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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BOKF FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 2300 12 NW

City or town, state or country, and ZIP + 4
TULSA, OK 74192

D Employer identification number
73-1580807

E Telephone number
918.588.6831

G Gross receipts $ 14,942,907.

F Name and address of principal officer PHILLIP LAKIN, JR
7030 SOUTH YALE, STE 600, TULSA, OK 74136

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000 **M** State of legal domicile OK

Part I Summary

1	Briefly describe the organization's mission or most significant activities. BOKF FOUNDATION IS A SUPPORTING ORGANIZATION OF TULSA COMMUNITY FOUNDATION.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,599,029.	5,350.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	247,943.	1,082,312.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,090.	74,274.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,885,062.	1,161,936.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,582,250.	4,532,101.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		614.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,582,250.	4,532,715.
19	Revenue less expenses Subtract line 18 from line 12	5,302,812.	<3,370,779.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,903,399.	12,282,619.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances Subtract line 21 from line 20	15,903,399.	12,282,619.

SCANNED DEC 21 2010

RECEIVED
NOV 22 2010
IRS-OSC
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11-15-2010

▶ PHILLIP LAKIN, JR, DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO BENEFIT, PERFORM THE FUNCTIONS OF, OR CARRY OUT THE PURPOSES OF THAT CLASS OF PUBLICLY SUPPORTED ORGANIZATIONS, INCLUDING TULSA COMMUNITY FOUNDATION, THAT ARE DESCRIBED IN SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE INTERNAL REVENUE CODE AND THAT ENGAGE IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,532,101. including grants of $ 4,532,101.) (Revenue $)
A MULTITUDE OF CONTRIBUTIONS MADE TO VARIOUS SOCIAL, CIVIC, HEALTH, EDUCATION, CULTURAL, AND CHARITABLE ORGANIZATIONS.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 4,532,101.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter N/A			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	4		
b	Enter the number of voting members that are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body? N/A - No Committees	8b			X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LESLIE PARIS - 918.588.6831

ONE WILLIAMS CENTER, NINTH FLOOR TULSA, OK 74192

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRED DORWART DIRECTOR	1.00	X						0.	0.	0.
PHILLIP LAKIN, JR. DIRECTOR	1.00	X						0.	242,867.	29,537.
DAVID FOSTER DIRECTOR	1.00	X						0.	0.	0.
LESLIE PARIS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total						▶		0.	242,867.	29,537.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,350.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	5,350.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	147,107.			147,107.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory	14,716,176.				
	b Less cost or other basis and sales expenses	13,780,971.				
	c Gain or (loss)	935205.				
	d Net gain or (loss)	▶	935,205.			935,205.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a P/Y CONTRIBUTION REVERSAL	900099	66,630.			66,630.
	b PROCEEDS FROM CLASS ACTION	900099	7,644.			7,644.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	74,274.			
	12 **Total revenue** See instructions	▶	1161936.	0.	0.	1,156,586.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,532,101.	4,532,101.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FEES	614.		614.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,532,715.	4,532,101.	614.	0.
26 Joint costs Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	99,246.	1	4,143,228.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	7,404,153.	11	8,139,391.
	12	Investments - other securities. See Part IV, line 11	8,400,000.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,903,399.	16	12,282,619.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	15,903,399.	32	12,282,619.
	33	Total net assets or fund balances	15,903,399.	33	12,282,619.
	34	Total liabilities and net assets/fund balances	15,903,399.	34	12,282,619.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
BOKF FOUNDATION	73-1580807

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
11g(i)	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
11g(ii)	(ii) A family member of a person described in (i) above?		X
11g(iii)	(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
TULSA COMMUNITY FOUNDATION	73-1554474	7	X		X		X		2076000.
Total									2,076,000.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCION NEW MEXICO 20 FIRST PLAZA NW, STE 417 ALBUQUERQUE, NM 87102	85-0417347	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
ALBUQUERQUE MUSEUM FOUNDATION, INC. - PO BOX 7006 - ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
ALLEY THEATRE 615 TEXAS AVENUE HOUSTON, TX 77002	74-1143076	501(C)(3)	26,800.	0.			CONTRIBUTION/DONATION
ALLIED ARTS FOUNDATION ONE N. HUDSON, STE 140 OKLAHOMA CITY, OK 73102	73-0804291	501(C)(3)	25,000.	0.			CONTRIBUTION/DONATION
ARCA 11300 LOMAS BLVD NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
BARTLESVILLE COMMUNITY FOUNDATION PO BOX 2366 BARTLESVILLE, OK 74005	73-1575838	501(C)(3)	5,850.	0.			CONTRIBUTION/DONATION

2 Enter total number of section 501(c)(3) and government organizations ▶ 101.

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: BOKF FOUNDATION MAINTAINS A RECORD OF DISTRIBUTIONS. A COPY OF EACH RECIPIENT'S IRS ISSUED 501(C)(3) LETTER IS OBTAINED AND KEPT WITH FOUNDATION'S PERMANENT RECORDS. EACH RECIPIENT SIGNS AND RETURNS A GRANT LETTER WHICH STATES THAT ANY PART OF THE GRANT NOT USED FOR THE INTENDED CHARITABLE PURPOSE WILL BE RETURNED TO BOKF FOUNDATION. A COPY OF THIS SIGNED LETTER IS KEPT WITH FOUNDATION'S PERMANENT RECORDS.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR HEALTH CARE SYSTEM FOUNDATION - 3600 GASTON AVENUE, STE 100 - DALLAS, TX 75246	75-1606705	501(C)(3)	5,650.	0.			CONTRIBUTION/DONATION
BIG BROTHERS BIG SISTERS OF OKLAHOMA - 3015 E SKELLY DR #211 - TULSA , OK 74105	73-1226237	501(C)(3)	13,000.	0.			CONTRIBUTION/DONATION
BIG BROTHERS BIG SISTERS OF NORTH TEXAS - 450 E JOHN CARPENTER FREEWAY - IRVING, TX 75062	75-0220250	501(C)(3)	12,000.	0.			CONTRIBUTION/DONATION
BOYS & GIRLS CLUB OF GREATER KC 6301 ROCKHILL RD, STE 303 KANSAS CITY, MO 64131	43-6072065	501(C)(3)	7,250.	0.			CONTRIBUTION/DONATION
CHEROKEE STRIP REGIONAL HERITAGE CTR - PO BOX 5891 - ENID, OK 73702	20-4391260	501(C)(3)	8,333.	0.			CONTRIBUTION/DONATION
CITY RESCUE MISSION 800 W CALIFORNIA AVE OKLAHOMA CITY, OK 73106	73-0713883	501(C)(3)	14,700.	0.			CONTRIBUTION/DONATION
COLORADO UPLIFT ENDOWMENT 3914 KING ST. DENVER, CO 80211	84-0889330	501(C)(3)	20,000.	0.			CONTRIBUTION/DONATION
COMMUNITY ACTION AGENCY 319 SW 25TH ST. OKLAHOMA CITY, OK 73109	73-0753739	501(C)(3)	15,000.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PROJECT OF TULSA COUNTY - 4606 S. GARNETT, #100 - TULSA, OK 74146	73-1019247	501(C)(3)	15,000.	0.			CONTRIBUTION/DONATION
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)(3)	5,750.	0.			CONTRIBUTION/DONATION
DALLAS HOUSING AUTHORITY 3939 N HAMPTON DALLAS, TX 75212	75-6001817	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
DALLAS SYMPHONY ASSOCIATION (THE) 2301 FLORA ST DALLAS, TX 75201	75-0705442	501(C)(3)	9,250.	0.			CONTRIBUTION/DONATION
DALLAS THEATER CENTER 3636 TURTLE CREEK BLVD DALLAS, TX 75219	75-0959992	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
DENTOVATIVE SERVICE FOUNDATION 602 S UTICA AVENUE TULSA, OK 74104	20-0520512	501(C)(3)	7,500.	0.			CONTRIBUTION/DONATION
DENVER PUBLIC SCHOOLS FOUNDATION 900 GRANT ST, STE. 503 DENVER, CO 80203	84-1224325	501(C)(3)	7,300.	0.			CONTRIBUTION/DONATION
DOWNTOWN OKLAHOMA CITY INITIATIVES, INC - 210 PARK AVE, STE 230 - OKLAHOMA CITY, OK 73102	20-3674008	501(C)(3)	5,400.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	30,000.	0.			CONTRIBUTION/DONATION
FORGE FOR FAMILIES (THE) 3150 YELLOWSTONE BLVD H HOUSTON, TX 77054	76-0485959	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
FORT WORTH ZOOLOGICAL ASSOCIATION 1989 COLONIAL PARKWAY FORT WORTH, TX 76102, TX 76100	75-0991727	501(C)(3)	5,050.	0.			CONTRIBUTION/DONATION
FRIENDS OF HONOR HEIGHTS PARK ASSOC. - 4211 HIGH OAKS - MUSKOGEE, OK 74401	38-3791166	501(C)(3)	9,000.	0.			CONTRIBUTION/DONATION
GREAT INVESTORS BEST IDEAS FDN 1901 N AKARD STREET DALLAS, TX 75201	20-8884440	501(C)(3)	5,840.	0.			CONTRIBUTION/DONATION
GREATER PHOENIX ECONOMIC COUNCIL 2N CENTRAL AVE, STE 2500 PHOENIX, AZ 85004	86-0539979	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
HABITAT FOR HUMANITY, INC.-TULSA 6235 E 13TH ST TULSA, OK 74112	73-1325063	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
HEROES FOR CHILDREN 1701 N COLLINS, STE 240 RICHARDSON, TX 75080	83-0489882	501(C)(3)	6,400.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDS PARK ISD EDUCATION FOUNDATION - PO BOX 7776 - DALLAS, TX 75209	75-1999200	501(C)(3)	7,500.	0.			CONTRIBUTION/DONATION
HIGHLAND PARK PTA 7015 WESTCHESTER DALLAS, TX 75205	75-0871728	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
HIGHLAND PARK SPORTS CLUB 7015 WESTCHESTER DRIVE DALLAS, TX 75205	75-2065745	501(C)(3)	84,500.	0.			CONTRIBUTION/DONATION
HOLOCAUST MUSEUM HOUSTON 5401 CAROLINE STREET HOUSTON, TX 77004	76-0331398	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
HOUSTON TECHNOLOGY CENTER 410 PIERCE ST HOUSTON, TX 77002	76-0589315	501(C)(3)	18,440.	0.			CONTRIBUTION/DONATION
INTEGRIS BAPTIST MEDICAL CENTER FDN. - 3030 NW EXPRESSWAY, STE 1600 - OKLAHOMA CITY, OK 73112	73-1047338	501(C)(3)	12,300.	0.			CONTRIBUTION/DONATION
JARVIS CHRISTIAN COLLEGE PO BOX 1470 HAWKINS, TX 75765	75-0995027	501(C)(3)	7,000.	0.			CONTRIBUTION/DONATION
JEWEL CHARITY BALL INC 600 BAILEY AVENUE, SUITE A FT WORTH, TX 76107	75-2267609	501(C)(3)	19,095.	0.			CONTRIBUTION/DONATION

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LAKE WORTH ISD 6805 TELEPHONE ROAD LAKE WORTH, TX 76135	75-6002344	501(C)(3)	11,000.	0.			CONTRIBUTION/DONATION
LAMPLIGHTER SCHOOL 11611 INWOOD RD DALLAS, TX 75229	75-6059993	501(C)(3)	9,000.	0.			CONTRIBUTION/DONATION
LEADERSHIP OKLAHOMA 5500 N WESTERN, # 142 OKLAHOMA CITY, OK 73118	73-1301631	501(C)(3)	14,300.	0.			CONTRIBUTION/DONATION
LIFE SENIOR SERVICES 5950 E 31ST ST TULSA, OK 74135-5114	73-1043783	501(C)(3)	12,900.	0.			CONTRIBUTION/DONATION
LYRIC THEATRE OF OKLAHOMA 1727 NW 16TH STREET OKLAHOMA CITY, OK 73106	73-1001687	501(C)(3)	19,849.	0.			CONTRIBUTION/DONATION
MARCH OF DIMES-TULSA 7146 S BRADEN AVE, STE 700 TULSA, OK 74136	13-1846366	501(C)(3)	15,500.	0.			CONTRIBUTION/DONATION
METROPOLITAN TULSA URBAN LEAGUE, INC. - 240 E APACHE - TULSA, OK 74106	73-0610288	501(C)(3)	25,000.	0.			CONTRIBUTION/DONATION
METROPOLITAN YOUTH DEVELOPMENT 6301 WATERFORD BOULEVARD, STE 200 OKLAHOMA CITY, OK 73119	73-1623255	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
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MIDWEST HOUSING DEVELOPMENT FUND 13520 CALIFORNIA ST, STE 250 OMAHA, NE 68154	84-1686593	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
NAT'L COWBOY & WESTERN HERITAGE MUSEUM - 1700 NE 63RD ST - OKLAHOMA CITY, OK 73111	30-0341029	501(C)(3)	9,600.	0.			CONTRIBUTION/DONATION
NAT'L DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
NATURE CONSERVANCY 2727 E 21ST ST. #102 TULSA, OK 74114	53-0242652	501(C)(3)	11,000.	0.			CONTRIBUTION/DONATION
NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE - 819 PARK AVE - BALTIMORE, MD 21201	52-1007666	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
NEW MEXICO SYMPHONY ORCHESTRA PO BOX 30208 ALBUQUERQUE, NM 87190-0208	85-0110386	501(C)(3)	11,500.	0.			CONTRIBUTION/DONATION
OK HEART HOSPITAL AUXILLIARY, INC. 4050 W MEMORIAL RD OKLAHOMA CITY, OK 73120	87-0698579	501(C)(3)	5,760.	0.			CONTRIBUTION/DONATION
OK MOZART FESTIVAL PO BOX 2344 BARTLESVILLE, OK 74005	73-1340172	501(C)(3)	5,130.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
(Form 990)
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OKLAHOMA BUSINESS & EDUCATION COALITION - 1500 S MIDWEST BLVD, # 210 - MIDWEST CITY, OK 73110	73-1588138	501(C)(3)	12,000.	0.			CONTRIBUTION/DONATION
OKLAHOMA CARING FOUNDATION, INC. 1215 S BOULDER TULSA, OK 74119	73-1470846	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	73-0528431	501(C)(3)	5,360.	0.			CONTRIBUTION/DONATION
OKLAHOMA HEALTH CENTER FOUNDATION 800 RESEARCH PARKWAY, STE. 400 OKLAHOMA CITY, OK 73104	73-0756329	501(C)(3)	9,733.	0.			CONTRIBUTION/DONATION
OKLAHOMA HERITAGE ASSOCIATION 1400 CLASSEN DR. OKLAHOMA CITY, OK 73106	73-0784696	501(C)(3)	9,130.	0.			CONTRIBUTION/DONATION
OKLAHOMA STATE UNIVERSITY FOUNDATION - 215 BUSINESS BUILDING - STILLWATER, OK 74078	73-6097060	501(C)(3)	67,510.	0.			CONTRIBUTION/DONATION
ORAL ROBERTS UNIVERSITY 7777 S. LEWIS TULSA, OK 74171	73-0739626	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
OZANAM 421 E 137TH ST KANSAS CITY, MO 64145	44-0545442	501(C)(3)	5,180.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
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PARENT CHILD CENTER 1421 S. BOSTON TULSA, OK 74119	73-1113167	501(C)(3)	9,500.	0.			CONTRIBUTION/DONATION
PEACE AT HOME FAMILY SHELTER, INC. PO BOX 1923 FAYETTEVILLE, AR 72702	71-0552563	501(C)(3)	10,250.	0.			CONTRIBUTION/DONATION
PHILBROOK MUSEUM OF ART 2727 S ROCKFORT RD TULSA, OK 74114-4104	73-0579279	501(C)(3)	5,500.	0.			CONTRIBUTION/DONATION
PHOENIX CHILDREN'S HOSPITAL FDN 2929 E CAMELBACK RD, #122 PHOENIX, AZ 85016	74-2421549	501(C)(3)	14,130.	0.			CONTRIBUTION/DONATION
PRESBYTERIAN HEALTHCARE FOUNDATION 8440 WALNUT HILL LANE, STE 800 DALLAS, TX 75231	75-2022128	501(C)(3)	13,375.	0.			CONTRIBUTION/DONATION
RECONCILIATION OUTREACH MINISTRIES 4311 BRYAN ST DALLAS, TX 75204	75-2192081	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
RONALD MCDONALD HOUSE OF DALLAS 5641 MEDICAL CENTER DR. DALLAS, TX 75235	75-1609401	501(C)(3)	34,000.	0.			CONTRIBUTION/DONATION
ROSE BROOKS CENTER P.O. BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	8,500.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
(Form 990)
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SALVATION ARMY PO BOX 397 TULSA, OK 74101	73-0579226	501(C)(3)	9,500.	0.			CONTRIBUTION/DONATION
SAND SPRINGS EDUCATION FOUNDATION PO BOX 1541 SAND SPRINGS, OK 74063	73-1356145	501(C)(3)	5,500.	0.			CONTRIBUTION/DONATION
SENIOR CITIZENS OF GREATER DALLAS 1215 SKILES ST DALLAS, TX 75204	75-1085555	501(C)(3)	10,130.	0.			CONTRIBUTION/DONATION
SMU MUSTANG CLUB PO BOX 750315 DALLAS, TX 75275	75-0800689	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
SOUTHERN METHODIST UNIVERSITY PO BOX 750333 DALLAS, TX 75275	75-0800689	501(C)(3)	67,405.	0.			CONTRIBUTION/DONATION
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24 ST PHOENIX, AZ 85016	86-0407179	501(C)(3)	5,750.	0.			CONTRIBUTION/DONATION
SPECIAL OLYMPICS OKLAHOMA 6835 S CANTON AVE TULSA, OK 74136	23-7174120	501(C)(3)	9,900.	0.			CONTRIBUTION/DONATION
STEWPOT ALLIANCE 408 PARK AVENUE DALLAS, TX 75201	75-0871727	501(C)(3)	9,000.	0.			CONTRIBUTION/DONATION

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SUSAN G KOMEN FOUNDATION 5005 LBJ FREEWAY, STE 370 DALLAS, TX 75244	75-1835298	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
TEXAS WOMEN'S UNIVERSITY FOUNDATION - PO BOX 425618 - DENTON, TX 76204-5618	75-1292762	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
THUNDERBIRD CHARITIES 7226 N 16TH ST, STE 100 PHOENIX, AZ 85020	86-0560664	501(C)(3)	15,000.	0.			CONTRIBUTION/DONATION
TIM & WILLY KID'S FUN-DATION 840 N CENTRAL AVE PHOENIX, AZ 85004	86-1023309	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
TULSA COMMUNITY COLLEGE FOUNDATION 6111 E SKELLEY DRIVE #608 TULSA, OK 74135	23-7103807	501(C)(3)	6,660.	0.			CONTRIBUTION/DONATION
TULSA COMMUNITY FOUNDATION 7030 S. YALE, STE 600 TULSA, OK 74136	73-1554474	501(C)(3)	2,076,000.	0.			CONTRIBUTION/DONATION
TULSA ECONOMIC DEVELOPMENT CORP 307 S. DETROIT, STE 1001 TULSA, OK 74120	73-1084819	501(C)(3)	30,000.	0.			CONTRIBUTION/DONATION
UNITED WAY - MILE HIGH 2505 18TH STREET DENVER, CO 80211	84-0404235	501(C)(3)	82,160.	0.			CONTRIBUTION/DONATION

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UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25848 ALBUQUERQUE, NM 87125-5848	85-0277138	501(C)(3)	50,500.	0.			CONTRIBUTION/DONATION
UNITED WAY OF CENTRAL OKLAHOMA PO BOX 837 OKLAHOMA CITY, OK 73101	73-0589829	501(C)(3)	98,920.	0.			CONTRIBUTION/DONATION
UNITED WAY OF ENID 321 W CHEROKEE ENID, OK 73701	73-0582549	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
UNITED WAY OF GREATER HOUSTON PO BOX 3247 HOUSTON, TX 77253-3247	74-1167964	501(C)(3)	30,000.	0.			CONTRIBUTION/DONATION
UNITED WAY OF METROPOLITAN DALLAS 1800 N. LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	50,000.	0.			CONTRIBUTION/DONATION
UNITED WAY OF THE TEXAS GULF COAST PO BOX 3247 HOUSTON, TX 77253-3247	74-1167964	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
UNITED WAY-TULSA AREA 1430 S. BOULDER TULSA, OK 74119	73-0580283	501(C)(3)	8,250.	0.			CONTRIBUTION/DONATION
UNIVERSITY OF OKLAHOMA FOUNDATION 180 W BROOKS NORMAN, OK 73109	73-6091755	501(C)(3)	13,400.	0.			CONTRIBUTION/DONATION

SCHEDULE I-1
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URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC. - 3900 MARTIN LUTHER KING BLVD - OKLAHOMA CITY, OK 73111	73-0590037	501(C)(3)	6,850.	0.			CONTRIBUTION/DONATION
UNITED WAY - LAKE AREA 311 COURT STREET MUSKOGEE, OK 74402	23-7170019	501(C)(3)	8,000.	0.			CONTRIBUTION/DONATION
VALLEY YOUTH THEATRE 807 NORTH THIRD STREET PHOENIX, AZ 85004	86-0641978	501(C)(3)	10,000.	0.			CONTRIBUTION/DONATION
YWCA - ENID 525 S QUINCY ENID, OK 73701	73-0599309	501(C)(3)	5,500.	0.			CONTRIBUTION/DONATION
YMCA OF GREATER KANSAS CITY 3100 BROADWAY # 1020 KANSAS CITY, MO 64111	44-0546002	501(C)(3)	9,000.	0.			CONTRIBUTION/DONATION
YOUTH AND FAMILY SERVICES 2925 N MIDWAY ENID, OK 73701	73-0972483	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION
YOUTH AT HEART PO BOX 35798 TULSA, OK 74153	73-1043630	501(C)(3)	6,000.	0.			CONTRIBUTION/DONATION

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? **9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
PHILLIP LAKIN, JR.	(ii)	212,575.	9,825.	20,467.	15,257.	14,280.	272,404.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

PART I, LINE 1B: BOKF FOUNDATION'S RELATED ORGANIZATION, TULSA COMMUNITY FOUNDATION (TCF), USED THE FOLLOWING TO ESTABLISH THE COMPENSATION OF TCF'S EXECUTIVE DIRECTOR, PHILLIP LAKIN, JR:

COMPENSATION COMMITTEE;

FORM 990 OF OTHER ORGANIZATIONS;

COMPENSATION SURVEY OR STUDY;

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BOKF FOUNDATION

Employer identification number
73-1580807

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE ACTIVITIES WHICH ARE CONSISTENT WITH THE CHARITABLE PURPOSES OF TULSA COMMUNITY FOUNDATION.

FORM 990, PART IV: LINE 32 - BOKF FOUNDATION SOLD 8,400,000 OF DENALI PREFERRED STOCK. PER INSTRUCTIONS FOR SCHEDULE N, PART II, THIS TYPE OF TRANSACTION IS NOT REQUIRED TO BE REPORTED ON SCHEDULE N. THE STOCK WAS SOLD FOR OPERATING CAPITAL AND DID NOT RESULT IN THE FOUNDATION'S TERMINATION.

FORM 990, PART VII, COLUMN(B): PHILLIP LAKIN JR. DEVOTED FIFTY FIVE (55) AVERAGE HOURS PER WEEK TO TULSA COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 2: DAVID L. FOSTER AND MR. DORWART SERVE AS DIRECTORS OF WILLIFORD ENERGY COMPANY AND SAFETY TRAINING SYSTEMS, INC. WHICH ARE OWNED BY THE RICHARD WILLIFORD TRUSTS OF WHICH MR. DORWART IS A TRUSTEE. MR. FOSTER IS CHIEF EXECUTIVE OFFICER OF WILLIFORD ENERGY COMPANY.

FORM 990, PART VI, SECTION A, LINE 6: BOKF FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY IN THE STATE OF OKLAHOMA AS A NOT-FOR-PROFIT CORPORATION FOR EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE. THIS CORPORATION DOES NOT HAVE AUTHORITY TO ISSUE CAPITAL STOCK.

FORM 990, PART VI, SECTION A, LINE 7A: TULSA COMMUNITY FOUNDATION (THE SUPPORTED ORGANIZATION) APPOINTS THE TCF CLASS OF DIRECTORS. GEORGE B.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
BOKF FOUNDATION	73-1580807

KAISER APPOINTS THE DONOR CLASS DIRECTOR. THE BOARD OF DIRECTORS SHALL ALWAYS HAVE A SIMPLE MAJORITY OF TCF CLASS DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B: BOKF FOUNDATION DOES NOT CURRENTLY HAVE ANY COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: EACH OF THE DIRECTORS RECEIVES AND REVIEWS A COPY OF THE FORM 990 PRIOR TO FILING. COMPLETED RETURN IS SIGNED BY ONE OF THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AT QUARTERLY DIRECTORS MEETING. EACH DIRECTOR SIGNS A FORM STATING HIS COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION C, LINE 19: BOKF FOUNDATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION OFFICE.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BOKF FOUNDATION

Employer identification number

73-1580807

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
TULSA COMMUNITY FOUNDATION - 73-1554474 7030 SOUTH YALE AVENUE, SUITE 600 TULSA, OK 74136	FUNDING OF QUALIFIED CHARITABLE PURPOSES AND ORGANIZATIONS	OKLAHOMA	501(C)(3)	11A	N/A

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

Schedule R (Form 990) 2009

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Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	TULSA COMMUNITY FOUNDATION	B	2,076,000.
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No