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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

For calendar G Check all t		r tax year begin		Ind	ial return	, 2009 of a former p	, and end	<u>~</u>	 1	Final re	, 20 eturo
O OTHER AIL	narappiy [Amended re			_	or a former p		<u> </u>	me change	' ' ""a" "	Cuill
	Name of foun		- Curri		Addie	33 Change			Employer identi	fication num	
Use the IRS	,								. <u>_</u> p,		
label.	ONEOK FO	UNDATION,	NC.						73	-150382	23
Otherwise,		street (or P O box n		ıs not delive	ered to street	address)	Room/su	uite F	3 Telephone number (s		
print						. 455.555,	*************************************				,
or type.	P.O. BOX	871							(9	18) 588	3~7700
See Specific		state, and ZIP code					L	<u> </u>	If exemption appli	cation is	
Instructions.	0, 0. 10, 1	31313, 3113 211 3331						l.	pending, check he		
	TULSA, O	K 74102-087	1					١	 1. Foreign organiz 2 Foreign organiz 		- —
H Check type		on X Sectio) exemp	t private f	foundation			85% test, check	here and attac	h _ [
	-	exempt charitable				ivate founda	tion		computation		
	t value of all a					ash X Acc		E	If private foundate under section 507		
	m Part II, col. (11		(specify)				F			
16) ▶ \$						cash basis.)			under section 507		_
	sis of Reven	ue and Expense	s (The								bursements
total of	amounts in coli	umns (b), (c), and	(d)	(a) Reveni expense		(b) Net inve		(c)	Adjusted net	•	charitable
		qual the amounts in 11 of the instruction		book		incon	। ਦ		income		rposes basis only)
		c , received (attach sche		10,00	0,000.			_		1 (3231)	20.0 3,
2 Check	If the fou	undation is not required to B.	ed to							1	
1	allaci oc	cn B								1	
1	•	t from securities		49	5,678.	49	5,678.			ATC	H 1
l .											
)									
1 _		le of assets not on lin	1	-3,89	9,304.						
	iles price for all	12,306,									
7 Capital		e (from Part IV, lin	e 2) .								
8 Net sho	rt-term capital (gain	🗀						KEC!	IVED	
9 Income	modifications										그의
10 a Gross sal	es less retums rances								S NOV 1	2010	181
1	st of goods sold ,	. L						, i	0	V 2010	امّا
c Gross p	rofit or (loss) (a	attach schedule)	🖳								القا
11 Other in	come (attach s	schedule)				····		L	OGDE	114. LIT	
12 Total A	dd lines 1 throi	ugh 11		6,59	6,374.	49	5,678.				
13 Compen	sation of officers,	directors, trustees, et	c		0.						.
14 Other e	mployee salarie	es and wages					_				
15 Pension	plans, employe				0 5 5 5		0 555				
16a Legal fe	es (attach sche	edule) ATCH 2	₽	1	0,599.	1	0,599.		0	1	
b Account	ing fees (attacl	h schedule)	🖵							ļ	
c Other pa	rofessional fees	s (attach schedule)	.*	3	1,507.	3	1,507.				_
17 Interest			• • •								
18 Taxes (at	tach schedule) (se	ee page 14 of the instruc	tions) *		0.						
19 Depreci	ation (attach so	chedule) and deple	etion .							1	
20 Occupa	ncy									1	
21 Travel, o		nd meetings	- ` '								
22 Printing	•	ns				<u> </u>				 	
23 Other ex	•	schedule)									_
1	-	dministrative expe	1	4	2 100	A	2 106		^	1	
Add line	-	3			2,106.	4	2,106.		0	-1	114 60
25 Contribu	itions, gifts, gra	ants paid	• • •		4,694		2 106			-1	5,114,69
		nents Add lines 24 a	nd 25	3,15	6,800.	4	2,106.		0	 	5,114,69
27 Subtract	line 26 from li	ne 12		1 42	0 574					1	
1	· ·	ses and disbursement	· · · —	1,43	9,574.	<i>1</i> =	3,572.			 	
ſ		e (if negative, ente	· -	<u> </u>		45	3,312.		-0-	-	
I c Adjusto	t net income /:	if negative enter -(1_1 i						-0-	1	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the Instructions. * ATCH 3 JSA ** 9E1410 2 0000 COC13Q 338Y 11/9/2010 1:20:56 PM V 09-8.5 12714 ATCH 4 617

Form **990-PF** (2009) PAGE 2

Page 2

1	art I	Attached schedules and amounts in the Beginning of year description column should be for end-of-year		End of y	ear
_	-	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	520,447.	490,560.	490,560.
	3	Accounts receivable ▶			
	l	Less: allowance for doubtful accounts ▶			
	4	Less: allowance for doubtful accounts ► Pledges receivable ► 5,800,000.			
		Less: allowance for doubtful accounts ▶	1,000,000.	5,800,000.	5,800,000.
	5	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)		~	
	•	Less allowance for doubtful accounts			
	8		· · · · · · · · · · · · · · · · · · ·		
Assets	Į .	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖		Investments - U.S and state government obligations (attach schedule)	16,519,495.	19,936,894.	19,936,894.
		Investments - corporate stock (attach schedule) ATCH .5	2,392,953.	4,225,141.	4,225,141.
	11	Investments - corporate bonds (attach schedule) ATCH 6 Investments - land, buildings,	2,392,933.	4,223,141.	4,223,141.
		and animarant basis			
		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
ļ	16	Total assets (to be completed by all filers - see the			
į		Instructions Also, see page 1, item I)	20,432,895.	30,452,595.	30,452,595.
	17	Accounts payable and accrued expenses	12,100.	12,100.	
	18	Grants payable			
ç		Deferred revenue			
읦	19 20 21	Loans from officers, directors, trustees, and other disqualified persons			
喜	21	Mortgages and other notes payable (attach schedule)			
2	22	Other liabilities (describe			
Ì	24	Otter habilities (describe			
	23	Total liabilities (add lines 17 through 22)	12,100.	12,100.	
7		Foundations that follow SFAS 117, check here			
-					
တ္က		And complete lines 24 through 26 and lines 30 and 31. Unrestricted			
ဋ	24	Unrestricted			
흶	25	Temporarily restricted			
8	26	Permanently restricted			
틸		Foundations that do not follow SFAS 117,			
띡		check here and complete lines 27 through 31. ▶ △			
ō	27	Capital stock, trust principal, or current funds	5 500 000	5 500 000	
등	28	Paid-in or capital surplus, or land, bldg , and equipment fund	5,500,000.	5,500,000.	
S	29	Retained earnings, accumulated income, endowment, or other funds	14,920,795.	24,940,495.	
إي	30	Total net assets or fund balances (see page 17 of the			
ž		instructions)	20,420,795.	30,440,495.	
-	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	20,432,895.	30,452,595.	
P	art II	Analysis of Changes in Net Assets or Fund B	Balances		
		net assets or fund balances at beginning of year - Part II,		agree with	
				·	20,420,795.
					1,439,574.
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ► ATTACHI	MENT 7	3	8,580,126.
1	Add I	ines 1, 2, and 3			30,440,495.
_	Dags	and a part in all indication in a contract of the contract of		· · · · · · · · · · · · · · · · · · ·	
3	Total	net assets or fund balances at end of year (line 4 minus lii	ne 5) - Part II. column (h)	line 30 6	30,440,495.
_		The state of the s			Form 990-PF (2009)

	s and Losses for Tax on Inv and describe the kind(s) of property sold ((b) How acquired	(c) Date acquired	(d) Date sold
2-story b	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr.)	(mo, day, yr)	
la SEE PART IV SCHE	DULE			-	<u> </u>
<u>b</u>			 		
C			ļ	 	
<u>q</u>			 	 	
e		1 () () () ()		<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>			-		
<u>b</u>					
c			 -		·
<u>d</u>			 		
Complete only for assets s	howing gain in column (h) and own	ned by the foundation on 12/31/69			
	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t	
(i) F M.V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a			 		
<u>a</u> b					
c					
d			<u> </u>		
e			†		
	, , , , , , (If	gain, also enter in Part I, line 7			
? Capital gain net income or		(loss), enter -0- in Part I, line 7	2	-3,	899,304.
Net short-term capital gain	n or (loss) as defined in sections 12	222(5) and (6).			
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions)			
If (loss), enter -0- in Part I, I	line 8	<u> </u>	3		
Part V Qualification Ur	nder Section 4940(e) for Redu	uced Tax on Net Investment In	come		
	the section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase perio	d? [Yes X No
		, see page 18 of the instructions b	efore mak	ring any entries	
(a)		i	CIOIC IIIar	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2008	4,997,152.	27,980,784.	<u> </u>		0.178592
2007	2,950,772.	31,839,415.	}		0.092677
2006	3,859,584.	21,097,409.	ļ		0.182941
2005	2,742,877.	15,303,478. 11,902,965.	<u> </u>		0.179232
2004	1,918,917.	11,902,963.	 		0.161213
Takat of the A above (A)			2		0.794655
Total of line 1, column (d)	for the 5-year base period - divide	the total on line 2 by 5 or by the	-		0.754055
<u> </u>	· · · · · · · · · · · · · · · · · · ·	s than 5 years	3		0.158931
number of years the found	ation has been in existence it less	stnan 5 years	3		0.130331
Enter the net value of non	charitable-use assets for 2009 from	m Part V line 5	4	21.	230,925.
Enter the net value of non	chandable-use assets for 2009 from	m Part X, line 5	-		
Multiply line 4 by line 3			5	3,	
Montply line 4 by line 5.					374,252.
Enter 1% of net investmen					374,252.
CINCI I'M OF HOURINGE			6		
2 2			6	H =	4,536.
	nt income (1% of Part I, line 27b)		1 1	3,	4,536.
	nt income (1% of Part I, line 27b)		1 1	3,	
Add lines 5 and 6	nt income (1% of Part I, line 27b)		7		4,536. 378,788.

Form	990-PF (2009) /3-1503823		<u></u>	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,5	<u> 36.</u>
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
_	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2		4 -	36.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4 -	<u>36.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		/-	
6	Credits/Payments. 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 15,888.			
	2000 Communication and 2000 Oronpayment oronication to 2000,			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to the (i office object)			
	Backup withholding erroneously withheld		15,8	388.
7	Total disease and payments yield misses at a second			
8				
9			11,3	352.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. Enter the amount of line 10 to be Credited to 2010 estimated tax 11, 352. Refunded 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a	163	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	- 1 4		
U	of the instructions for definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
_		1 c		X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \$\\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If "Yes." attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
·	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a				
	instructions) ▶ OK,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		Y	}
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			х
	27)? If "Yes," complete Part XIV	9	<u> </u>	 ^
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		х

Χ

Х

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

_	rt VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)		
ъa	During the year did the foundation pay or incur any amount	unt to:				[
	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))?	Yes X	No	
	(2) Influence the outcome of any specific public election	n (see section 4955);	or to carry on,			1
	directly or indirectly, any voter registration drive?	,	-	Yes X	No	
	(3) Provide a grant to an individual for travel, study, or of	her similar numoses?		Yes X	No	
	(4) Provide a grant to an organization other than a char					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes X	No.)
		· · ·			···•	
	(5) Provide for any purpose other than religious, charita	•		Yes X		[
	purposes, or for the prevention of cruelty to children			. — —	NO	
b	if any answer is "Yes" to 5a(1)-(5), did any of the trans					
	Regulations section 53 4945 or in a current notice regard				<u>5b</u>	X
	Organizations relying on a current notice regarding disas	ter assistance check t	iere	▶ X	į	
С	If the answer is "Yes" to question 5a(4), does the found	ation claim exemption	from the tax		İ	}
	because it maintained expenditure responsibility for the g	rant?	<i></i>	Yes X	No	
	If "Yes," attach the statement required by Regulations sed	tion 53 4945-5(d)			1	
6a	Did the foundation, during the year, receive any funds,	directly or indirectly to	nav oremiums			
	on a personal benefit contract?			Yes X	No	
b	Did the foundation, during the year, pay premiums, dire			. — —	6Ь	Х
_	If "Yes" to 6b, file Form 8870	ony or monecuty, on a	personal benefit contrat	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
7 3	At any time during the tax year, was the foundation a pa	urty to a probabilized tax	shalter transaction?	Yes X	No	
	If yes, did the foundation receive any proceeds or have	= =	•	- —		X
	and Contractors		_		· -	
1	List all officers, directors, trustees, foundation m			page 22 of the ins	tructions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	
		devoted to position		and deferred compensation	m Cilierali	owances
			<u> </u>			
ΑТ	TACHMENT 8		0.).	0
	TACHMENT 8		0.			0
			0.			0
	TACHMENT 8		0.			0
	TACHMENT 8		0.			0
	TACHMENT 8		0.			0
	TACHMENT 8		0.			0
2	TACHMENT 8 Compensation of five highest-paid employees (ot	her than those inc).	0
2	TACHMENT 8				nstructions).	
2	TACHMENT 8 Compensation of five highest-paid employees (ot	her than those inc		e page 23 of the in (d) Contributions to employee benefit	nstructions).	e account,
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average	luded on line 1 - se	e page 23 of the in	nstructions).	e account,
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the in (d) Contributions to employee benefit plans and deferred	nstructions).	e account,
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the in (d) Contributions to employee benefit plans and deferred	nstructions). (e) Expens other all	e account,
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances
2 (a)	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se (c) Compensation	e page 23 of the in (d) Contributions to employee benefit plans and deferred compensation	nstructions). (e) Expens other all	e account, owances

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 2	3 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			_
			0
	-		
Total numbe	r of others receiving over \$50,000 for professional services		NONE
	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation such as the number	Expenses
1 N/A			
2			
3		·····	
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the in:	structions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 a		Amount
1 NONE			
2			
All other prog	ram-related investments. See page 24 of the instructions		
3 NONE			
Total Add In	nes 1 through 3		
i utai. Auu III	153 UIIUUGII J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

P	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee page 24 of the instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	20,679,059.
b	Average of monthly cash balances	1b	875,180.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
đ	Total (add lines 1a, b, and c)	1d	21,554,239.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	21,554,239.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	323,314.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	21,230,925.
6	Minimum investment return. Enter 5% of line 5	6	1,061,546.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this p	te operatino part.)	}
1	Minimum investment return from Part X, line 6	1	1,061,546.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b			
С	Add lines 2a and 2b	2c	4,536.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	1,057,010.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,057,010.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,057,010.
_		<u>'</u>	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	"	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,114,694.
b		1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required) Cook distribution test (attack the required schodule)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,114,694.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	4,536.
6		6	5,110,158.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will		
	qualifies for the section 4940(e) reduction of tax in those years	notific the	- GINGUIOTI

Pa	art XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
-	line 7				1,057,010.
2	Undistributed income, if any, as of the end of 2009:				
	Enter amount for 2008 only				
b	07 06 05				
3	Excess distributions carryover, if any, to 2009:				
	Erom 2004 1.326.554.				
a h	From 2004 1,326,554. From 2005 1,988,485.				
0	From 2006 2,820,355.				
	From 2006				
	, 10.11 2001				
	From 2008	11,148,527.			
	Total of lines 3a through e	11,140,527.			
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 5,114,694.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)			<u> </u>	1 055 010
d	Applied to 2009 distributable amount				1,057,010.
е	Remaining amount distributed out of corpus	4,057,684.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,206,211.			
þ	Prior years' undistributed income Subtract				
С	Inne 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed	·			
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions	· · · · · · · · · · · · · · · · · · ·			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	1,326,554.			
9	Excess distributions carryover to 2010.	12 272 555		-: 	
	Subtract lines 7 and 8 from line 6a	13,879,657.			ļ
10	Analysis of line 9				
	Excess from 2005 1,988,485.				
	Excess from 2006 2,820,355.				
	Excess from 2007 1,401,624.		1		
	Excess from 2008 3, 611, 509.				
е	Excess from 2009 4,057,684.				<u>L</u>

	art XIV Private Oper		 			NOT APPLICABL
1 a	If the foundation has	•		•	=	
	foundation, and the ruling					
b	Check box to indicate wh	ether the foundation is	a private operating found		4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	·	(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0,1000)
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Oualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a b, or c for the alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets (2) Value of assets qualifying					
b	under section 4942(j)(3)(B)(i) *Endowment* alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X. line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)					.1.
	(2) Support from general					T
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(3) Largest amount of support from an exempt					
	organization (4) Gross investment income					
Pa	rt XV Supplementa	ary Information (Cluring the year - se	omplete this part e page 28 of the in	only if the found structions.)	ation had \$5,000	or more in assets
1	Information Regarding	Foundation Manage	rs:			
а	List any managers of t before the close of any	the foundation who the tax year (but only if the	nave contributed mor ney have contributed i	e than 2% of the tota more than \$5,000) (S	I contributions receivee section 507(d)(2).)	ved by the foundation
	N/A					
b	List any managers of a ownership of a partners					/ large portion of the
	N/A					
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:	***	
	Check here ▶ ☐ if the unsolicited requests for organizations under other parts.	or funds. If the foun	dation makes gifts, g	rants, etc. (see page		and does not accept ons) to individuals or
а	The name, address, an	nd telephone number	of the person to whor	m applications should b	e addressed [.]	7, 4, 00
b	The form in which appli	cations should be sul	omitted and information	on and materials they	should include	
	WRITTEN REQ	UEST INDICATION	G CHARITY TO E	BENEFIT AND PUR	POSE OF REQUES	ST.
С	Any submission deadlin	nes				
	NO SPECIFIC					
d	Any restrictions or lin factors:		such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	ATTACHME	NT 9				

3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor			
a Paid dunng the year ATTACHMENT 10	or substantial contributor	recipient		
Total			▶ 3a	5,114,694.
b Approved for future payment				
Total	<u> </u>	<u> </u>		

Program service revenue: Business code	ter gross	amounts unless otherwise indicated		ated business income	1	y section 512, 513, or 514	(e) Related or exempt function income
Pees and contracts from government agencies dembership dues and assessments interest on savegs and temporary cash investments interest on savegs and temporary cash investment income in the property in the temporary interest income or (loss) from real estate income or (loss) from sales of sasets other than mentiony interest income or (loss) from sales of sasets other than mentiony interest income or (loss) from sales of inventory interest inco	Program	service revenue					(See page 28 of the instructions.)
Fees and contracts from government agencies Membership dues and assessments Interest on sawings and temporary cash investments Dividends and interest from securities Let rental income or (loss) from selectate Debt-financed property Not debt-financed property Let rental income or (loss) from personal property Let rental income or (loss) from selectate income or (loss) from selectate income or (loss) from select of the income or loss from selected	а		<u> </u>				
Sees and contracts from government agencies Membership dues and assessments Dividends and interest from securities Let rental income or (loss) from real estate Debt-financed property Not debt-financed property Interest in assempt income Sain or (loss) from sales of assets other than inventory let rental income or (loss) from special events Sain or (loss) from sales of inventory Let rental income or (loss) from special events Sain or (loss) from sales of inventory Let income or (loss) from special events Sain or (loss) from special events Sain or (loss) from sales of inventory Let income or (loss) from special events Sain or (loss) from sales of avents Sain or (loss) from sales	Þ						
## Fees and contracts from government agencies ## Membership dues and assessments Interest on savings and temporary cash investments	c						
Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Interest on savings and temporary cash investment income or (loss) from real estate Interest on come or (loss) from personal property Interior investment income Interior in	d		<u> </u>		ļ		
Rese and contracts from government agencies Membership dues and assessments	e				_		
Membership dues and assessments Interest on savings and temporary cash investments Not determined inferest from securities Not debt-financed property Not debt-financed property Interest on personal property Interest on groups and temporary cash investments Not debt-financed property Interest one or (loss) from personal property Interest one or		and contracts from government agencies					
Interest on savings and temporary cash investments Dividends and interest from securities Dividends and interest from securities Debt-financed property Not	-				<u> </u>		
Ovidends and interest from securities						,	
Net rental income or (loss) from real estate Debt-financed property Not debt-financed property Determination or (loss) from personal property Destrental income or (loss) from personal property Destrental income Sian or (loss) from sales of assets other than inventory Let income or (loss) from sales of inventory Destrental income The revenue a Sian or (loss) from sales of inventory Destrental income or (loss) from sales of inventory Destrent	Dividend	is and interest from securities			14	495,678.	
Not debt-financed property Let rental income or (loss) from personal property Other investment income Jain or (loss) from sales of assets other than inventory Let income or (loss) from sales of assets other than inventory Not income or (loss) from sales of inventory. Other revenue a Leutotal Add columns (b), (d), and (e) Lotal. Add line 12, columns (b), (d), and (e) Lotal. Add line 12, columns (b), (d), and (e) Lotal. Add line 13 instructions on page 28 to verify calculations) Level of the foundation's exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importar the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 29 of the instructions)							
Not debt-financed property Let rental income or (loss) from personal property Other investment income Jain or (loss) from sales of assets other than inventory Let income or (loss) from sales of assets other than inventory Not income or (loss) from sales of inventory. Other revenue a Leutotal Add columns (b), (d), and (e) Lotal. Add line 12, columns (b), (d), and (e) Lotal. Add line 12, columns (b), (d), and (e) Lotal. Add line 13 instructions on page 28 to verify calculations) Level of the foundation's exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importar the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 29 of the instructions)	a Debt	-financed property					
Subtotal Add columns (b), (d), and (e)	b Not	debt-financed property					
isolation or (loss) from sales of assets other than inventory let income or (loss) from special events				- · · · · · · · · · · · · · · · · · · ·		<u> </u>	
Subtotal Add columns (b), (d), and (e)	Other inv	vestment income					
Subtotal Add columns (b), (d), and (e)	Gain or (le	oss) from sales of assets other than inventory			18	-3,899,304.	
Subtotal Add columns (b), (d), and (e)	Net inco	me or (loss) from special events		<u> </u>			
Subtotal Add columns (b), (d), and (e)	Gross pr	ofit or (loss) from sales of inventory					<u>_</u> .
Subtotal Add columns (b), (d), and (e)	Other rev	venue a					
subtotal Add columns (b), (d), and (e)	·						
Subtotal Add columns (b), (d), and (e)	:						
subtotal Add columns (b), (d), and (e)	·						
otal. Add line 12, columns (b), (d), and (e)	·						
worksheet in line 13 instructions on page 28 to verify calculations) **EXVI-B** Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 29 of the instructions)	Subtotal	Add columns (b), (d), and (e)				-3,403,626.	
Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 29 of the instructions.)	rotal. Ad	d line 12, columns (b), (d), and (e)				13	-3,403,6
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 29 of the instructions.)					omnt Burn	0000	
NOT APPLICABLE	▼	the accomplishment of the fo					
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				NOT APPLICABL	E		
							
							
							
							
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		-					_
			·				

P	art	XVII	 Information Exempt Orga 		Transfers To and	Transactions	and Relations	nips With N	lonc	harit	able
1			ne organization directl	ly or indirectly	engage in any of the section 501(c)(3) org					Yes	No
	- 1	วกตลกเส	zations?		oncharitable exempt organ						
									1a(1)		x
									1a(2)	1 1	Х
			transactions								
	(1) Sa	les of assets to a noncl	haritable exempt o	organization				1b(1)		Х
					exempt organization				1		Х
					ets						X
											X
											X
					fundraising solicitations					-	<u>^</u>
					ther assets, or paid employ					four r	
					Yes," complete the fo nces given by the rep	=		_			
			-		gement, show in colur	-					
		uiuc	in any transaction of	sharing arrang	genient, snow in cold	iii (u) tiic value	or the goods, our	Ci a330(3, 0i	SCI VICE	C 3 1CC	,C14Cu
(a)	Lin	e no	(b) Amount involved	(c) Name of r	noncharitable exempt organiz	cation (d) Des	scription of transfers, tran	sactions, and shar	ing ama	ingemei	nts
			N/A			N/A					
	_		 -								
	_										
		\dashv									
											
		-									
		\dashv				 -					
											
	s	ection	501(c) of the Code (oth complete the following	er than section 5 schedule	ted with, or related to, 01(c)(3)) or in section 52	77			Ye	es 🗀	No
			(a) Name of organization	<u>'</u>	(b) Type of orga	mization	(c) Desc	ription of relations	пір		
										_	
_								···			
					<u> </u>						
			· · · · · · · · · · · · · · · · · · ·								
	U	nder po elief, it	enalties of perjury, I declar is true, correct, and comp	ire that I have exa plete Declaration o	amined this return, including of preparer (other than taxpa	accompanying sche ayer or fiduciary) is ba	dules and statements, a ased on all information	ind to the best of of which preparer	my kr has ar	nowledo ny know	ge and vledge
			<u> </u>	+ Dm		11-15	-10 CF	2			
e		Sign	nature of officer or trustee			Date	Title				
Lec			/			Date	Check if	Preparer's			
5	4	ء اجِ ۽	Preparer's	, 100		1	self-employed	number (Se page 30 of the	he instri	uctions))
5	aid	se Only	signature R. M	140 Mon	_	11/9/2010		P002349			
	Paid	e SI F	rm's name (or yours if		ON, MORRIS, SIMP		LLC EIN I	<u> 57-1147</u>	517_		
	١ '	1 -	self-employed), address, and ZIP code	▼ 8282 S		•	133 Phone	nn 918 48	21 5	040	
ı		10	1110 211 0000	TULSA	UK	/ Δ	133 Dhoo	ana MIN (I)	11-7	444	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization Employer identification number ONEOK FOUNDATION, INC 73-1503823 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and Ш For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF,

Name of organization ONEOK FOUNDATION, INC

Employer identification number 73-1503823

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ONEOK, INC. 100 WEST FIFTH STREET TULSA, OK 74103	\$5,800,000.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ONEOK, INC 100 WEST FIFTH STREET TULSA, OK 74103	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page _____ of ____

of Part II

Name of organization ONEOK FOUNDATION, INC

Employer identification number

73-1503823

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	COMMITMENT TO CONTRIBUTE CASH		
		\$5,800,000.	DEC 2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		__	

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF - PART IV

Kind of P				ription		PoD	acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	Ĭ	Gain or (loss)	
			F-TERM CAPI		VIDENDS		28.	
			5 SHS OF AMI		NTL EQ F	Р	VARIOUS	07/02/200
561,101.		6,429,631.	YPE: SECURI	1165			-1868530.	
			5 SHS OF GOI		HI YLD	Р	VARIOUS	07/02/200
862,691.		3,721,638.					-858,947.	
		PROPERTY TY	SHS OF MAI		CAP INST	P		07/02/200
497,771.		3,056,038.					-558,267.	
		PROPERTY TY	B SHS OF VAL YPE: SECURIT		G OPPORT	Р		07/02/200
384,632.		2,998,220.					-613,588.	
OTAL GAIN(LO	oss)		••••••				3899304.	

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	494,719. 959.	495,678.
REVENUE AND EXPENSES PER BOOKS	494,719.	495,678.
DESCRIPTION	MANAGED INVESTMENT ACCOUNTS J P MORGAN CHASE BANK CHECKING ACCT	TOTAL

PAGE 19

4	
T \117 T	
1 7 7 7 7	DESCRIPTION
	DESCR

REVENUE AND EXPENSES PER BOOKS

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10,599.

10,599.

12714

ATTACHMENT 3

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

NET INVESTMENT INCOME	28,271. 3,236.	31,507.
REVENUE AND EXPENSES PER BOOKS	28,271. 3,236.	31,507.
DESCRIPTION	INVESTMENT MGMT / BANK FEES OTHER PROFESSIONAL SVCS	TOTALS

ATTACHMENT 3

C0C13Q 338Y 11/9/2010

ATTACHMENT 4

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

INCOME & EXCISE TAXES

PER BOOKS

0.

TOTALS

0.

STOCK
CORPORATE
1
II
PART
990PF,
RM

FORM 990PF, PART II - CORPORATE STOCK	ATTACHMENT 5	ENT 5
DESCRIPTION	ENDING BOOK VALUE	ENDING <u>FMV</u>
MANAGERS MIDCAP AM BEACON INT'L EQUITY VANGUARD INSTL INDEX VALUE LINE EMG OPP VIRTUS FOREIGN OPP VIRTUS MIDCAP VAL	0. 0. 2,491,008. 4,869,246. 2,536,848.	0. 0. 2,491,008. 4,869,246. 2,536,848.

19,936,894.

TOTALS

BONDS
- CORPORATE
- II
PART
990PF,
FORM

	YIELD
	HIGH
NOI	SACHS
DESCRIPTION	GOLDMAN

JPMORGAN CORE BOND FUND

ENDING	BOOK VALUE	

ATTACHMENT 6

ENDING

0. 4,225,141.

0. 4,225,141.

TOTALS

4,225,141.

4,225,141.

ATTACHMENT 7

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAINS ON INVESTMENTS

8,580,126.

TOTAL

8,580,126.

ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
JOHN W. GIBSON 100 WEST 5TH TULSA, OK 74103	CHAIRMAN / PRESIDENT	·	.0	· o	
TERRY K. SPENCER 100 WEST 5TH TULSA, OK 74103	DIRECTOR		.0	.0	
CURTIS L. DINAN 100 WEST 5TH TULSA, OK 74103	SR. VP/ CFO/ TREASURER		.0	.0	
JOHN R. BARKER 100 WEST FIFTH TULSA, OK 74103	SR VP/ SECRETARY/ GEN COUNSEL		.0	·	
TERRI A. PIRTLE 100 WEST FIFTH TULSA, OK 74103	EXECUTIVE DIRECTOR	.0	.0	·	
ROB F. MARINOVICH 100 WEST 5TH TULSA, OK 74103	DIRECTOR	.0			

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ATTACHMENT 8 (CONT'D)

EXPENSE ACCT AND OTHER ALLOWANCES	Ö	O	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	.0	.0	0
COMPENSATION	Ö	.0	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	SR VP	DIRECTOR	SR VP	GRAND TOTALS
NAME AND ADDRESS	CARON A. LAWHORN 100 WEST 5TH TULSA, OK 74103	PIERCE H. NORTON 100 WEST 5TH TULSA, OK 74103	DAVID E. ROTH 100 WEST 5TH TULSA, OK 74103	

12714

PAGE 27

ATTACHMENT 9

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

AWARDS MUST BE TO CHARITIES WITHIN THE GEOGRAPHIC AREA THAT ONEOK IS CONDUCTING BUSINESS.

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 10

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

5,114,694.

AMOUNT

VARIOUS CHARITIES IN OK, KS, AND TX

SEE ATTACHED DETAIL

CHARITABLE

NONE

TOTAL CONTRIBUTIONS PAID

5,114,694.

ATTACHMENT 10 PAGE 29

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Pledge		2009 Paid
Allied Arts-OKC	\$	10,000
Austin Performing Arts Center	\$	20,000
Boys & Girls Clubs-Manhattan	\$	10,000
Boys & Girls Clubs-Oklahoma County	\$	10,000
Cherokee Strip Regional Heritage Center-Enid	\$	20,000
Clarehouse-Tulsa	\$	25,000
El Paso Holocaust Museum	\$	5,000
Family Eldercare-Austin,TX	\$	25,000
Habitat for Humanity-Tulsa	\$	50,000
John 3:16-Tulsa	\$	5,000
Kansas Foodbank Warehouse	\$	5,000
Life Senior Services-Tulsa	\$	10,000
Lyric Theatre-OK	\$	25,000
Marillac Center-Overland Park	\$	10,000
Mercy Memorial Health Ctr-Ardmore, OK		20,000
Neighbor Along the Line-Tulsa	\$	5,000
Neighbor for Neighbor-Tulsa	\$	7,500
Norman Regional Health Fdn-OK	\$	20,000
Oklahoma Centennial Dome	\$	50,000
Oklahoma Heritage Association-OKC	\$	100,000
Oklahoma Natl Memorial & Museum		30,000
Park Friends - LaFortune Tennis Courts	\$ \$	30,000
Regional Food Bank of Oklahoma-OKC		20,000
Ronald McDonald House Charities-Austin/Central TX	\$	
	\$	20,000
Saint Francis Children's Hospital-Tulsa Saint Simeon's-Tulsa		40,000
	\$	20,000
Salvation Army-Arkansas/Oklahoma	\$	24,159
Salvation Army-Galveston,TX	\$	10,000
Sapulpa Park Friends-OK	\$	10,000
Southwestern OK State University	\$	5,000
St. Edwards University-Austin	\$	20,000
St. Joseph Monastery-Tulsa	\$	10,000
Sunflower House-KS	\$	12,500
TLC for Children and Families-KS	\$	15,000
Tulsa Advocates for the Protection of Children	\$	25,000
Tulsa Ballet Theatre	\$	100,000
Tulsa Civic Priority Fund	\$	25,000
Tulsa Community College	\$	10,000
Tulsa Community Foundation -Tulsa Stadium Trust Fund	\$	2,075,000
Tulsa Zoo Friends	\$	75,000
University of Oklahoma, College of Earth & Energy-Endowed Fund	\$	250,000
University of Tulsa	\$	378,000
YMCA-Enid	\$	5,000
YMCA-Tulsa	\$	23,000
YMCA-Tulsa	\$	23,000
Youth Services-Tulsa	\$_	10,000
YWCA-Tulsa	\$	15,000
Employee Matching Grants	\$	208,472
Directors Matching Grants	\$	11,625
/WE Grants	\$	5,400
Jnited Way-KS, OK, TX, Other	\$	481,038
Tulsa Community Foundation (OKC & Tulsa United Way)	\$	610,000
Other grants (less than \$5,000 each)	\$	85,000
TOTAL 2009	\$	5,114,694

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SCHEDULE D . (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Employer identification number Name of estate or trust 73-1503823 ONEOK FOUNDATION, INC Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (c) Date sold (b) Date acquired (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a SHORT-TERM CAPITAL GAIN DIVIDENDS 28. ATCH 11 **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back 28. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b............... -3,899,332. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -3,899,332.Schedule D (Form 1041) 2009 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

JSA 9F1210 2 000

	•	•			
Sch	edule D (Form 1041) 2009				Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
	Caution: Read the instructions before completing this p	art.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)	13			28.
14	Net long-term gain or (loss):				3 000 222
а	· · · · · · · · · · · · · · · · · · ·	14a			-3,899,332.
	· · · · · · · · · · · · · · · · · · ·	<u>14b</u> 14c			
15		15			-3,899,304.
Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Formart V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV.	n 990	I-T, Part I, line 4a) If line and the Capital Loss Cal	es 14a and 15, column rryover Worksheet, as	(2), are net gains, go
	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art Ili	ne 4c, if a trust), the si	maller of:	
					3,000)
Not	The loss on line 15, column (3) or b \$3,000	i, lın	e 22 (or Form 990-T, I	ine 34), is a loss, com	plete the Capital Loss
	vover Worksheet on page 7 of the instructions to figure your capital loss carryover Tax Computation Using Maximum Capital Gains Rates	_			
	•		O) are gains or an ar	nount is optored in	Port Lor Port II and
	n 1041_filers. Complete this part only if both lines 14a and 15 in colur e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			nount is entered in	rait i di rait ii anu
	tion: Skip this part and complete the worksheet on page 8 of the instruct				
	ither line 14b, col (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.		1000 1 10 11		
	n 990-T trusts. Complete this part only if both lines 14a and 15 are orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
	er line 14b, col (2) or line 14c, col (2) is more than zero.	t and	complete the work	sheet on page o o	i the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	1)	17		
18	Enter the smaller of line 14a or 15 in column (2)	٠, .	· · ' · 		
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)		j		
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 21		_		
22	Subtract line 21 from line 20. If zero or less, enter -0		22		
23	Subtract line 22 from line 17. If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 247 Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.	•		1 1	
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?		= -		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27	1 1	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (.15)			30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate			í í	
	(see the Schedule G instructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	

Schedule D (Form 1041) 2009

33

34

G, line 1a (or Form 990-T, line 36).......

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side ONEOK FOUNDATION, INC

Employer identification number 73-1503823

Part II Long-Term Capital Gains an	d Losses - Asse	ts Held More Tha	n One Year	/3-15038	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the	(e) Cost or other basis (see page 4 of the	(f) Gain or (loss) Subtract (e) from (c
339,873.375 SHS OF AMER	(mo , day, yr.)	(, day, y. /	instructions)	instructions)	
BEACON INTL EQ FUND	VARIOUS	07/02/2009	4,561,101.	6,429,631.	-1,868,53
473,955.535 SHS OF GOLDMAN		0770272005	4,301,101.	0,425,051.	1,000,55
SACHS HI YLD FUND	VARIOUS	07/02/2009	2,862,691.	3,721,638.	-858,94
270,907.971 SHS OF	VARIOUS	0170272003	2,002,031.	3,721,030.	
MANAGERS MID-CAP INST FUN	VARIOUS	07/02/2009	2,497,771.	3,056,038.	-558,26
108,688.788 SHS OF VALUE	VARTOOS	0770272003	2,437,171.	3,030,030.	
LINE EMG OPPORTUNITY FUND	VARIOUS	07/02/2009	2,384,632.	2,998,220.	-613,58
LINE EMG OFFORTONTIT FORD	VARIOUS	0770272003	2,304,032.	2,990,220.	013,30
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FEDERAL	CAPITAL	GAIN	DIV:	IDENDS

ATTACHMENT 11

SHORT-TERM CAPITAL GAIN DIVIDENDS

SHORT TERM CAPITAL GAIN DIVIDENDS TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS 28.

28.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust				Employer ident		n number
ONEOK FOUNDATION, INC	de Lond II			73-15038	323	
Note: Form 5227 filers need to complete only Pa Part I Short-Term Capital Gains and Lo		Held One Ye	ar or Less			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr.)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
SHORT-TERM CAPITAL GAIN DIVIDE	NDS		ATCH 11			28.
	1					
	 		<u> </u>	 		<u> </u>
						<u> </u>
A F A H A A A A A A A A A A A A A A A A	Oak - 4 t- D	. A. Longe Alle			4.	
b Enter the short-term gain or (loss), if any, f	rom Schedule D	1-1, line 1b			1 b	
2 Short-term capital gain or (loss) from Form	ns 4684 6252	6781, and 882	4		2	
2 Onor term capital gam of (1886) from 1887	.0 .00 ., 0202,	0.0., 0 002				
3 Net short-term gain or (loss) from partners					3	
4 Short-term capital loss carryover Enter the					ĺ	,
Carryover Worksheet					4	(
5 Net short-term gain or (loss). Combine line	•	•			5	28.
column (3) on the back	s - Assets Held	More Than Or	e Year	· · · · · · · · · · · · · · · · · · ·] 3	
(a) Description of property	(b) Date acquired	(c) Date sold		(e) Cost or other		(f) Gain or (loss) for the entire year
(Example 100 shares 7% preferred of "Z" Co)	` (mo , day, yr)	(mo , day, yr)	(d) Sales price	(see page 4 of instructions		Subtract (e) from (d)
6a						
	 					
	}					
				_l	Γ	
b Enter the long-term gain or (loss), if any, fro	nm Schedule D-	1 line 6b			6b	-3,899,332.
b Elike, the long term gam or (1000), ii any, iii	om conocale b	,,				
7 Long-term capital gain or (loss) from Form	s 2439, 4684, (6252, 6781, ar	nd 8824		7	
8 Net long-term gain or (loss) from partnersh	ips, S corporati	ons, and other	estates or trusts		8	
O Contains distributions						
9 Capital gain distributions					9	
Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover Enter the	amount, if any	, from line 14 o	f the 2008 Capital Lo	oss		
Carryover Worksheet					11	(
Net long-term gain or (loss). Combine lines	6a through 11	in column (f).	Enter here and on li	ne 14a,		2 000 222
column (3) on the back			 		12	-3,899,332.
for Panerwork Reduction Act Notice, see the Instru	ctions for Form 1	U47.		Sc	nedul	e D (Form 1041) 200

Scriedule D (Form 1041) 200

Schedule D (Form 1041) 2009

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29

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Subtract line 28 from line 27

(see the Schedule Ginstructions in the instructions for Form 1041).......

Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side ONEOK FOUNDATION, INC

Employer identification number 73-1503823

ONEOK FOUNDATION, INC				/3-15038	<u> </u>
Part II Long-Term Capital Gains and		ts Held More Tha			
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a 339,873.375 SHS OF AMER					
BEACON INTL EQ FUND	VARIOUS	07/02/2009	4,561,101.	6,429,631.	-1,868,530
473,955.535 SHS OF GOLDMAN					050 0.5
SACHS HI YLD FUND	VARIOUS	07/02/2009	2,862,691.	3,721,638.	-858,947
270,907.971 SHS OF		07/00/0000	0 407 771	2 056 020	550 263
MANAGERS MID-CAP INST FUN	VARIOUS	07/02/2009	2,497,771.	3,056,038.	-558,267
108,688.788 SHS OF VALUE		07/02/2000	2 204 (22	2 000 220	612 500
LINE EMG OPPORTUNITY FUND	VARIOUS	07/02/2009	2,384,632.	2,998,220.	-613,588
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					· · · · · · · · · · · · · · · · · · ·
					
				····	
	······································				
		<u></u>			
6b Total. Combine the amounts in column	n (f) Enter here a	nd on Schedule D,	line 6b	<u></u> .	-3,899,332

FEDERAL CAPITAL GAIN DIVIDENDS

ATTACHMENT 11

SHORT-TERM CAPITAL GAIN DIVIDENDS

SHORT TERM CAPITAL GAIN DIVIDENDS TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS 28.

28.