Accounts receivable	47a			1000000	
		Less: allowance for doubtful accounts				47c	
						Sauri, sauzonia	
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable			783,783.	49	204,030
	50 a	Receivables from current and former officers, d	irector	s, trustees, and			
		key employees		50a			
	b	Receivables from other disqualified persons (as					
ets		958(f)(1)) and persons described in section 4958(c)(3)(B)			50b		
Assets		Other notes and loans receivable					
•	1	Less: allowance for doubtful accounts		L		51c	
		Inventories for sale or use				52	<u> </u>
	53	Prepaid expenses and deferred charges			42 006 472	53	FC 744 750
	54 a	Investments - publicly-traded securities STMT	<u> </u>	Cost X FMV	43,896,472.		
	b	Investments - other securities STMT	<u> </u>	Cost X FMV	1,272,567.	54b	4,372,823.
	55 a	Investments - land, buildings, and STMT		30 000	·		
		equipment: basis	55a	38,000.			
		Cmm 12			200,000.	EE.	38,000.
		Less: accumulated depreciation STMT 12	55b		200,000.	55c	30,000.
		Investments - other	57a	23,000.		1 30	
		Less: accumulated depreciation STMT 13	57b	10,520.	6,055.	57c	12,480.
	58	Other assets, including program-related investments	L 0/ 0	20/3201	0,000.	0.0	22,1000
	•	(describe ► ACCRUED INCOME		,	248,545.	58	329,882.
i	59	Total assets (must equal line 74). Add lines 45 t	hroug	1 58	70,526,660.	59	98,178,633.
		Accounts payable and accrued expenses			38,843.	60	245,006.
		Grants payable			105,000.	61	483,283.
		Deferred revenue				62	
ties		Loans from officers, directors, trustees, and key				63	
abilities	64 a	Tax-exempt bond liabilities				64a	
림	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe) [65	
ł							
	66	Total liabilities. Add lines 60 through 65			143,843.	66	728,289.
		nizations that follow SFAS 117, check here	LX.	and complete lines			
ا ۾		67 through 69 and lines 73 and 74.			70 202 017		07 410 244
2		Unrestricted		_	70,302,817.	67	97,410,344. 40,000.
<u> </u>		Temporarily restricted			80,000	68 69	40,000.
9		Permanently restrictednizations that do not follow SFAS 117, check h					
7		complete lines 70 through 74.	ere p	allo [
8		Capital stock, trust principal, or current funds				70	
i g		Paid-in or capital surplus, or land, building, and e				71	
P		Retained earnings, endowment, accumulated inc				72	
וש		Total net assets or fund balances. Add lines 67 through					
-		(Column (A) must equal line 19 and column (B) must e		- 1	70,382,817.	73	97,450,344.
- [Total liabilities and net assets/fund balances.			70,526,660.	74	98,178,633.

73-1554474

Form 990 (2006) TULSA COMMUNITY FOUNDATION 73-1554474

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	instructions.)								
a	Total revenue, gains, and other support per audited financial stateme	ents				a	43,	383,	897.
b	Amounts included on line a but not on Part I, line 12:								
1	Net unrealized gains on investments		b1	1,348,9	996.				
	Donated services and use of facilities					2 2 300			
3	Recoveries of prior year grants					emilion Seniorio Signification Signification			
4	Other (specify):		b4						
	Add lines b1 through b4				· · · · · · · · ·	b	1,	348,	996.
C	Subtract line b from line a					c 4	42,	034,	901.
đ	Amounts included on Part I, line 12, but not on line a:					Y XX			
1	Investment expenses not included on Part I, line 6b		d1	-3,9	41.				
2	Other (specify): SEE STATEMENT 15		d2	2,928,1	.28.				
	Add lines d1 and d2					d			187.
e	Total revenue (Part I, line 12). Add lines c and dart. IV-B Reconciliation of Expenses per Audited Fine				🕨	e 4	14,	959,	088.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements	Wit	h Expenses	per				
8	Total expenses and losses per audited financial statements				••••	a 1	L9,	<u> 286,</u>	856.
b	Amounts included on line a but not on Part I, line 17:					CONTRACT CONTRACT			
1	Donated services and use of facilities		b1						
	Prior year adjustments reported on Part I, line 20		b2			CONTROL CONTROL			
3	Losses reported on Part I, line 20		b3			e in			
	Other (specify):		b4			**************************************			
	Add lines b1 through b4					b			0.
	Subtract line b from line a					c 1	9,	286,	856.
	Amounts included on Part I, line 17, but not on line a:								
1	Investment expenses not included on Part I, line 6b		d1	-3,9	41.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
2	Investment expenses not included on Part I, line 6b Other (specify): GRANTS EXCLUDED UNDER SFAS	136	d2	331,0	05.				
	Add lines d1 and d2					d			064.
е .	Total expenses (Part I, line 17). Add lines-c and d					e 1	.9,(513,	920.
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List e	ach p	erson who was	s an of	fficer,	direc	tor, trus	tee,
	or key employee at any time during the year even if they we								
		(B) Title and average hours	s (C			ntributio	ons to	accou	pense
	or key employee at any time during the year even if they we (A) Name and address		s (C		(D)Cor emplo plans	ntributio byee ber & defer nsation	ons to nefit rred plans	accou	pense int and owances
		(B) Title and average hours per week devoted to	s (C) Compensation not paid, enter	(D)Cor emplo plans	ntributio byee ber & defer nsation	ons to nefit rred plans	accou	nt and
		(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	accou	nt and
 SĒI		(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter	(D)Cor emplo plans comper	ntributio byee ber & defer nsation	plans	àcćou other all	nt and
SEI	(A) Name and address	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
ΞĒΙ	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SE1	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SE1	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
SEI	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	plans	àcćou other all	nt and owances
	(A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	s (C (If) Compensation not paid, enter -0)	(D)Cor emplo plans comper	nsation ;	.4.	àcćou other all	ovances 044.

	rm 990 (2006) TULSA COMMUNITY FOUNDATION		·	73-1554	474		age (
22.8121	art V-A Current Officers, Directors, Trustees, and Key Emplo				nina an ilaa	Yes	NC
75	Enter the total number of officers, directors, and trustees permitted to vote on omeetings	-	usiness at board	28			
ı	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V listed in Schedule A, Part I, or highest compensated professional and other inde						
	Part II-A or II-B, related to each other through family or business relationships? If				CONTRACTOR		endike inik
	the individuals and explains the relationship(s)				75b	Х	
	© Do any officers, directors, trustees, or key employees listed in Form 990, Part V-						
,	listed in Schedule A, Part I, or highest compensated professional and other inde						34
	Part II-A or II-B, receive compensation from any other organizations, whether tax	exempt or tax	kable, that are rela	ted to the			
	organization? See the instructions for the definition of "related organization."		SEE STATEM	ENT 18	75c	X	
	If "Yes," attach a statement that includes the information described in the instru	ctions.			N. Silin	NANGE IN	
	d Does the organization have a written conflict of interest policy?				75d	Х	<u> </u>
Pē	Former Officers, Directors, Trustees, and Key Employ Benefits (If any former officer, director, trustee, or key employee receives the year, list that person below and enter the amount of compensation	eived compens	sation or other ber	efits (described	d belo	w) dui	
	(8)		(C) Compensation	(D) Contributions t) Expe	
	(A) Name and address NONE (B) Loans a	and Advances	(if not paid, enter -0-)	plans & deferred compensation plan	ac othe	count r allow	and ances
					Ì		
					1		
					1-		
					l		
			· · · · · · · · · · · · · · · · · · ·		╁		
					l		
	Payer Other Information (c., the interesting)				<u> </u>	V1	Na
	of VI Other Information (See the instructions.)		W = 44 = -1 = -2 = -2 = -2 = -2		žie indiki i si	Yes	No
76	Did the organization make a change in its activities or methods of conducting act			1	70		X
77	Statement of each change			·····	76		$\frac{\Lambda}{X}$
77	Were any changes made in the organizing or governing documents but not report	ed to the IHS	r		77		
70 -	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 or more du	ring the year c	overed by this	.m2	78a	13	X
					78b	\dashv	
79	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during				79		X
	s Is the organization related (other than by association with a statewide or nationwi					w w kinds	*****
JU 4	membership, governing bodies, trustees, officers, etc., to any other exempt or not			£****	30a	X	
b	of "Yes," enter the name of the organization ► SEE STATEMENT 1.		***************************************				

and check whether it is

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year?

exempt or

81b

Form **990** (2006)

623161/01-18-07

Pa	Tt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this	. Mr. (2007) (100 2 (100) (100) (100) 2 (100) (100) (100)		
	amount as revenue in Part I or as an expense in Part II.			PE MESSE PE MESSE
	(See instructions in Part III.) 82b 16,922	<u>.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		MINLARY	30300000000000000000000000000000000000
	tax deductible? N/A	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b		85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			71111111111
C	Dues, assessments, and similar amounts from members 85c N/A		30.00 A	
d	Section 162(e) lobbying and political expenditures 85d N/A			enitori Paking Carrai
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		7	STATE
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	1	200 k Kip. 1 k	
9	2000 110 0.921 1200 100 100 100 100 100 100 100 100	85g		
ħ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		-	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	I	
00	following tax year?	0011	************	eren s
86	1 1 37/3			
	line 12 86a N/A Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			Mary &
	Gross income from other sources. (Do not net amounts due or paid to other sources		PERSONAL PROPERTY OF THE PROPE	
U	against amounts due or received from them.) 87b N/A		e y is folk: Light Specific	ALCONOMICS OF THE PARTY OF THE
88 a			42.000	**************************************
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			PREDEXIVE PREVIOUS D
	If "Yes," complete Part IX	88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			102.000 PET 8 1.0000 BET 1
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	001		X
	If "Yes," attach a statement explaining each transaction	89b		<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			MATERIAL STREET
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
u A	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
00 a	List the states with which a copy of this return is filed ▶OK			
	Number of employees employed in the pay period that includes March 12, 2006 90b			7
)1 a	The books are in care of ▶ PHIL LAKIN Telephone no. ▶ (918)4			3
	Located at ► 7030 S. YALE, SUITE 600, TULSA, OK ZIP+4 ► 7			-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		es	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	source l	X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

	controlling organization as defined in section 512(b)(13).			Ye	s No
	Did the reporting organization make any transfers to a controlled entity complete the schedule below for each controlled entity.	as defined in section	n 512(b)(13) of the Code? If "Yes,		X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	t of
a					
b					
c					
	Totals				
	id the reporting organization receive any transfers from a controlled en complete the schedule below for each controlled entity.	ntity as defined in se	ction 512(b)(13) of the Code? If "		S No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a 70	F REAL ESTATE, L.L.C. 30 S. YALE, SUITE 600 LSA, OK 74136	73-1604862	SEE STATEMENT 20	162,5	593
b					
;					
	Totals			162,5 Yes	93. No
	d the organization have a binding written contract in effect on August 1 nuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanying the state of the	_		lief it is the same and	x
an		h preparer has any knowled	dge.	mer, it is true, cor	1604,
ease	and complete. Declaration of preparer (other than officer) is based on all information of which				
an ease gn ere	and complete. Declaration of preparer (other than officer) is based on all information of whice Signature of officer Type or print name and title		Date		
ease gn	Signature of officer Type or print name and title Preparer's signature	11/15 6		or PTIN (See Gen.	, Inst. X)