Forn	∍990-T	 E	Exempt Organization Bus			Tax Returr)	OMB NO. 1545-0687
	rtment of the Treasury		(and proxy tax und	der se	ction 6033(e))		- 1	Open to Public Inspection for
	nal Revenue Service	Ford	alendar year 2012 or other tax year beginning		, and ending			501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Emp	oyer identification number loyees' trust, see uctions.)
_	xempt under section	Print	TULSA COMMUNITY FOUNDATION					3-1554474
<u> x</u>	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions.			ated business activity codes instructions)
Ļ	408(e)220(e)		7030 S. YALE, SUITE 600]	,
Ļ	408A		City or town, state, and ZIP code					
L.	1529(a)	_	TULSA, OK 74136				9000	03
			exemption number (see instructions)					
aı	end of year	G Checl	k organization type 🕨 🗘 501(c) corporation	on L	501(c) trust	401(a) trust	L	Other trust
	285,689,229.	<u> </u>		· —				
			ary unrelated business activity. 🕨 PASSTHROUG					
			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	' ▶ [Ye	es 🗓 No
			tifying number of the parent corporation.					
	ne books are in care of		ent Lakin Jr. de or Business Income		(A) Income	hone number (
	The state of the s		de of Business income		(A) Illicosite	(B) Expenses		(C) Net
	Gross receipts or sale		- Delege	.				
	Less returns and allo		c Balance	1c		Service in the Service Conference of the Ser	i di belo di bas Ny INSEE di C	
2	Gross profit. Subtrac		A, line 7)	3			aniana. Managa	
3				- 1				
4 a			h Schedule D) 'art II, line 17) (attach Form 4797)	4a 4b				
b c				40 4c				
5			ips and S corporations (attach statement)	5	120 607	STMT 1		120 607
6	Rent income (Schedu		ips and o corporations (attach statement)	6	132,007	· 電腦藻腺順名TMT、工・蒸烟器		132,687.
7	,	ed incor	ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9			on 501(c)(7), (9), or (17) organization			 -		
Ů	(0 1 1 1 0)			9				
10	, , , , , , , , , , , , , , , , , , , ,		me (Schedule I)	10	·	<u> </u>		
11			3 J)	11				
12	Other income (see in:	struction	s; attach statement)	12				
13			gh 12	13	132,687			132,687.
Pa	rt II Deductio	ns No	ot Taken Elsewhere (see instructions for			•		132,007.
	(except for	contribu	itions, deductions must be directly connecte	d with t	the unrelated busines	ss income)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15							15	
16	Repairs and mainter	nance .				••••	16	
17	Bad debts					••••	17	
18	Interest (attach state	ement) ,					18	
19	Taxes and licenses						19	
20	Charitable contributi	ions (see	instructions for limitation rules)				20	405.
21			562)			81,111.		
22		aimed or	n Schedule A and elsewhere on return		22a	80,935.	22b	176.
23							23	
24			mpensation plans				24	-
25	Employee benefit pr	-					25	
26	Excess exempt expe	nses (So	chedule I)				26	<u> </u>
27	Excess readership c	osis (Sci	hedule J)			•••••	27	
28			tement)				28	
29 30	Total deductions		es 14 through 28	at line 90	from line 12		29	581.
31			(limited to the amount on line 30)				30 31	132,106.
ა i 32	Unrelated business t	augulloll axahla ir	ncome before specific deduction. Subtract line 31 fr	nm line	30		32	120 100
32 33			M4.000 to the section of the section of				33	132,106.
34			ble income. Subtract line 33 from line 32. If line		eater than line 32, enter		JJ	1,000 <u>.</u>

Part I	II Ta	x Computation										
35	Organiz	ations taxable as corporat	ions (see instru	uctions for tax co	mputa	tion).						
	Controll	ed group members (sectior	ns 1561 and 15	663) check here	▶ [3	See instructions and	d:					
а	Enter yo	our share of the \$50,000, \$2	25,000, and \$9,	,925,000 taxable	incom	e brackets (in that order	r):					
	(1) \$	50,000.	(2) \$	25,00	0.	(3) \$ 1	100.0	00.				
b	Enter or	ganization's share of: (1) A			_							
		itional 3% tax (not more tha										
С		tax on the amount on line 3							35c	1	34	.381
		axable at trust rates (see in										, 501
		x rate schedule or							36			
37	Proxv ta	x (see instructions)	(• • • • • • • • • • • • • • • • • • • •						
		ve minimum tax										
39	Total, A	dd lines 37 and 38 to line 3	5c or 36, which	never applies		•••••			39		31	381
Part I	V. Ta	x and Payments	30.01.001						. 1 00	I		<u>, 301</u>
		tax credit (corporations atta	ach Form 1118:	trusts attach Fo	rm 11	16)	40a					
							40b					
		business credit. Attach For	m 3800									
d	Credit fo	or prior year minimum tax (a	attach Form 88	01 or 8827)			40d					
		edits. Add lines 40a throug										
41	Subtract	t line 40e from line 39						***************************************	41		31	.381.
42	Other ta:	xes. Check if from: Fo	orm 4255	Form 8611	For	m 8697	36	Other (attach statemen	1) 42			, 501,
											31	.381.
		ts: A 2011 overpayment cr					44a	18,89	MUNUMURE SALE			, 301.
		timated tax payments					44b	32.85	22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
c	Tay deni	osited with Form 8868					44c	32,03	<u>'</u>			
q	Foreign :	osited with rorm 2000 Organizations: Tay paid or v	withhold at some	rca (saa instructi	one)		44d					
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 44d 44e								\dashv				
f	Cradit fo	r small employer health ins	uranco promiu	me (Attach Form	9041		44e		- 1			
		edits and payments:					441					
y				orm 2439 Other			44a					
45									45		- 1	740
46	Estimate	yments. Add lines 44a thro ed tax penalty (see instruction	one) Chack if F		chad i	V			46			<u>,742.</u>
		. If line 45 is less than the to										
48	Overnav	ment. If line 45 is larger that	an the total of li	inee 13 and 16 a	ntar a	mount overnaid			48		17	2.61
		e amount of line 48 you war							49			<u>.361.</u>
Part V	Sta	atements Regardir	ng Certain	Activities	and	Other Information	7,301 On (se	e instructions)	1 43			0.
		uring the 2012 calendar year							ecount (hank	Yes	No
		other) in a foreign country'								burn,		100
								t of t oroigit ballicalia	manda		X	KIKIKIKIKI
2 Durin	g the tax y	Yes," enter the name of the year, did the organization receive structions for other forms the org	a distribution fro	m, or was it the grai	ntor of,	or transferor to, a foreign trus	st?				_	
		ount of tax-exempt interest										X
		- Cost of Goods S									EDECKE ACT	20HIRDER
		peginning of year	1		T	Inventory at end of year	r		6			-
			2		7	Cost of goods sold. Su						
			3		1 '	from line 5. Enter here a			7			
		on 263A costs (att. statement)	4a		g	Do the rules of section		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>'</u>		Yes	No
		attach statement)	4b		1 "	property produced or a	•	•			200	, NU
		nes 1 through 4b	5		1	the organization?	ioquii oc	Tor resaic, apply to			Telegraphic (
<u> </u>	Under	penalties of periury. I declare th	at I have examine	d this return, includ	ing acc	ompanying schedules and st	tatement	s, and to the best of my kr	owledge a	nd belief, it i	s true.	L
Sign	correc	t, and complete. Declaration of p	oreparer (other tha	ın taxpayer) is base	d on all	information of which prepare	er has an	y knowledge.	·			
Here				1		CHIEF EXECU	ימי ד נייני		-	S discuss th er shown bel		with
	Si	ignature of officer		Date		Title	TIVE		instruction		es	No
-		rint/Type preparer's name		Preparer's sign	nature	Date	e .	Check	if PTI	and the same of th		140
D-:-I	''				ratul 6	. O	Ĭ /	self- employe		14		
Paid		U ANN GIBSON	ما	uan.	m	MOON!	/13	12013	i	0405885	=	
Toparo								3-141397		-		
Use O	ייין עייין			PL. SUITE	200			THITSLIN		-14139		
	Fi	rm's address \blacktriangleright muss a		•	200			Dhone no	(010)	D45 00		

(Rev. January 2013)

Department of the Treasury

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

Ella a ganavata application for each vatura

OMB No. 1545-1709

Internal Revenue	e Service	. The a sep	arate appir	cation for each return	1.						
 If you are 	filing for a	n Automatic 3-Month Extension, o	complete o	only Part I and ched	k this box			🕨 🔲			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).											
	_	rt II unless you have already been g						n 8868.			
a corporation 8868 to receive Return for	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.										
Dart I	Part P Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
Automatic 5-world Extension of Time, Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only											
to file incon	•	•	ips, reiviic	os, and trusts must	use romii 7004 to req	uesi	ан ехіен	SIOH OF WHIE			
					Enter filer's identifying						
Type or	Name of	exempt organization or other filer, see in	structions.		Employer identification	numl	oer (EIN) o	r			
print	TULSA	COMMUNITY FOUNDATION			73-	15544	74				
File by the		street, and room or suite no. If a P.O. bo	Social security number	r (SSN)						
due date for filing your	7030 S	s. YALE AVE., SUITE 600 n or post office, state, and ZIP code. For	a foreign ac	ddress, see instruction	s,						
return. See instructions.		A, OK 74136									
Enter the De		for the return that this application is	e for (file a	congrate application	for each return)			0 7			
		to the feture triat this application is			Tior cachi returny .		- • •				
Applicatio	n		Return Code	Application Is For			Return Code				
Form 990 d	or Form 99	90-EZ	01	Form 990-T (corpo	oration)			07			
Form 990-	BL		02	Form 1041-A	•			08			
Form 4720) (individua	ıl)	03	Form 4720				09			
Form 990-	PF		04	Form 5227				10			
Form 990-	T (sec. 40	I(a) or 408(a) trust)	05	Form 6069				11			
Form 990-	T (trust oth	ner than above)	06	Form 8870				12			
Telephone If the orga If this is fo	• The books are in the care of ▶ PHIL LAKIN, JR., 7030 S. YALE AVE., STE. 600, TULSA, OK 74136 Telephone No. ▶ 918-494-8823 FAX No. ▶ 918-494-9826 • If the organization does not have an office or place of business in the United States, check this box										
for the whol	le group, c	heck this box ▶ 🗌 . If it	t is for part	t of the group, check	this box	▶ [] and at	tach			
		and EINs of all members the extension			······································			A. =			
until for th	NOVEN ne organiza	tomatic 3-month (6 months for a configer 15 or 20 of 13 of 15 of 15 of 16 of 1	rporation r apt organiz	equired to file Form ation return for the	990-T) extension of ti organization named a	ime bove.	. The ext	ension is			
▶□	tax vear t	peainnina	. 20	, and ending			, 20				
		peginning entered in line 1 is for less than 12 m	nonths, che	eck reason: Initia	l return ☐ Final ret	urn					
		ccounting period on is for Form 990-BL, 990-PF, 990	T 4720 c	or 6060 enter the te	entative tay loce any		1				
nonre	efundable	credits. See instructions.				За	\$	44,100			
		tion is for Form 990-PF, 990-T, 4									
		payments made. Include any prior ye				3b	\$	51,742			
		Subtract line 3b from line 3a. Include nic Federal Tax Payment System). S			it required, by using	3c	\$	л			
	EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0										

Schedule C - Rent Inc	ome (Fr	rom Real Prop	erty and	d Personal	Proper	ty Leas	ed With Real F	⁵rop∈	erty)(see instructions)	
1. Description of property										
(1)										
(2)										
(3)										

	2	. Rent received or acc	rued							
(a) From personal property rent for personal proper 10% but not more	ty is more tha	tage of (b	of rent for p	and personal prope personal property e at is based on profi	xceeds 50%	centage or if	3(a) Deductions di columns 2(ectly cor (a) and 20	nnected with the income in (b) (attach statement)	
(1)										
(2)										
(3)										
Total		0 Total				0.			•••	
(c) Total income. Add totals of c here and on page 1, Part I, line 6,	, column (A) >				0.	(b) Total deduction Enter here and on page Part I, line 6, column (B	1,	0	
Schedule E - Unrelate	d Debt-	Financed Inco	me (see	instructions)						
				2 0			 Deductions directly to debt-fi 			
1. Description	of debt-financ	ed property		2. Gross in or allocabl	le to debt-	(a)	Straight line depreciation		(b) Other deductions	
r. Description	or dept-inanc	ed property		financed property		(=/	(attach statement)		(attach statement)	
(1)										
(2)										
(3)										
(4)		-								
 Amount of average acquisitic debt on or allocable to debt-finan property (attach statement) 	4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5. Average adjusted b of or allocable to debt-financed prope (attach statement)		o perty	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					0,	/。		-+		
(2)					9					
(3)				0.0	9					
(4)					9	/6				
						Er	iter here and on page 1,		Enter here and on page 1,	
Totals						▶ P	art I, line 7, column (A).	0.	Part I, line 7, column (B).	
Total dividends-received deduc	tions includ	led in column 8							0	
Schedule F - Interest,	Annuitie	es, Royalties, a	and Rer	nts From C	ontrolle	ed Orgai	nizations (see i	nstruc	tions)	
			Exemp	t Controlled C	rganizatio	ons				
1. Name of controlled organiza	tion	2. Employer identification number		3. irelated income see instructions)		4. of specified nents made	5. Part of column included in the cororganization's gross	ntrolling	connected with income	
(1)										
(2)			 				-			
(3)						·				
(4)										
Nonexempt Controlled Organi	izations						- 			
7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9 . Tot				olumn 9 that is included rolling organization's ross income		11. Deductions directly connected with income in column 10		
(1)						***				
(2)										
(3)										
(4)										
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ento	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).	
Totals					—		^	1	•	

Form **990-T** (2012)

Schedule G - Investm (see in	nent Income of a structions)	a Section	501(c)(7), (9), or (17) Oı	rganiza	tion			
1 . D	escription of income			2. Amount of income	directly	ductions connected statement)	4. Set-as (attach stat		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					((com o plas sell ly
(2)									
(3)									
				-					
(4)				<u> </u>		Supplication of		CONTROL OF STREET	M =
Tatala				Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploite		ty Income		Than Advertis	ing Inc	ome			0
(see ins	tructions)				1				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expedirectly co with proc of unrel business	nnected fuction lated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac is not u	ss income tivity that unrelated ss income	6. Exper attributab column	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)		-							
(2)									
					-				
(3)					·				
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, l line 10, c	Part I, ol. (B).						Enter here and on page 1, Part II, line 26.
Schedule J - Adverti	sing Income (0.1	ORBANIANA OKINONONI KINO ADVORDANA KARAMBAR SIRI					<u> </u>
Part I Income From	Periodicals Re	ported on	a Cons	solidated Basis					
1. Name of periodical	2. Gross advertising income	ຸ ວ.	. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		irculation come	6. Readers costs	hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								100	
(2)									
(3)	_								
(4)									
					ORIGINAL STREET				
Totals (carry to Part II, line (5))			0						0
Part II Income From		ported on	a Sepa	arate Basis (For 6	each perio	odical listed	in Part II fi	ll in	0
	gh 7 on a line-by-line l				Juon pon	Jaioai iiotot			
1. Name of periodical	2. Gross advertising income	, ວ.	Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		5. Circulation income		hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					1			-+	
(2)								+	
(3)									
(4)				 					
					Haladek kirika				
Totals from Part I Totals, Part II (lines 1-5)	Enter here and page 1, Part line 11, col. (I, page	0 nere and on e 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K - Compe	nsation of Office				instructio	ns)	A STATE OF THE PARTY OF THE PAR	40,000	<u> </u>
	Name			2. Title		3. Percentime devote busines	ed to		nsation attributable lated business
(1)			†			2431163			
(1)			 				%		
(2)			 				%		
(3)			-				%		
			<u></u>				%		
Total. Enter here and on page 1	, Part II, line 14						▶		. 0.

Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0175

Name Employer identification number TULSA COMMUNITY FOUNDATION 73-1554474 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). Taxable income or (loss) before net operating loss deduction 1 131 106. Adjustments and preferences: a Depreciation of post-1986 property **b** Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) 2d e Adjusted gain or loss 2e Long-term contracts g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h Tax shelter farm activities (personal service corporations only) Passive activities (closely held corporations and personal service corporations only) 2i k Loss limitations Depletion 21 m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs 2n o Other adjustments and preferences 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 131,106. Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) 4b 0 c Multiply line 4b by 75% (.75). Enter the result as a positive amount 4c **d** Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive) e ACE adjustment. If line 4b is zero or more, enter the amount from line 4c. If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 131,106. Alternative tax net operating loss deduction (see instructions) Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions 131,106. **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0**b** Multiply line 8a by 25% (.25) 0 c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-40,000. Subtract line 8c from line 7. If zero or less, enter -0-9 91,106. 10 Multiply line 9 by 20% (.20) 10 18,221. Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) 11 12 Tentative minimum tax. Subtract line 11 from line 10 12 18,221. Regular tax liability before applying all credits except the foreign tax credit 13 34,381. 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return JWA For Paperwork Reduction Act Notice, see separate instructions.

Adjusted Current Earnings (ACE) Worksheet See ACE Worksheet Instructions

		See ACE Worksheet Ir	structions.		
	Pre-adjustment AMTI. Enter the amount from lin	e 3 of Form 4626		WHAT REPORTED TO	131,106.
	ACE depreciation adjustment:		1 - 1		
			2a	YAKETE TO THE TENTON OF THE TE	
b	ACE depreciation:				
	(1) Post-1993 property				
	(2) Post-1989, pre-1994 property				
	(3) Pre-1990 MACRS property			AND COLUMN	
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections				
	168(f)(1) through (4)				
	(6) Other property				
	(7) Total ACE depreciation. Add lines 2b(1) the	rough 2b(6)	2b(7)		
C	ACE depreciation adjustment. Subtract line 2b(7) from line 2a			
3	Inclusion in ACE of items included in earnings at	nd profits (E&P):	1 1		
a	Tax-exempt interest income		3a		
b	Death benefits from life insurance contracts		3b		
C	All other distributions from life insurance contra	cts (including surrenders)	3c		
đ	Inside buildup of undistributed income in life ins	urance contracts	3d		
е	Other items (see Regulations sections 1.56(g)-1	(c)(6)(iii) through (ix)			
	for a partial list)		3e		
f	Total increase to ACE from inclusion in ACE of it	3f			
4	Disallowance of items not deductible from E&P:				
а	Certain dividends received		4a		
b	Dividends paid on certain preferred stock of pub	lic utilities that are deductible			
			4b		
С	Dividends paid to an ESOP that are deductible up				
	Nonpatronage dividends that are paid and deduc				
	1382(c)		4d	20 danus	
	Other items (see Regulations sections 1.56(g)-1				
	partial list)		4e		
	Total increase to ACE because of disallowance o			4f	
	Other adjustments based on rules for figuring E				
			5a		
	0: 1::		FL		
	O C C		F-		
	Total other E&P adjustments. Combine lines 5a				
	Disallowance of loss on exchange of debt pools	6			
	Acquisition expenses of life insurance companie	7			
	Depletion				
-	Basis adjustments in determining gain or loss fr				
	Adjusted current earnings. Combine lines 1, 2c				
	Form 4626	,,, and 30911 01 21101 1110 1		10	131 106.

FORM 990-T	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION			AMOUNT
SUMMIT BANK PRESCOTT GRP AGGRESSIVE OKLAHOMA CYBERKNIFE, LL PRESCOTT GRP AGGRESSIVE PRESCOTT GRP AGGRESSIVE PRESCOTT GRP AGGRESSIVE ALLIANCE HOLDINGS GP, L ALLIANCE RES PARTNERS L ALLIANCE RES PARTNERS L ENTERPRISE PROD PTN LP EV ENERGY PTN LP/BERTEL MAGELLAN MIDSTREAM PTN ONEOK PTN LP/BERTELSMEY: SUNOCO LOGISTICS/BERTELS WILLIAMS PTN LP/BERTELS	C SMALL CAP II, SMALL CAP II, SMALL CAP II, SMALL CAP II, P/BERTELSMEYER P/BERTELSMEYER (EPD)/BERTELSMI SMEYER LP/BERTELSMEYEI ER SMEYER	LP (BENDEL FND) LP (TABOR) LP (CRAFT)	5,33530. 167,920. 33476876,2575,3003,489. 27,027212612. 1,07218,014.
TOTAL TO FORM 990-T, PAGE	GE 1, LINE 5		132,687.

FORM	990-T TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . 50,000	
3.	LINE 1 LESS LINE 2	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . 25,000	
5.	LINE 3 LESS LINE 4	
6.	INCOME SUBJECT TO 34% TAX RATE	
7.	INCOME SUBJECT TO 35% TAX RATE 0	
8.	15 PERCENT OF LINE 2	
9.	25 PERCENT OF LINE 4 6,250	
10.	34 PERCENT OF LINE 6	
11.	35 PERCENT OF LINE 7 0	
12.	ADDITIONAL 5% SURTAX	
13.	ADDITIONAL 3% SURTAX 0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	34,381

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 3
CARRYOVER OF PRIOR YEARS OF FOR TAX YEAR 2007 FOR TAX YEAR 2008 FOR TAX YEAR 2009 FOR TAX YEAR 2010 FOR TAX YEAR 2011	JNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTION:	3	
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS A	ADJUSTED	13,151
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIONS		0
AMT CHARITABLE DEDUCTION REGULAR CONTRIBUTION DEDUC	CTION	0 405
AMT CONTRIBUTION ADJUSTMEN	7 T	405

Form **2220**

Name

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

73-1554474

2012

OMB No. 1545-0142

Department of the Treasury Internal Revenue Service

TULSA COMMUNITY FOUNDATION

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

0.	
Employer ider	ntification number

No	te: Generally, the corporation is not required to file Form 2220 corporation. However, the corporation may still use Form 2 penalty line of the corporation's income tax return, but do r	220	to figure the penalty. If so	ons) because o, enter the ar	the IRS will nount from	figure any penalty page 2, line 38 on t	owed the est	and bill the timated tax
	Part Required Annual Payment					 		
1	Total tax (see instructions)						1	34,381
	a Personal holding company tax (Schedule PH (Form 1120), lir			<u>_</u>	2a			innement or gangle
	b Look-back interest included on line 1 under section 460(b)(2							ารที่สมาชิกแล้ว
	contracts or section 167(g) for depreciation under the income	e for	ecast method		2b			Things in the second se
	Credit for federal tax paid on fuels (see instructions)			2c			William commence	
	1 Total. Add lines 2a through 2c				2d	•		
	Subtract line 2d from line 1. If the result is less than \$500, do							
	does not owe the penalty						3	34,381
4	Enter the tax shown on the corporation's 2011 income tax ret	urn	(see instructions). Caution	n: If the tax i	s zero			•
	or the tax year was for less than 12 months, skip this line a	nd e	nter the amount from line	e 3 on line 5			4	26,106
5	Required annual payment. Enter the smaller of line 3 or line	4. 11	the corporation is require	ed to skip line	4,			
(m) 8 (m)	enter the amount from line 3						5	26,106
	Reasons for Filing - Check the boxes beloeven if it does not owe a penalty (see instructions).		nat apply. If any boxes are	checked, the	corporation	must file Form 22	20	
6	The corporation is using the adjusted seasonal install		t method			-		
7	The corporation is using the annualized income instal							
8	The corporation is a "large corporation" figuring its first			on the prior v	ear's tax.			
	Part III Figuring the Underpayment		1					
	-		(a)	(1))	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/12	06/15	/12			
10	Required installments. If the box on line 6 and/or line 7	۲	04/13/12	00/15	12	09/15/12		12/15/12
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions]					
	for the amounts to enter. If none of these boxes are checked,			I		J		1
	enter 25% of line 5 above in each column.	10	6.527.		_10_664.	8.	595.	8 595.
11	Estimated tax paid or credited for each period (see				,			
	instructions). For column (a) only, enter the amount							
	from line 11 on line 15	11	29,842.		10,950.	10,	950.	
	Complete lines 12 through 18 of one column before			•				
	going to the next column.							
	Enter amount, if any, from line 18 of the preceding column	12			23,315.	23,	601.	25,956.
	Add lines 11 and 12	13			34,265.	34,	551,	25,956.
	Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0-	14		:			-	
	If the amount on line 15 is zero, subtract line 13 from line	15	29,842,		34,265.	34,	551.	25,956.
10	14. Otherwise, enter -0-	16		•	0.		0 .	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10							
	from line 15. Then go to line 12 of the next column	18	23,315.		23 601.		956.	新科學教育
	Go to Part IV on page 2 to figure the penalty	/. Do	not go to Part IV if there	are no entri	es on line 1	7 - no penalty is o	wed.	

JWA

TULSA COMMUNITY FOUNDATION

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month					199
	after the close of the tax year, whichever is earlier (see					
	instructions). (Form 990-PF and Form 990-T filers: Use 5th					
	month instead of 3rd month.)	19				
20	Number of days from due date of installment on line 9 to the					<u> </u>
	date shown on line 19	20				
24						
21	Number of days on line 20 after 4/15/2012 and before 7/1/2012	21				
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$
	366					
23	Number of days on line 20 after 06/30/2012 and before 10/1/2012	23				
24	Underpayment on line 17 x Number of days on line 23 x 3%	24	\$	\$	\ \\$	\ \$
	366			Ψ	Ψ	Ψ
25	Number of days on line 20 after 9/30/2012 and before 1/1/2013	25				
oc.		••	Φ.			
20	Underpayment on line 17 x Number of days on line 25 x 3% 366	26	<u> </u>	\$	\$	\$
27	Number of days on line 20 after 12/31/2012 and before 4/1/2013	27				
28	Underpayment on line 17 x Number of days on line 27 x 3% 365	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2013 and before 7/1/2013	29				
	number of days of fine 20 arter 5/3 //2013 and before // //2013	23				
30		30	\$	\$	\$	\$
	365					
31	Number of days on line 20 after 6/30/2013 and before 10/01/2013	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	 \$
	365	UL	Ψ	Ψ	Ψ	Φ
33	Number of days on line 20 after 9/30/2013 and before 1/1/2014	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	<u> </u>
35	Number of days on line 20 after 12/31/2013 and before 2/16/2014	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	 \$	· e
		01	Ψ	Ψ	ΙΨ	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total	al he	ere and on Form 1120: lin	e 33:		
	or the comparable line for other income tax returns			7	38	\$ 0

JWA

Form 2220 (2012)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Tulsa Community Foundation EIN: 73-1554474 Unrelated Business Income from Partnerships - Federal FYE 12/31/12

Davinarahina	DTD	FINAL	FORM K-1	TO 990-T	C/F
Partnerships Alliance Holdings GP, LP/Bertelsmeyer	PTP X	FINAL X	12/31/2012	12/31/2012	Amount
Alliance Holdings GP, LP/Bertelsmeyer	X	x	(79.00)	(79.00)	-
Alliance Holdings GP, LP/Tabor	X	^	(6,178.00)	(6,178.00)	-
Alliance Res Partners LP/Bertelsmeyer		V	(14,115.00)	(5,000,00)	(14,115.00)
Alliance Res Partners LP/Parker	X X	X X	(5,300.00)	(5,300.00)	-
Alliance Res Partners LP/Tabor	X	^	(3,489.00)	(3,489.00)	(407.00)
Buckeye Partners LP/Westbrock			(427.00)	-	(427.00)
	X		(343.00)	=	(343.00)
Enterprise Prod Ptn LP (EPD)/Bertelsmeyer	X		(19,050.00)	-	(19,050.00)
Enterprise Prod Ptn LP(ETP)/Bertelsmeyer	X	.,	2.00	2.00	-
EV Energy Ptn LP/Bertelsmeyer	X	X	(7,027.00)	(7,027.00)	-
Kinder Morgan Energy Ptn LP/Bertelsmeyer	X	.,	(26,715.00)	-	(26,715.00)
Magellan Midstream Ptn LP/Bertelsmeyer	X	X	(212.00)	(212.00)	-
Magellan Midstream Ptn LP/Bertelsmeyer	X		(4,402.00)	-	(4,402.00)
Oklahoma Cyberknife, LLC			167,920.00	167,920.00	-
ONEOK Ptn LP/Bertelsmeyer	X	X	(612.00)	(612.00)	-
ONEOK Ptn LP/Bertelsmeyer	X		(16,304.00)	-	(16,304.00)
Plains All Amer PPL LP/Bertelsmeyer (PAA)	X		(4,902.00)	-	(4,902.00)
Plains All Amer PPL LP/Bertelsmeyer(PNG)	X		(391.00)	-	(391.00)
Prescott Small/Bendel			33.00	33.00	-
Prescott Small/Craft			(687.00)	(687.00)	-
Prescott Small/ Schlafke			(30.00)	(30.00)	-
Prescott Small/Tabor			(47.00)	(47.00)	-
Summit Bank		X	5,335.00	5,335.00	-
Sunoco Logistics/Bertelsmeyer	X		1,072.00	1,072.00	•
Williams Ptn LP/Bertelsmeyer	X	X	(638.00)	(638.00)	-
Williams Ptn LP/Bertelsmeyer	X	X	(17,376.00)	(17,376.00)	-
Federal Unrelated Business Income			46,038.00	132,687.00	(86,649.00)
Charitable Contributions			(405.00)	(405.00)	- ´
Section 179 Deduction			(176.00)	(176.00)	-
Specific Deduction				(1,000.00)	-
Federal Unrelated Business Taxable Income			_	131,106.00	(86,649.00)

TD F 90-22.1

(Rev January 2012) Department of the Treasury

Do not use previous editions of this form

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar Year Ended 12/31

2012

Amended

Partile Filer Information				
2 Type of Filer				
a Individual b Partnership	c Corporation d Consolid	lated e X Fiduciary or Oth	her - Enter type Tax-	Exempt
3 U.S. Taxpayer Identification Number	4 Foreign identification (Complete only	if item 3 is not applicable)		5 Individual's Date of Birth
731554474	a Type: Passport (Other		MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4.	b Number			
6 Last Name or Organization Name		7 First Name		8 Middle Initial
Tulsa Community Fou	·			
9 Address (Number, Street, and Apartment	or Suite Number)			
7030 S. Yale Avenue	, Suite 600			
10 City		11 State 12 ZIP/Pos	tal Code 13 Cou	ntry
Tulsa		OK 7413	36 US	S
14 Does the filer have a financial interest in 2	25 or more financial accounts?			
X Yes If 'Yes' enter total numb				
<u>`</u>	t II or Part III, but retain records of this inf	ormation)		
No				
Part II Information on Finan		eparately		
15 Maximum value of account during calenda	ır year reported	16 Type of account a	Bank b Securities	S c Other — Enter type below
17 Name of Financial Institution in which acc	ount is held			
18 Account number or other designation	19 Mailing Address (No	umber, Street, Suite Number) of f	inancial institution in which	account is held
20 City	. 21 State, if known	22 Zip/Postal Code, if	known 23 Country	
Signature				
44 Filer Signature	45 Filer Title, if not rep	orting a personal account		46 Date (MM/DD/YYY))
funkay L.	CE	0		05/28/2013

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

990 INFORMAT 0-22.1 with co	ΓΙΟΝ				Bank and Financial Accounts 79	
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						(25
						(10
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			Hash Total	000		
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	value of accou	unt		13	1,968,026,347	
	Name of Institution (mandatory for	ution (Line 1) r all account	s)		Deutsche Bank AG	(30
Name of institution (Line 2)				805	Mumbai Branch, Kodak House	(30
				838	Post Box #1142	(25)
Financial Institution		ımber		803	0556423-02-0	(35
Houtans				839		(20
	State					(2)
		code	· · · · · · · · · · · · · · · · · · ·			(10
	Number of total	it owners				
	(mandatory ioi	Taxpayer ID number Last name				(12
						(30
^ = = = unte		1		845		(20
Owned	Principal			852		(xx
Jointly (Part III)	Joint			846	-	(25
(Faiting	Owner	City		847		(20
		State		848		(2
		ZIP/po	stal code	849		(10)
	name or r	Countr	<u>y</u> '	850		(25
			name punts)	810		(30)
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Where Filer		entification	on number			(12)
Financial						(25)
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(Faitir)	_					(10)
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i	Institution Accounts Owned Jointly (Part III) Accounts Where Files Has no Financial	ION ON FINANCIAL A Type of account: 2=securities Maximum value of accounts Mailing add Financial Institution Accounts Owned Jointly (Part III) Accounts Where Filer Has no Financial Interest (Part IV) Address City State ZIP/postal of Country Middle initia Taxpayer id Address City State ZIP/postal of Country State ZIP/postal of Country State ZIP/postal of Country Address City State ZIP/postal of Country State ZIP/postal of Country Countr	ION ON FINANCIAL ACCOUNTY Type of account: 2=bank account, or Maximum value of account imandatory for all accounts in Mailing address Financial Institution Financial Institution Accounts Owned Jointly (Part III) Accounts Owner City State ZIP/postal code Country Number of joint owners (mandatory for Part III acco mandatory for Part III acco City State ZIP/postal City State ZIP/post Acdress City State ZIP/post Country Middle initial Taxpayer identification Address City State ZIP/postal code Country State ZIP/postal code Country Accounts City State ZIP/postal code Country State ZIP/postal code Country	umber ountry of issue foreign accounts [O] frot U.S. [O] f	Same	Second S

79

	990	US	Repo	rt of Fore	ign	Bank a	nd Fir	nancia	al Ac	coun	ts	79	
GENERAL I	NFORMAT	ION	_										_
I=print TD F 90	1-22.1 with con	nplete return			32				16.3				
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				r specify	809			The decidation of the Vice	acontrol to the control of	ALC MARKS IN CONTRACTOR	No.		(15)
	Maximum va	lue of accou	nt tion (Line 1)		13					Ž.			
		(mandatory for	all accounts)	804	Deutsche	Bank	(Mauri	itius)	Ltd.	<u>-</u>		(30)
		Name of in		Line 2)	805	4+1- E1	D 1 7 .	F.77 /	~ 11 1				(30)
	Financial	Mailing add			838	4th Fl. 501314	Barkiy	y wnari	East		_		(35)
	Financial Institution	City	mber		803	Port Lou	i c						(20)
		State		-	840	LOTE TOE	115						(2)
		ZIP/postal of	code		841	_		-				· · · · · · · · · · · · · · · · · · ·	(10)
		Country			 	Mauritiu	s					((25)
		Number of joint (mandatory for	owners Part III acco	unts)	7								
			Taxpayer ID number		843						and the second second second second second	((12)
			Last na	ime	844								(30)
	Accounts		First name		845								(20)
No. 4	Owned Jointly	Principal	Middle	•	852								(XX)
	(Part III)	Joint Owner	Addres	S	846								(25) (20)
			City		847								(2)
		:	State	stal code	848 849								(<u>-</u> / (10)
			Country		850								(25)
		Last name or or (mandatory for	ganization r	name	810								(30)
		First name	11 000	unay	811							((20)
		Middle initia	al .	•	812								(8)
	Accounts Where Filer	Taxpayer id	entification	on number	813								(12)
	Has no	Address			814								(25)
	Financial Interest	City			815								(20)
	(Part IV)	State			816								(2)
		ZIP/postal c	ode		817								(10) (25)
		Country			818				•				(xx)
	1	Filer's title		Hash Total	853								^^)

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Client Name George Kaiser Family Client # 202GKFF

2012	990	US	Repo	ort of Fore	ıgn	Bank and Financial Accounts	79
GENERAL	INFORMAT	ION					· · · · · · · · · · · · · · · · · · ·
1=print TD F 9	0-22.1 with cor	mplete return			32		
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1 1	lumber				836		(20)
	ountry of issue				837		(25)
Total number of		unts [O]			31		(10)
Filer's country	if not U.S. [O]		·		819		(20)
Title				1	800		(23)
				Hash Total			
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS			The State of the S
INFORMAT	Type of acc	1=bank ac ount: 2=securitie	count, s account,	or specify	809	1	(15)
	Maximum value of account					4163613	
		Name of institution (Line 1) (mandatory for all accounts)				Deutsche Bank (Mauritius) Ltd.	(30)
		Name of institution (Line 2)					(30)
		Mailing add	ress		838	4th Fl. Barkly Wharf East	(25)
	Financial	Account number				501315	(35)
	Institution	City				Port Louis	(20)
,	State						(2)
		ZIP/postal o	code		841		(10)
		Country Number of joint owners (mandatory for Part III accounts)				Mauritius	(25)
		(mandatory for	1		7		/130
				yer ID number	843		(12)
		.]	Last n		844		(20)
No. 5	Accounts		First n		845		(xx)
110	Owned Jointly	Principal Joint	Middle Addre		852		(25)
-	(Part III)	Owner	City		846	The state of the s	(20)
			State		848		(2)
				stal code	849		(10)
	1		Counti		850		(25)
		Last name or or (mandatory for	rganization	name	810		(30)
		First name			811		(20)
		Middle initia	al .		812		(8)
	Accounts Where Filer	Taxpayer id	entificat	on number	813		(12)
	Has no	Address			814		(25)
	Financial Interest	City			815		(20)
	(Part IV)	State			816		(2)
		ZIP/postal o	ode		817		(10)
		Country			818		(25)
		Filer's title		1	853	Voluntian control to the process of the second of the seco	(xx)
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2012	990	US	Repo	rt of Forei	ign	Bank and Financial Accounts	79
	INFORMA				,	Telephonology designed states the control of the co	
1=print TD F 9	0-22.1 with c	omplete return			32		200
1=amended					6		
1=using expre					30		
		(defaults to 20	12)		14		(20)
Other type of					834		` '
ļ	1=passport	'.l 1'6' 1'			5 835		(20)
Identification	Other type of	identification			836		(20)
	Number Country of iss				837		(25)
Total number					31		
Filer's country					819	par second representation of the second repre	(10)
Title	11 1100 0.01 [0	3			800		(20)
				Hash Total			
INFORMA	TION ON F	INANCIAL A T=bank ac Count: 2=securitie	CCOU	VTS		plane accordante de contracto de	(15)
				or specify	809	1	(13)
	Maximum	value of accou	ition (Line 1)		13	7646747	(30)
		(mandatory for	all accounts	5)	804	BGL BNP Paribas Societe Anonym	(30)
		Name of in		Line 2)	805	FO are I E Vonneder	(25)
		Mailing add			838	50, av. J. F. Kennedy LU660030349576220000	(35)
	Institution	nancial Account number City State				L-2951 Luxembourg	(20)
						B 2551 Buxembourg	(2)
	ZIP/postal code				840		(10)
		Country			842	Luxembourg	(25)
		Number of join (mandatory for	l owners Part III acco	ounts)	7	######################################	
		, , , , , , , , , , , , , , , , , , , ,	Taxpayer ID number		843		(12)
			Last na	ame	844		(30)
	Accounts		First n	ame	845		(20) (xx)
No. 6	Owned	Principal	Middle		852		(25)
	Jointly (Part III)	Joint Owner	Addres	is	846		(20)
			City		847		(2)
			State		848		(10)
				stal code	849 850		(25)
		Last name or o	Countr organization	name	810		(30)
		(mandatory for		ounts)	811		(20)
		Middle initi			812		(8)
	Account	S Taypayor i		on number	813		(12)
	Where Fil Has no	Address			814		(25)
	Financia	C:4.			815		(20)
	Interest (Part IV	State			816		(2)
		ZIP/postal	code		817		(25)
Ì	,	Country			818		(xx)
		Filer's title		1	853		(~~)
				Hash Total			
							79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts **79** 2012 US 990 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 6 1=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 5 1=passport 835 Other type of identification Foreign Identification 836 Number (25) 837 Country of issue 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) 800 Title Hash Total INFORMATION ON FINANCIAL ACCOUNTS

| Topank account, | Type of account: 2=securities account, or specify (15) 809 1 Maximum value of account 13 Name of institution (Line 1) (mandatory for all accounts) BGL BNP Paribas Societe Anonym 804 (30) 805 Name of institution (Line 2) (25) 50, a.v. J. F. Kennedy 838 Mailing address (35) LU780030349576271000 803 Financial Account number (20) Institution L-2951 Luxembourg City 839 (2) State 840 (10) 841 ZIP/postal code (25) Country Number of joint owners (mandatory for Part III accounts) 842 Luxembourg 7 843 Taxpayer ID number (30) 844 Last name (20) 845 First name Accounts (xx) Middle initial 852 No. 7 Owned Principal (25) Jointly (Part III) Joint 846 Address Owner (20) City 847 (2) 848 State (10) 849 ZIP/postal code (25) Country
Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts Taxpayer identification number 813 Where Filer (25) Address 814 Has no (20) Financial City 815 Interest (2) (Part IV) 816 State (10) 817 ZIP/postal code (25) 818 Country (xx) 853 Filer's title Hash Total **79**

Client Name George Kaiser Family

2012	990	US	Repoi	t of Fore	ign	Bank and Financial Accounts	79
GENERAL	INFORMAT	ION			,		
1=print TD F 9	0-22.1 with co	mplete returr	1		32		
1=amended		•			6		
	ss delivery ser				30		
	eing filed for (defaults to 20	012)		14		(20)
Other type of					834		(20)
i	l=passport				5	And the second s	(20)
Identification	Other type of ic	lentification			835	· · · · · · · · · · · · · · · · · · ·	(20)
1	Number Country of issu				836 837		(25)
	of foreign acco				31		
	if not U.S. [O]	unts [O]			819		(10)
Title					800		(20)
	W- W-			Hash Total			
INFORMA	Type of acc	NANCIAL A	ACCOUN	ITS			(15)
				specify	809		(15)
	Maximum v	alue of accou	ution (Line 1)		13	BND Parihas Park Palaka CA	(30)
		(mandatory for	r all accounts)		804		(30)
		Name of in		line 2)	805	Al. Jerozolimskie	(25)
	Financial	Mailing add			803		(35)
	Institution	City	arriber		839		(20)
		State					(2)
	ZIP/postal code				840 841	, and the same of	(10)
					842	Poland	(25)
		Country Number of join (mandatory for	nt owners r Part III accou	unts)	7		4.0
				er ID number	843		(12)
			Last na	me	844		(30)
	Accounts		First na		845		(20)
No. 8	Owned Jointly	Principal			852		(xx) (25)
	(Part III)	Joint Owner	Address	S	846		(20)
			City State		847 848		(2)
				tal code	849		(10)
			Country		850		(25)
		Last name or of (mandatory for	organization n	ame	810		(30)
	•	First name		unto)	811		(20)
		Middle initi			812		(8)
	Accounts Where Filer	T		n number	813		(12)
	Has no	Address			814		(25)
	Financial Interest	City			815		(20)
	(Part IV)	State			816		(2)
		ZIP/postal	code		817		(25)
		Country			818		(xx)
		Filer's title	<u>-</u> -		853		```
				Hash Total			
						·	79

Client Name George Kaiser Family

2012	990	US	Repo	rt of Fore	ign	Bank and Financial Accounts	79
GENERAL	INFORMAT						
1=print TD F 9	0-22.1 with cor	nplete return			32		
1=amended					6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ss delivery serv				30		
	eing filed for (d	defaults to 20	12)		14		(30)
Other type of f					834		(20)
i —	=passport				5		(20)
Identification	ther type of id	entification			835		(20)
· [1]	lumber				836 837		(25)
	Country of issue of foreign acco				31	Section 2015	
Filer's country		units [O]			819		(10)
Title	1100 0.0. [0]				800		(20)
Hash Total							
INFORMAT	ION ON FIN	IANCIAL A	ccou	NTS			
Type of account: 2=securities account, or specify						1	(15)
	Maximum va	alue of accou	nt		13	3148793	
		(mandatory for	all accounts	5)	804 805	BNP Paribas Bank Polska SA	(30)
		Name of institution (Line 2)				I Branch in Warsaw	(30)
		Mailing address				Al. Jerozolimskie	(25)
	Financial Institution	Account nu	mber	*****	803 839		(20)
	moundation	City State				00-803 Warsaw	(2)
			· · · · · · · · · · · · · · · · · · ·	840		(10)	
		ZIP/postal o	oue		842	Poland	(25)
		Number of joint (mandatory for	owners	ounte)	7	Totalia	
		(manuatory to		er ID number	843		(12)
			Last na		844		(30)
	Accounts	and units	First n		845		(20)
No. 9	Accounts Owned	Principal	Middle	initial	852		(xx)
	Jointly (Part III)	Joint Owner	Addres	S	846		(25)
	((((((((((((((((((((Owner	City	······································	847		(20)
			State		848		(2)
· ·			ZIP/po	stal code	849		(10)
		Last name or or	Countr	y name	850		(30)
		(mandatory for	Part IV acco	ounts)	810		(20)
		First name			811	·	(8)
	Accounts	Middle initia		on number	812 813		(12)
	Where Filer Has no	Address	enunicati	on number	814		(25)
	Financial	City			815		(20)
	Interest (Part IV)	State			816		(2)
		ZIP/postal o	ode		817		(10)
		Country			818		(25)
		Filer's title			853	POLICIAL MANUEL PROPERTY OF THE PROPERTY OF TH	(xx)
·				Hash Total			
					l	. Province of Professional Control of State Control Control of Con	
						·	
							79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 79 2012 990 US **GENERAL INFORMATION** 32 1=print TD F 90-22.1 with complete return 6 1=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 5 1=passport 835 Other type of identification Foreign (20) Identification 836 Number (25) 837 Country of issue 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) 800 Title Hash Total INFORMATION ON FINANCIAL ACCOUNTS

Type of account: 2-securities account, or specify 809 2 1334695 13 Maximum value of account 804 Dom Maklerski BZ WBK S.A. (mandatory for all accounts) (30) Name of institution (Line 2) 805 (25) 838 Pl. Wolnosci 15 Mailing address (35) 803 8344-2624 Account number **Financial** (20) Institution 60-967 Poznan 839 City (2) 840 State (10) 841 ZIP/postal code (25) 842 Poland Country Number of joint owners (mandatory for Part III accounts) 7 (12) 843 Taxpayer ID number (30) 844 Last name (20) 845 First name Accounts (xx) Middle initial 852 No. 10 Owned Principal (25) Jointly 846 Joint Address (20) (Part III) Owner 847 City (2) 848 State (10) 849 ZIP/postal code (25) Country

Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts Taxpayer identification number 813 (25) Where Filer 814 Address Has no (20) Financial 815 City (2) Interest 816 State (Part IV) (10) 817 ZIP/postal code (25) 818 Country 853 Filer's title Hash Total 79

Client # 202GKFF Client Name George Kaiser Family Report of Foreign Bank and Financial Accounts 79 2012 990 US **GENERAL INFORMATION** 32 1=print TD F 90-22.1 with complete return 6 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 5 1=passport Other type of identification 835 Foreign (20) Identification 836 Number Country of issue 837 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) Title 800 Hash Total INFORMATION ON FINANCIAL ACCOUNTS (15) Type of account: 2=securities account, or specify 809 22133 13 Maximum value of account Name of institution (Line 1) (mandatory for all accounts) 804 Ulster Bank (30) Name of institution (Line 2) 805 (25) 838 130 Lower Baggot Street Mailing address (35) 803 | 1715067 Account number Financial (20) Institution 839 Dublin 2 City (2) 840 State (10) ZIP/postal code 841 (25) Ireland 842 Country Number of joint owners (mandatory for Part III accounts) 7 Taxpayer ID number 843 (30) 844 Last name (20) First name 845 Accounts (xx) No. 11 Middle initial 852 Owned Principal. (25) Jointly Joint Address 846 (Part III) Owner (20) 847 City (2) 848 State (10) ZIP/postal code 849 (25) Country

Last name or organization name (mandatory for Part IV accounts) 850 (30) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts Taxpayer identification number 813 Where Filer (25) 814 Address Has no (20) Financial 815 City Interest (Part IV) (2) 816 State (10) 817 ZIP/postal code (25) Country 818 Filer's title 853 **Hash Total** 79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 79 2012 990 US **GENERAL INFORMATION** 32 1=print TD F 90-22.1 with complete return 6 1=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 1=passport 5 835 Other type of identification Foreign (20) Identification Number 836 (25) 837 Country of issue 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) 800 Title **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS

Type of account: 2=securities account, or specify 809 1 Maximum value of account 13 Name of institution (Line 1) (mandatory for all accounts) Ulster Bank 804 (30) 805 Name of institution (Line 2) (25) 130 Lower Baggot Street Mailing address 838 (35) 1716032 Account number 803 Financial (20) Institution Dublin 2 839 City (2) 840 State (10) 841 ZIP/postal code (25) Country
Number of joint owners
(mandatory for Part III accounts) Ireland 842 7 843 Taxpayer ID number (30) 844 Last name (20) 845 First name Accounts (xx) No. 13 Owned Middle initial 852 Principal (25) Jointly Joint Address 846 (Part III) Owner (20) 847 City (2) 848 State (10) 849 ZIP/postal code (25) Country
Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810 (20) First name 811 (8) Middle initial 812 Accounts (12) Taxpayer identification number 813 Where Filer (25) 814 Address Has no (20) Financial 815 City Interest (2) 816 (Part IV) State (10) ZIP/postal code 817 (25) 818 Country 853 Filer's title **Hash Total** 79

Client Name George Kaiser Family

2012	990	US	Repo	ort of Fore	ign	Bank and Financial Accounts	79
	INFORMAT						
	0-22.1 with cor	mplete return	1		32		
1=amended				Wat /	6	4	
	ss delivery ser				30		
	eing filed for (d	defaults to 20)12)		14		(20)
Other type of t	l≔passpórt				834		(20)
<u> </u>	Other type of id	entification			835		(20)
Identification	Number	Chillication			836		(20)
l	Country of issue	 }			837		(25)
	of foreign acco				31		
Filer's country	if not U.S. [O]				819		(10)
Title					800		(20)
Hash Total							
INFORMAT	TION ON FIN	IANCIAL A	CCOU	NTS	1		
	Type of acc	T=bank ac ount:2=securitie	count, es account,	or specify	809	1	(15)
		alue of accou	ınt		13	663893	
		Name of institu (mandatory for	ition (Line 1 all account) s)	804	Ulster Bank	(30)
		Name of in	stitution	(Line 2)	805		(30)
		Mailing add				130 Lower Baggot Street	(25)
	Financial Institution	Account nu	mber		803	2620050	(35)
		City			839	Dublin 2	(20)
		State ZIR/postal (codo		840 841		(10)
	•	ZIP/postal of Country	code		842	Ireland	(25)
		Number of joint (mandatory for	owners	ounte)	7	TICIANG	
		(mandatory tor		yer ID number	843		(12)
	1		Last n		844		(30)
	Accounts		First n	ame	845		(20)
No. 14	Owned	Principal	Middle	initial	852		(xx)
	Jointly (Part III)	Joint Owner	Addres	SS	846		(25)
			City		847		(20)
			State	-1-1 1	848		(2)
				stal code	849 850		(25)
		Last name or of (mandatory for	Countr	name	810		(30)
		First name	Tartiv acc	ountsy	811		(20)
	İ	Middle initia	al		812		(8)
	Accounts Where Filer	Taxpayer id	lentificati	on number	813		(12)
	Has no	Address			814		(25)
	Financial Interest	City			815		(20)
	(Part IV)	State			816		(2)
		ZIP/postal o	code		817		(10)
		Country Filer's title			818 853		(xx)
		rners alle		T	803		Vy
				Hash Total		2	
					·	:	79

Client Name George Kaiser Family

2012	990	US	Repo	rt of Fore	ign	Bank and Financial Accounts	79
	INFORMAT						A SOLICE TO A SOLI
1=print TD F 9	0-22.1 with cor	nplete return			32		
1=amended					6		
1=using expres			10		30		
Year form is be		defaults to 20	12)		14		(20)
Other type of f	· · · · · · · · · · · · · · · · · · ·				834		` '
· -	=passport other type of id	lentification.			835		(20)
Laboration and the same	umber	entincation			836		(20)
l —	ountry of issue	<u></u>			837		(25)
Total number of				,	31		
Filer's country					819		(10)
Title					800		(20)
				Hash Total			
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS	1		45)
	1			or specify	809	***************************************	(15)
	Maximum v	Name of institution (mandatory for	nt tion (Line 1)		13	480724	(30)
					804	Ulster Bank	(30)
	İ	Name of in		(Line 2)	805	130 Lower Baggot Street	(25)
•	Financial	Mailing add				2621025	(35)
	Institution	City	ilibei	-		Dublin 2	(20)
		State		840		(2)	
		ZIP/postal o	code		841		(10)
		Country			842	Ireland	(25)
		Number of joint (mandatory for	owners Part III acc	ounts)	7		
			Taxpay	er ID number	843		(12)
			Last na		844		(30)
N. (===	Accounts		First n		845		(20) (xx)
No. 15	Jointly	Principal Joint	Middle		852		(25)
	(Part III)	Owner	Addres	SS	846 847		(20)
			City		848		(2)
			_	stal code	849		(10)
			Countr	·	850		. (25)
		Last name or o (mandatory for	roanization	name	810		(30)
		First name			811		(20)
	. .	Middle initia	al		812		(8)
	Accounts Where Filer	Taxpayer ic	lentificati	on number	813		(12)
	Has no Financial	Address			814		(25)
,	Interest (Part IV)	City			815		(2)
	(Part IV)	State ZIP/postal of			816 817		(10)
		Country	code		818		(25)
		Filer's title			853		(xx)
		Ti liei e title	•	Hash Total	1000		
				nash rotai	<u> </u>		
			 				70
1							79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 79 2012 990 US **GENERAL INFORMATION** 32 1=print TD F 90-22.1 with complete return 6 1=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 5 1=passport 835 Other type of identification Foreign (20) Identification 836 Number (25) Country of issue 837 Total number of foreign accounts [O] 31 819 Filer's country if not U.S. [O] 800 Title **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS 809 | 1 Type of account: 2=securities account, or specify 751540 Maximum value of account
| Name of institution (Line 1)
| (mandatory for all accounts) 13 The Hong Kong & Shanghai Banki 804 (30) 805 Name of institution (Line 2) (25) 838 21 Collyer Quay #01-01 Mailing address (35) 803 HSBC 147-652051-001 Financial Account number (20) Institution 839 | Singapore City (2) 840 State (10) 841 049230 ZIP/postal code (25) 842 Singapore Country
Number of joint owners
(mandatory for Part III accounts) 7 Taxpayer ID number 843 (30) 844 Last name (20) 845 First name Accounts (xx) 852 No. 16 Middle initial Owned Principal (25) Jointly (Part III) Joint 846 Address Owner (20) 847 City (2) 848 State (10) 849 ZIP/postal code (25) 850 Country (30) Last name or organization name (mandatory for Part IV accounts) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts 813 Taxpayer identification number Where Filer (25) 814 Address Has no (20) Financial 815 City Interest (Part IV) (2) State 816 (10) 817 ZIP/postal code (25) 818 Country Filer's title 853 Hash Total 79

2012	990	US	Repo	rt of Fore	ign	Bank and Financia	I Accounts	79
	INFORMAT							
	90-22.1 with co	mplete returi	n		32			
1=amended					30			
	ess delivery ser being filed for (012)		14			
Other type of		delaults to 2	012)		834	3.00323.00		(20)
	1=passport				5			
•	Other type of i	dentification			835	Total Community of the		(20)
Identification	Number				836			(20)
	Country of issu	ie			837	Page Supplement		(25)
	of foreign acco				31			(10)
	if not U.S. [O]			819			(20)
Title				Hash Total	800			(3)
INFORMA	TION ON FI	NANCIAL	ACCOU	NTS				
	TION ON FI	1=bank a count: 2=securit	iccount, ies account, d	or specify	809	Credit Card		(15)
		alue of acco	unt		13			
	1	Name of instill (mandatory fo	tution (Line I) or all accounts) 5)	+	Ulster Bank		(30)
		Name of it		(Line 2)	805		·	(30)
j		Mailing ad				130 Lower Baggot Str	eet	(35)
l	Financial Institution	Account n	umber		839	5473688000103068 Dublin 2	<u> </u>	(20)
		City State				Dubiii 2		(2)
1	ZIP/postal code Country Number of joint owners (mandatory for Part III accord				840 841			(10)
					842	Ireland	······································	(25)
		Number of join	nt owners	ounts)	7			94
		(managery re		er ID number	843	Common statement and a stateme	Commence of the Commence of th	(12)
		unts	Last n	ame	844			(30)
	- Accounts		First n	ame	845			(20)
No. 17	Owned Jointly	Principal			852			(xx)
	(Part III)	Joint Owner	Addres	SS	846			(20)
			City		847			(2)
			State	stal anda	848 849			(10)
			Countr	stal code	850			(25)
		Last name or	organization	name	810		,	(30)
		First name		ounts)	811			(20)
		Middle init			812			(8)
	Accounts Where File	Taxpayer i	identificati	on number	813			(12)
	Has no	Address			814			(25)
	Financial Interest	City		_	815			(20)
İ	Interest (Part IV)	State			816			(2) (10)
	j	ZIP/postal	code		817			(25)
		Country			818			(xx)
		Filer's title			853			
				Hash Total				
								79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 2012 990 US 79 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 6 l=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 1=passport 5 Other type of identification 835 Foreign (20) Identification 836 Number (25) Country of issue 837 31 Total number of foreign accounts [O] Filer's country if not U.S. [O] 819 (20) 800 Title **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS

1=bank account,
Type of account: 2=securities account, or specify 809 2 1654493 Maximum value of account 13 Name of institution (Line 1) (mandatory for all accounts) (30) Dom Maklerski IDM S.A. 804 (30) 805 Name of institution (Line 2) (25) 838 Maly Rynek 7 Mailing address (35) Account number 803 3-003-809 Financial (20) Institution 34-041 Krakow City 839 (2) State 840 (10) ZIP/postal code 841 (25) Country Number of joint owners (mandatory for Part III accounts) 842 Poland 7 (12 Taxpayer ID number 843 (30) Last name 844 (20) First name 845 Accounts (xx) No. 18 852 Owned Principal Middle initial Jointly (25) Joint Owner Address 846 (Part III) (20) City 847 (2) State 848 (10) ZIP/postal code 849 (25) Country
Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts Taxpayer identification number 813 Where Filer (25) Has no Address 814 (20) Financial City 815 Interest (2) State 816 (Part IV) (10) ZIP/postal code 817 (25) 818 Country (xx) Filer's title 853 **Hash Total**

79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 79 2012 990 US **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 6 1=amended 30 1=using express delivery service 14 Year form is being filed for (defaults to 2012) 834 Other type of filer 1=passport 5 Other type of identification 835 Foreign Identification Number 836 837 Country of issue 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) 800 Title **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS

| Type of account: 2=securities account, or specify 809 1 13 7737476 Maximum value of account Name of institution (Line 1) (mandatory for all accounts) |Societe Generale Bank & Trust 804 (30) 805 Name of institution (Line 2) (25) 838 11 Avenue Emile Reuter Mailing address (35) 803 LU 50 061 208245 2600 Account number **Financial** (20) Institution L-2420 Luxembourg City 839 (2) State 840 (10) ZIP/postal code 841 (25) Country
Number of joint owners
(mandatory for Part III accounts) 842 Luxembourg 7 Taxpayer ID number 843 (30) Last name 844 (20) 845 First name Accounts (xx) 852 No. 19 Middle initial Owned Principal (25) Jointly Joint 846 Address (Part III) Owner (20) 847 City (2) State 848 (10) ZIP/postal code 849 (25) 850 Country Last name or organization name (mandatory for Part IV accounts) (30) 810 (20) 811 First name (8) 812 Middle initial (12) Accounts 813 Taxpayer identification number Where Filer (25) 814 Has no Address (20) Financial 815 City Interest (2) (Part IV) State 816 (10) ZIP/postal code 817 (25) 818 Country (xx) 853 Filer's title Hash Total

79

2012	990	US	Repo	rt of Forei	ign	Bank and Financial Accounts	79
GENERAL	INFORMA	TION					
1=print TD F	90-22.1 with c	omplete return	1		32		
1=amended				<u> </u>	6		14.6
	ess delivery se				30		
		(defaults to 20	012)		14		(20)
Other type of					834		()
	1=passport	- 1 - 1 - 1 - 1 - 1			5 835		(20)
Idontification	Other type of	identification			836		(20)
ļ	Number Country of iss				837		(25)
	of foreign acc			····	31		
	y if not U.S. [0				819	Approximate interest and the property of the p	(10)
Title	y 11 1100 0101 [1				800		(20)
	• • • • • • • • • • • • • • • • • • • •			Hash Total			
INFORMA	TION ON F	INANCIAL A 1=bank account: 2=securiti	ACCOU	NTS	1		(15)
	1			or specify	809	La dimensional material for the state of the	(13)
	Maximum	value of accou	ution (Line 1)		13	86194 Society Congress Bank & Trust	(30)
		(mandatory fo	r all accounts	5)	804		(30)
		Name of ir		(Line 2)	805 838		(25)
	Einancia	Mailing add			803		(35)
	Financia Institutio		JIIIDEI		839		(20)
		State			840		(2)
		ZIP/postal	code		841		(10)
		Country			842	Luxembourg	(25)
		Number of joir (mandatory fo	Number of joint owners (mandatory for Part III accounts)				
				er ID number	843		(12)
			Last na	ame	844		(30)
	_ Account	s	First n	ame	845		(20)
No. 20	_ │ │ Owned Jointly	j i inicipai	,		852		(xx)
	(Part III)	Joint Owner	Addres	SS	846		(20)
			City		847		(2)
		į	State	stal ands	848 849		(10)
			Countr	stal code	850		(25)
		Last name or (mandatory fo	organization	name	810		(30)
		First name		Derries)	811		(20)
		Middle init			812		(8)
	Account Where Fil	s - ·		on number	813		(12)
	l Has no	Address			814		(25)
	Financia Interest	City			815		(20)
	(Part IV) State			816		(2)
		ZIP/postal	code		817)	(10)
		Country			818		(xx)
		Filer's title		1	853		
				Hash Total			
							79

Client Name George Kaiser Family

2012	990	US	Repo	rt of Fore	ign	Bank and Financial Accounts	. 79
	INFORMAT				Ferritor (substitution of the substitution of		
1=print TD F 90-22.1 with complete return					32		
1=amended					6		
1=using express delivery service					30		
Year form is being filed for (defaults to 2012)					14 834		(20)
	Other type of filer						(20)
Foreign (Identification	=passport				5		(20)
	Other type of identification Number				835		(20)
	Country of issue				836 837		(25)
Total number of foreign accounts [O]					31	The Sagar	
Filer's country if not U.S. [O]					819		(10)
Title					800		(20)
Hash Total							
INFORMA	TION ON FIN	IANCIAL A	CCOU	NTS			
	TION ON FIN Type of acc	1=bank ac ount:2=securitie	count,	or specify	809	1	(15)
		alue of account			13	13702	
	Financial Institution	Name of institution (Line 1) (mandatory for all accounts)			804	Ulster Bank	(30)
		Name of institution (Line 2)			805		(30)
		Mailing address			838	130 Lower Baggot Street	(25)
		Account number			803	11239397	(35)
		City			839	Dublin 2	(20)
		State			840		(2)
		ZIP/postal code			841 842		(25)
		Country Number of joint	Country Number of joint owners			Ireland	(23)
		Number of joint owners (mandatory for Part III accounts)			7	· · · · · · · · · · · · · · · · · · ·	(12)
No. 21				yer ID number	843 844		(30)
	Accounts Owned Jointly (Part III)	Principal Joint Owner		Last name First name			(20)
			Middle initial		845 852		(xx)
			Address		846		(25)
			City		847		(20)
			State		848		(2)
			ZIP/po	ZIP/postal code			(10)
			Country		850		(25)
		Last name or organization name (mandatory for Part IV accounts)			810		(30)
	Accounts Where Filer Has no Financial Interest (Part IV)	First name			811		(20)
		Middle initial			812		(8)
		Taxpayer identification number			813		(12)
		Address			814		(25) (20)
		City			815	1	(20)
		State			816		(2)
		ZIP/postal code			817		(25)
		Country Filer's title			818 853		(xx)
		It liet 2 title			003		. "
				Hash Total			
					'	160 (November 100 or November 1	
						•	
	٠						j
							79

Client Name George Kaiser Family Client # 202GKFF 2012 Report of Foreign Bank and Financial Accounts 990 US 79 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 1=amended 6 1=using express delivery service 30 Year form is being filed for (defaults to 2012) 14 Other type of filer 834 5 1=passport Other type of identification 835 Foreign Identification Number 836 (25) Country of issue 837 Total number of foreign accounts [O] 31 Filer's country if not U.S. [O] 819 (20) Title 800 **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS

1=bank account,
Type of account: 2=securities account, or specify (15) 809 1 13702 Maximum value of account 13 Name of institution (Line 1) (mandatory for all accounts) 804 Ulster Bank (30) 805 Name of institution (Line 2) (25) 130 Lower Baggot Street Mailing address 838 (35) 11239553 Account number 803 Financial Institution (20) Citv 839 Dublin 2 (2) State 840 (10) 841 ZIP/postal code (25) Country
Number of joint owners
(mandatory for Part III accounts) Ireland 842 Signature that the second second 7 Taxpayer ID number 843 (30) Last name 844 (20) First name 845 Accounts (xx) No. 22 Owned Middle initial 852 Principal (25) Jointly Joint Address 846 (Part III) Öwner (20) City 847 (2) State 848 (10) ZIP/postal code 849 (25) Country 850 Last name or organization name (mandatory for Part IV accounts) (30) 810 (20) 811 First name (8) Middle initial 812 Accounts Taxpayer identification number (12)813 Where Filer (25) Has no Address 814 Financial (20) 815 City Interest (2) (Part IV) State 816 (10) ZIP/postal code 817 (25) Country 818 Filer's title 853 Hash Total

79

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 2012 990 US 79 **GENERAL INFORMATION** I=print TD F 90-22.1 with complete return 32 6 l=amended 1=using express delivery service 30 Year form is being filed for (defaults to 2012) 14 Other type of filer 834 5 1=passport Other type of identification 835 Foreign Identification Number 836 (25) Country of issue 837 31 Total number of foreign accounts [O] Filer's country if not U.S. [O] 819 (20) Title 800 **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS

Type of account: 2=securities account, or specify (15) 809 1 Maximum value of account 573608 13 Name of institution (Line 1) (mandatory for all accounts) 804 Ulster Bank (30) 805 Name of institution (Line 2) (25) 130 Lower Baggot Street Mailing address 838 (35) Financial Account number 803 11263777 Institution (20) Dublin 2 City 839 (2) State 840 (10) ZIP/postal code 841 (25) Country Number of joint owners (mandatory for Part III accounts) Ireland 842 7 (6) Taxpayer ID number 843 (30) Last name 844 (20) First name 845 Accounts 23 No. Owned Middle initial 852 (xx) Principal Jointly Joint Owner (25) Address 846 (Part III) (20) City 847 (2) State 848 (10) ZIP/postal code 849 (25) Country 850 Last name or organization name (mandatory for Part IV accounts) (30) 810 (20) First name 811 (8) Middle initial 812 Accounts (12) Taxpayer identification number 813 Where Filer (25) Has no Address 814 Financial (20) City 815 Interest (Part IV) (2) State 816 ZIP/postal code (10) 817 (25) Country 818 (xx Filer's title 853 **Hash Total**

Client # 202GKFF Client Name George Kaiser Family 2012 Report of Foreign Bank and Financial Accounts 990 US 79 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 1=amended 6 1=using express delivery service 30 Year form is being filed for (defaults to 2012) 14 Other type of filer 834 1=passport 5 Other type of identification 835 Foreign Identification (20) 836 Country of issue 837 Total number of foreign accounts [O] 31 Filer's country if not U.S. [O] 819 (20) Title 800 **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS Type of account: 2=securities account, or specify 809 Maximum value of account

| Name of institution (Line 1) (mandatory for all accounts) 13 804 Ulster Bank (30) Name of institution (Line 2) 805 (25) Mailing address 130 Lower Baggot Street 838 (35) 10258561 Account number 803 **Financial** Institution (20) City 839 Dublin 2 (2) State 840 (10) ZIP/postal code 841 (25) Country
Number of joint owners
(mandalory for Part III accounts) Ireland 842 7 Taxpayer ID number 843 (12) (30) Last name 844 (20) First name 845 Accounts No. 24 (xx) Owned Middle initial 852 Principal Jointly Joint Owner (25) Address 846 (Part III) (20) City 847 (2) State 848 (10) ZIP/postal code 849 (25) Country
Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810

811

812

813

814

815 (2) 816 (10) 817 (25) 818 (xx 853 Hash Total

79

(20)

(8)

(12)

(25)

(20)

First name

Address

City

State

Country

Filer's title

Accounts

Where Filer

Has no

Financial

Interest

(Part IV)

Middle initial

ZIP/postal code

Taxpayer identification number

Client Name George Kaiser Family Client # 202GKFF Report of Foreign Bank and Financial Accounts 2012 US 990 79 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 1=amended 6 30 1=using express delivery service Year form is being filed for (defaults to 2012) 14 Other type of filer 834 1=passport 5 Foreign Identification Other type of identification 835 (20) Number 836 (25) Country of issue 837 31 Total number of foreign accounts [O] Filer's country if not U.S. [O] 819 (20) Title 800 **Hash Total** INFORMATION ON FINANCIAL ACCOUNTS (15) Type of account: 2=securities account, or specify 809 1 Maximum value of account

Name of institution (Line 1)
(mandatory for all accounts) 9417 13 804 Ulster Bank (30) Name of institution (Line 2) 805 (25) Mailing address 838 130 Lower Baggot Street (35) Financial Account number 803 61530202 Institution (20) 839 Dublin 2 City (2) State 840 (10) ZIP/postal code 841 Country Number of joint owners (25) 842 Ireland 7 (mandatory for Part III accounts) Taxpayer ID number 843 (30) Last name 844 (20) First name 845 Accounts No. 26 (xx) Owned Middle initial 852 Principal Jointly (25) Joint Address 846 (Part III) Owner (20) City 847 (2) State 848 (10) ZIP/postal code 849 (25) Country
Last name or organization name
(mandatory for Part IV accounts) 850 (30) 810 (20) First name 811 (8) Middle initial 812 Accounts (12) Taxpayer identification number 813 Where Filer (25) Address Has no 814 Financial (20) 815 City Interest (Part IV) (2) State 816 (10) ZIP/postal code 817 Country 818 (xx) Filer's title 853 **Hash Total**

Client Name George Kaiser Family Client # 202GKFF 2012 Report of Foreign Bank and Financial Accounts 990 US 79 GENERAL INFORMATION 1=print TD F 90-22.1 with complete return 32 6 1=amended 1=using express delivery service 30 Year form is being filed for (defaults to 2012) 14 Other type of filer 834 1=passport 5 Other type of identification 835 Foreign Identification (20) Number 836 (25) Country of issue 837 31 Total number of foreign accounts [O] Filer's country if not U.S. [O] 819 (20) Title 800 Hash Total INFORMATION ON FINANCIAL ACCOUNTS Type of account: 2=securities account, or specify (15) 809 1 Maximum value of account

Name of institution (Line 1)
(mandatory for all accounts) 9386 13 804 Ulster Bank (30) Name of institution (Line 2) 805 (25) Mailing address 838 130 Lower Baggot Street (35) Financial Account number 803 61531002 Institution (20) Dublin 2 City 839 (2) State 840 (10) ZIP/postal code 841 Country Number of joint owners (25) Ireland 842 Harris and the second s 7 (mandatory for Part III accounts) Taxpayer ID number 843 (30) Last name 844 (20) First name 845 Accounts No. 27 (xx) Owned Middle initial 852 Principal Jointly (25) Joint Address 846 (Part III) Öwner (20) 847 City (2) 848 State ZIP/postal code 849 (25) Country
Last name or organization name (mandatory for Part IV accounts) 850 (30) 810 (20) First name 811 (8) Middle initial 812 Accounts (12) Taxpayer identification number 813 Where Filer (25) Has no Address 814 Financial (20) City 815 Interest (2) (Part IV) State 816 (10) ZIP/postal code 817 (25 Country 818 Filer's title (xx 853 Hash Total

79

Client Name George Kaiser Family Client # 202GKFF 2012 990 US Report of Foreign Bank and Financial Accounts 79 **GENERAL INFORMATION** 1=print TD F 90-22.1 with complete return 32 1=amended 6 1=using express delivery service 30 Year form is being filed for (defaults to 2012) 14 Other type of filer 834 1=passport 5 Foreign Identification Other type of identification 835 Number (20) 836 Country of issue 837 (25) Total number of foreign accounts [O] 31 Filer's country if not U.S. [0] 819 Title (20) 800 Hash Total INFORMATION ON FINANCIAL ACCOUNTS

Type of account: 2=securities account, or specify 809 1 Maximum value of account

Name of institution (Line 1)
(mandatory for all accounts) 13 34585473 804 | Ulster Bank (30) Name of institution (Line 2) 805 (25) Mailing address 838 130 Lower Baggot Street Financial Account number 803 61532802 (35) Institution City (20) Dublin 2 839 (2) State 840 ZIP/postal code (10) 841 Country Number of joint owners (mandatory for Part III accounts) (25) 842 Ireland 7 Taxpayer ID number 843 (12) (30) Last name 844 First name 845 (20) Accounts 28 (xx) Owned Middle initial 852 Principal Jointly (Part III) Joint (25) Address 846 Owner (20) City 847 848 (2) State (10) ZIP/postal code 849 (25) Country 850 Last name or organization name (mandatory for Part IV accounts) (30) 810 (20) First name 811 Middle initial (8) 812 Accounts (12) Taxpayer identification number 813 Where Filer (25) Address Has no 814 Financial (20) City 815 Interest (Part IV) State 816 (2) (10) ZIP/postal code 817 (25) Country 818 Filer's title 853 (xx) Hash Total

79

2012	990	US	Repo	ort of Fore	ign	Bank and Financia	I Accounts	79
GENERAL		ION						
1=print TD F 90	0-22.1 with co	mplete return)		32			
1=amended				· · · · · · · · · · · · · · · · · · ·	6			
1=using expres					30			
Year form is be		defaults to 20)12)		14			(20)
Other type of fi					834	8: 3F 3F 3F 4E		(20)
ļ—-	=passport ther type of id	entification			835	J		(20)
Identification	umber	enuncation			836			(20)
l —	ountry of issue	<u> </u>	,		837			(25)
Total number o					31			
Filer's country i					819	[155753710071000000		(10)
Title					800			(20)
				Hash Total		150		
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS	T			415)
				or specify	809			(15)
	Maximum v	alue of accou	ition (Line 1)	13	III ahaa Day'		(30)
		(mandatory for	all account	s)	804	Ulster Bank		(30)
		Name of in Mailing add		(Line 2)	805 838	120 Lover Barret Chr		(25)
	Financial	Account nu			803	130 Lower Baggot Str 92461302	eet	(35)
	Institution	City	indei		839	Dublin 2		(20)
		State		······································	840	<i>D</i> 432411 2		(2)
		ZIP/postal o	code		841			(10)
			~		842	Ireland	······································	(25)
		Country Number of joint (mandatory for	owners Part III acc	ounts)	7			
			Taxpa	yer ID number	843			(12)
			Last n	ame	844			(30)
N- Coo	Accounts	5	First n		845			(20)
No. 29	Owned Jointly	Principal Joint	Middle		852		· · · · · · · · · · · · · · · · · · ·	(xx)
	(Part III)	Owner	Addres	SS	846			(25)
			City		847			(2)
				stal code	848 849			(10)
			Countr		850			(25)
		Last name or or (mandatory for	rganization	name Ougts)	810			(30)
		First name	T GIT TV BCC	ountsy	811		V.,	(20)
		Middle initia	al	*	812			(8)
	Accounts Where Filer	Taxpayer id	lentificati	on number	813			. (12)
	I Has no	Address			814			(25)
	Financial Interest	City			815			(20)
	(Part IV)	State			816			(2)
		ZIP/postal c	ode	·	817			(10)
		Country Filer's title			818		·	(25)
		riiers title			853			(^^)
				Hash Total	<u> </u>			
								79

2012	990	US	Repo	ort of Fore	ign	Bank and Fi	nancial Accounts	79
GENERAL	INFORMAT	ION						
1=print TD F 90	0-22.1 with co	mplete return			32			
1=amended					6			
1=using expres					30			
Year form is be		defaults to 20	12)		14			(20)
Other type of fi					834			(20)
i	=passport	11611			5			(20)
	ther type of id umber	ientification			835 836			(20)
	ountry of issue				837			(25)
Total number of					31			<u>``</u>
Filer's country					819			(10)
Title			• • • • • • • • • • • • • • • • • • • •	····	800			(20)
		. ,		Hash Total		<u> </u>		
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS				
	Type of acc	ount: 2=securitie	s account,	or specify	809	1	Der o character and vigation or prince is comprehensively per your or every including a company of	(15)
	Maximum v	alue of accou	nt tion (Line 1	,	13		A Section of the Committee of the Commit	100
		Name of institu (mandatory for			804	Ulster Bank		(30)
	1	Name of ins		(Line 2)	805	100 7		(30)
	Financial	Mailing add			838	130 Lower Bag	got Street	(35)
	Financial Institution	Account nu	mber	-	803 839	92462102 Dublin 2		(20)
		City State			840	DUDITH Z		(2)
		ZIP/postal o	onde		841			(10)
		Country	.ouc		842	Ireland	· ·	(25)
		Number of joint (mandatory for	owners Part III acc	ounts)	7	liciana		
		(Mariana) va	1	yer ID number	843	-	Frame demonstrates and classic fixed as the control of the first control of the c	(12)
	1		Last n		844			(30)
	Accounts		First n	ame	845			(20)
No. 30	Owned	Principal	Middle	initial	852			(xx)
	Jointly (Part III)	Joint Owner	Addre	ss	846			(25)
		Owner	City		847			(20)
			State		848			(2)
	ļ		-	stal code	849			(10)
		Last name or or (mandatory for	Counti ganization	'y name	850			(30)
			Part IV acc	ounts)	810			(20)
		First name Middle initia			812			(8)
	Accounts	Taxpayer id		ion number	813			(12)
	Where Filer Has no	Address	critineat	ion mamber	814			(25)
	Financial Interest	City			815			(20)
	(Part IV)	State			816			(2)
		ZIP/postal c	ode		817			(10)
		Country			818			(25)
		Filer's title			853			(xx)
				Hash Total				
								70
							,	79

2012	990	US	Repo	rt of Fore	ign	Bank and Financial Accounts	79
GENERAL	INFORMAT	ION					
1=print TD F 90					32		
1=amended					6		
1=using expres	s delivery serv	vice			30		
Year form is be		defaults to 20	12)		14		
Other type of fi					834		(20)
_	=passport	.15			5		(20)
Idontification	ther type of id	entification			835		(20)
IN	umber ountry of issue				836 837		(25)
Total number o					31		
Filer's country i					819		(10)
Title					800	400	(20)
				Hash Total			
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS	· · · · ·	The Secretary and Assessment Control of the Control	
		T≃bank acc ount∶2=securitie		or specify	809		(15)
	Maximum va	Name of institution (mandatory for	nt tion (Line T		13	26133	(30)
					804		(30)
		Name of ins		(Line 2)	805 838		(25)
	Financial	Mailing add			803		(35)
	Institution	City	·		839		(20)
		State			840		(2)
		ZIP/postal o	code		841		(10)
					842	Ireland	(25)
		Country Number of joint (mandatory for	owners Part III acce	ounts)	7		
				er ID number	843		(12)
			Last na		844		(30)
No Coo	Accounts		First n		845		(20) (xx)
No. 32	Owned Jointly	Principal Joint	Middle		852		(25)
	(Part III)	Owner	Addres City	SS	846 847		(20)
			State		848		(2)
				stal code	849		(10)
·	,		Countr	v	850		(25)
		Last name or or (mandatory for	rganization Part IV acci	name ounts)	810		(30)
		First name			811		(20)
	Accounts	Middle initia			812		(8)
	Accounts Where Filer	Taxpayer id	lentificati	on number	813		(12)
	Has no Financial	Address			814	**************************************	(25)
	Interest	City			815		(20)
	(Part IV)	State ZIP/postal o			816 817		(10)
		Country	oue		818		(25)
		Filer's title	······································		853		(xx)
		1. 110. 0 11.0		Hash Total			
				-			
	<u>, </u>						79

Client Name George Kaiser Family Client # 202GKFF

2012	990	US	Repo	ort of Fore	ign	Bank and Financial Accounts	79
GENERAL	INFORMAT	ION					
1=print TD F 9	0-22.1 with co	mplete return			32		
1=amended					6		
1=using expres					30		
Year form is be		defaults to 20	112)		14		(20)
Other type of f	=passport				834		(20)
L —	-passport other type of id	entification			835		(20)
Identification	umber	Chancation			836		(20)
-	ountry of issue	9			837		(25)
Total number of	of foreign acco	unts [O]			31		
Filer's country	if not U.S. [O]				819		(10)
Title					800		(20)
				Hash Total			
INFORMAT	ION ON FIN	IANCIAL A	CCOU	NTS	<u> </u>		
				or specify		1	(15)
	Maximum v	alue of accou	nt tion (Line 1)	13	3409252	(20)
		Name of institu (mandatory for			804	Ulster Bank	(30)
	İ	Name of ins		(Line 2)	805	130 Lower Baggot Street	(25)
	Financial	Account nu			803	92466202	(35)
	Institution	City	IIIDC1		839	Dublin 2	(20)
		State			840		(2)
		code		841		(10)	
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No. 33	Accounts Owned	D	First n Middle		845 852		(xx)
	Jointly.	Principal Joint	Addres		846		(25)
	(Part III)	Owner	City		847		. (20)
			State		848		(2)
			ZIP/po	stal code	849		(10)
		Last name or or	Countr		850		(25)
		(mandatory for I	Part IV acc	ounts)	810		(30)
		First name		· · · · · · · · · · · · · · · · · · ·	811		(20)
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	Financial Interest	City			815		(20)
	(Part IV)	State		-	816		(2)
		ZIP/postal c	ode		817		(10)
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		Name of institu (mandatory for	tion (Line 1 all account) S)	804	Ulster Bank		(30)
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		Mailing add	ress		838	130 Lower Bago	got Street	(25)
	Financial	Account nu	mber		803	92467002		(35)
	Institution	City			839	Dublin 2		(20)
		State			840			(2)
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		Country Number of joint	Country Number of joint owners (mandatory for Part III accounts)			Ireland		(23)
		(mandatory for			7			(12)
				yer ID number	843			(30)
			Last n		845			(20)
No. 34	Accounts Owned	Principal	Middle		852			(xx)
	Jointly	Joint	Addre		846			(25)
	(Part III)	Owner	City		847			(20)
			State		848			(2)
			ZIP/pc	stal code	849			(10)
			Counti	ту	850			(25)
		Last name or or (mandatory for	rganizátion Part IV acc	name ounts)	810			(30)
		First name			811			(20)
	Accounts	Middle initia			812			(8)
	Where Filer	Taxpayer id	entificat	ion number	813			(12)
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		Name of institution (mandatory for	tion (Line 1 all account) s)	804	Ulster Bank		(30)
		Name of ins			805			(30)
		Mailing add	ress		838	130 Lower Bage	got Street	(25)
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	Institution	City		`	839	Dublin 2		(20)
		State			840			(2)
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		Number of joint (mandatory for	owners Part III acc	ounts)	7			
			Taxpay	yer ID number	843			(12)
			Last n	ame	844			(30)
	Accounts		First n	ame	845			(20)
No. 35	Owned	Principal	Middle	initial	852			(xx)
	Jointly (Part III)	Joint Owner	Addres	SS	846			(25)
	(, 2,,,	Owner	City		847			(20)
			State		848			(2)
			ZIP/po	stal code	849			(10)
		Last name or or	Countr		850			(25)
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	Accounts	Middle initia			812			(8)
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2012	990	US	Repo	rt of Fore	ign	Bank and Financial Acco	unts	79
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		l .			804	Ulster Bank		(30)
		Name of ins		(Line 2)		130 Lower Baggot Street		(25)
	Financial	Account nu		· · · · · · · · · · · · · · · · · · ·		5473688000453117		(35)
	Institution	City	IIIDCI			Dublin 2		(20)
		State			840			(2)
		ZIP/postal o	code		841			(10)
		Country			842	Ireland		(25)
		Number of joint (mandatory for	owners Part III acc	ounts)	7			
				yer ID number	843			. (12)
			Last n	ame	844			(30)
	Accounts		First n		845			(20)
No. 36	Owned Jointly	Principal	Middle		852		117070	(xx) (25)
	(Part III)	Joint Owner	Addres	SS	846			(20)
-			City		847			(2)
:			State	stal code	848			(10)
			Countr		850			(25)
		Last name or or (mandatory for	rganization	name ounts)	810			(30)
		First name	T BITTY BCC	ountay	811			(20)
		Middle initia	al		812			(8)
	Accounts Where Filer	Taxpayer id	lentificati	on number	813			(12)
	Has no	Address			814			(25)
	Financial Interest	City		····	815			(20)
	Interest (Part IV)	State			816			(2)
		ZIP/postal o	ode		817			(10)
		Country			818			(25) (xx)
		Filer's title		1	853			(^^/
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Client # 202GKFF Client Name George Kaiser Family Report of Foreign Bank and Financial Accounts US 79 2012 990 **GENERAL INFORMATION** 32 1=print TD F 90-22.1 with complete return 6 1=amended 30 1=using express delivery service Year form is being filed for (defaults to 2012) 14 Other type of filer 834 5 1=passport Other type of identification 835 Foreign (20) Identification 836 Number (25) 837 Country of issue 31 Total number of foreign accounts [O] 819 Filer's country if not U.S. [O] (20) 800 Title Hash Total INFORMATION ON FINANCIAL ACCOUNTS

Type of account: 2=securities account, or specify (15) 809 163423 13 Maximum value of account 804 E. Sun Bank (Dadun Branch) (mandatory for all accounts) (30) Name of institution (Line 2) 805 (25) #768, Danun Rd, Nantun Dist Mailing address 838 (35) 0288441009330 Financial Account number 803 (20) Institution 839 | Taichung City (2) 840 State (10) ZIP/postal code 841 40848 (25) Country
Number of joint owners
(mandatory for Part III accounts) 842 Taiwan 7 843 Taxpayer ID number (30) 844 Last name (20) First name 845 Accounts (xx) No. 37 Middle initial 852 Owned Principal Jointly (Part III) (25) Joint Owner 846 Address (20) 847 City (2) 848 State (10) ZIP/postal code 849 (25) Country
Last name or organization name (mandatory for Part IV accounts) 850 (30) 810 (20) 811 First name (8) Middle initial 812 (12) Accounts Taxpayer identification number 813 Where Filer (25) Address 814 Has no (20) Financial 815 City Interest (2) 816 State (Part IV) (10) 817 ZIP/postal code (25) 818 Country (xx) 853 Filer's title Hash Total

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2012	990		US	Repo	rt of Forei	gn	Bank a	nd I	Finan	cial	Acc	oun	ts		79
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	Maximun	n va	lue of accou Name of institu (mandatory for	ırıt ition (Line 1)		13	E Com	2702	(Dadı	D.	onah \				(30)
						804	E. Sun	Bank	(Dadi	ווו פו	ancn)				(30)
			Name of in Mailing add		Lifie 2)	838	#768,Da	חווח	Rd Nar	ntun	Dist				(25)
	Financi	al	Account nu			803	0288940								(35)
	Institution		City			839	Taichur								(20)
			State			840									(2)
			ZIP/postal	code		841	40848								(10)
			Country Number of join (mandatory for	towners		842	Taiwan		18886	śrokiej waka	code significación	to Alexanda	(1.5) (1.60) (1.5)	2008/04/07/07/07	(25)
			(mandatory for			7									(12)
					er ID number	843									(30)
				Last na First na		844 845									(20)
No. 38	Accoun Owner		D. C. C. C.	Middle		852									(xx)
110. 30	Jointly	/	Principal Joint	Addres		846									(25)
	(Part II	1)	Owner	City		847									(20)
				State		848									(2)
				ZIP/po	stal code	849									(10)
			Last name or o	Countr	y name	850									(30)
			(mandatory for	Part IV acco		810									(20)
			First name			811 812									(8)
	Accoun		Middle initi		on number	813									(12)
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		Name of institu (mandatory for	•			Royal Bank of Scotlar	ıd	(30)
		Name of ins		(Line 2)		RBS Tower		(30)
i	<u> </u>	Mailing add			838	Level 28,88 Philip St 8007616	<u>reet</u>	(35)
	Financial Institution	Account nu	mber			· · · · · · · · · · · · · · · · · · ·		(20)
	}	City State			840	Sydney		(2)
		ZIP/postal o			841	NSW 2000		(10)
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		Number of joint (mandatory for	owners Part III acc	ounts)	7	ind Craffic		
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			Last n	ame	844			(30)
	Accounts	1 1	First n	ame	845			(20)
No. 39	Owned	Principal	Middle	initial	852			(xx)
	Jointly (Part III)	Joint Owner	Addres	SS	846			(25)
			City		847			(20)
			State		848			(2)
	1			stal code	849			(25)
		Last name or or	Countr	пате	850 810		•	(30)
		(mandatory for First name	Part IV acc	ounts)	811			(20)
		Middle initia			812			(8)
	Accounts	Taxpayer id		on number	813			(12)
	Where Filer Has no	Address			814			(25)
	Financial Interest	City			815			(20)
	(Part IV)	State			816			(2)
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2012	990	US	Repo	rt of Fore	ign	Bank and Financial Accounts	79
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	of foreign according if not U.S. [O]	unis [O]			819		(10)
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•		Name of institution (mandatory for	tion (Line 1 all account) s)	804	Royal Bank of Scotland	(30)
		Name of ins			805	RBS Tower	(30)
		Mailing add	ress		838	Level 28,88 Philip Street	(25)
	Financial	Account nu	mber		803	8007608	(35)
٠	Institution	City			839	Sydney	(20)
		State			840		(2)
		ZIP/postal c	code		841	NSW 2000	(10)
		Country Number of joint	owners		842	Australia	(25)
		Number of joint (mandatory for			7		(12)
				yer ID number	843		(30)
			Last n		844		(20)
No. 40	Accounts		First n		845		(xx)
No. 40	Owned Jointly	Principal Joint	Middle Addres		852 846		(25)
	(Part III)	Owner	City	>>	847		(20)
			State		848		(2)
				stal code	849		(10)
	1		Countr		850		(25)
		Last name or or (mandatory for	rganization	name	810		(30)
		First name			811		(20)
		Middle initia	31		812		(8)
	Accounts Where Filer	Taxpayer id	entificati	on number	813		(12)
	Has no	Address			814		(25)
	Financial Interest	City			815		(20)
	(Part IV)	State			816		(2)
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2012	990	US	Repo	rt of Fore	ign	Bank and Fir	nancial Accounts	79
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INFORMA	Type of a	l=bank count: 2=securi	account, ties account,	or specify	809	1		(15)
		value of acco	ount		13	2,364,474,29	8	
		Name of inst (mandatory f	itution (Line T or all account) s)	804	Citibank NV		(30)
		Name of i	nstitution	(Line 2)	805	Trent House,		(30)
		Mailing ad	ddress		838		#60	(25)
	Financia Institutio		number		803			(20)
	institutio	City			839	Mumbai		(20)
		State			840	100000		(10)
		ZIP/posta			841	400098		(25)
		Number of jo	int owners or Part III acc		842	India		
		(mandatory f		ounts) yer ID number	843			(12)
			Last n		844			(30)
			First n		845			(20)
No. 41	Accounts Owned	S Principa	2 41 1 11		852			(xx)
	Jointly	Joint	Addres		846			(25)
	(Part III)	Owner	City		847			(20)
			State		848			(2)
			ZIP/po	stal code	849			(10)
			Countr		850			(25)
			organization or Part IV acc		810			(30)
		First nam	e		811			(20)
	Accounty	Middle ini			812			(8)
	Accounts Where Fil	er Taxpayer	identificat	ion number	813			(12)
	Has no Financia	Address			814			(20)
	Interest	City			815			(20)
	(Part IV)				816			(10)
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