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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

2011

Open to Public Inspection

	<u>~</u>	For the	2011 cale	ndar year, or tax year beginning 1/1 , 2011, and ending	12	2/31	, 20 11	
	В	Check if a	applicable	C Name of organization Tulsa Royalties Company		D Employ	er identification (umber
		Address	change	Doing Business As			73-6101744	
		Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	е	E Telepho	ne number	
	$\bar{\sqcap}$	Initial retu	•	500 W University, Box 61207			405-585-5130	
	Ħ	Terminate		City or town, state or country, and ZIP + 4				
	Η	-		Shawnee, OK 74804		O C	t- ¢	1936926
	Н	Amended			_	G Gross re		
	Ш	Application	on pending				for affiliates? 🔲 Ye	
	_			500 W University, Box 61207, Shawnee, OK 74804			ncluded? 🔲 Ye	
	<u></u>	Tax-exen	npt status	✓ 501(c)(3)	_ If "N	o," attach a	a list (see instruct	ons)
	<u>J</u>	Website:	: ► No	ne	H(c) Group	o exemption	n number 🕨	
	<u>K</u>	Form of o	organization	✓ Corporation Trust Association Other ▶ L Year of formation	on 1951	M State	of legal domicile	OK
	P	art I	Summ		<u> </u>			
		1	Briefly de	escribe the organization's mission or most significant activities: To prov	ide financi	al suppor	t for Oklahoma	Baptist
	Ф		Universi	y, an exempt organization providing Christian higher education to approxim	ately 1800 :	students f	from all over th	e United
	Activities & Governance		States.					
	Ē							••••••
	Š	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of	f more than	1 25% of	its net assets	
	Ö	1		of voting members of the governing body (Part VI, line 1a)		1 1	t	4
	حق دی			of independent voting members of the governing body (Part VI, line 1b)				4
	Ę	1		mber of individuals employed in calendar year 2011 (Part V, line 2a)				<u>·</u>
	Ž	1		nber of volunteers (estimate if necessary)		6	-	7
	Ą							
				• • • • • • • • • • • • • • • • • • • •		7a		0
	_	Ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	2	0
			O	Acada and arrate (Dart) (III) (and 4b)	Prior Y		Current '	
ಞಾ	9	1		tions and grants (Part VIII, line 1h)	_	0	-	0
2013	Revenue		_	service revenue (Part VIII, line 2g)		0	 	0
	é	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)		720	-	875
63	_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1790749		1936051
	_			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1791469		1936926
JAN		13	Grants a	nd similar amounts paid (Part IX, column (A),-lines-1-3)	7]	1575250		1701000
\preceq		14	Benefits	paid to or for members (Part IX, column (A), line 4) ECEIVED [0		0
	Š	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		0
	nse.	16a	Professi	onal fundraising fees (Part IX, column (A), line 1 tel c 1 3 2012				0
靎	Expenses	b	Total fur	onal fundraising fees (Part IX, column (A), III 11e) 1 3 2012 . Quality draising expenses (Part IX, column (D), III 25) 7 2012 . Quality draising expenses (Part IX, column (A), III 11 11 11 11 11 11 11 11 11 11 11 11	Ť			_
為	ŭ	1		penses (Part IX, column (A), lines 11a-11d, 14f-24e)		216757	t	235915
હેંડે				penses. Add lines 13-17 (must equal Part IX, column A) line 25		1792007		1936915
SCANNED				less expenses. Subtract line 18 from line 12	4	-538		11
_		+	110101140		eginning of C			
	ts or	20	Total acc	sets (Part X, line 16)				
	SS6 Poles	20				185	 	196
	Net Asset	21		bilities (Part X, line 26)		0		0
				ets or fund balances. Subtract line 21 from line 20		185	<u>'L</u>	196
		art II		ture Block				
	U	ider penal	ities of perji	iry, I declare that I have examined this return, including accompanying schedules and statem lete. Declaration of preparer (other than officer) is based on all information of which preparer.	nents, and to	the best of t	my knowledge ar	id belief, it is
	_		T k	oto bostalation of propare (care train emocify to based on an information of which propare	Thus unly know			
	e:		<u> </u>	nature of officer / / /				
	Sig	_	Sign	lature trovices	D.	ate , , / ~	3-112.	
	П	ere	 	/Willy (Shut)		<u> </u>	0/12	
			17	or print paper appropriations and neasurer				
	Pá	aid	Print/T	pe preparer's name Preparer's signature Dat	te	Check	☐ if PTIN	
		epare	r			self-em	ployed	
		se Onl		name ►	Fin	m's E <u>IN</u> ▶		
	_			address >	Ph	one no		
	Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)			<u> Y</u>	s 🗌 No
	Fo	r Paperv	vork Redu	iction Act Notice, see the separate instructions. Cat No	o. 11282Y		Form	990 (2011)

25 GM

	Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1 •	Briefly describe the organization's mission: To provide financial support for Oklahoma Baptist University, an exempt organization. Oklahoma Baptist University is a Christian
	liberal arts university which transforms lives by equipping students to pursue academic excellence, integrate faith with all areas of
	knowledge engage a diverse world and live worthy of the high calling of God in Christ
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount organis and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1701000 including grants of \$ 1701000) (Revenue \$ 0)
	Contributions to support Oklahoma Baptist University for special projects including campus improvement projects, capital
	expenditures and debt retirement.
	·····
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	······
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (Locality), (Lo
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ▶ 1701000

Part I	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	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	11b		1
С	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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		 ✓
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, Parts II and IV.	15		1
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, Parts III and IV	16		1
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 (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Part	Checklist of Required Schedules (continued)	-		
			Yes	No
21.	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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		√
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	1	
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		√
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		, ,
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		,
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	_	1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
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	/	

	(ESTI)			raye •
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
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?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ě	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
32		20		/
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		V
b	If "Yes," enter the name of the foreign country:			
	See instructions for 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	<u> </u>	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓_
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).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	\vdash	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			+
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	V	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		<u> </u>	
Ü				ļ.
	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		
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	_	·	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_		}
b	Gross income from other sources (Do not net amounts due or paid to other sources			ll .
	against amounts due or received from them.)			
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		Ť

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Sacti	Check if Schedule O contains a response to any question in this Part VI	· ·	• •	
<u>oecu</u>	on A. Governing body and management	—т	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4		}	
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		√
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
01	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-d- 1	✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		√	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?		✓	
14	Did the organization have a written whisteblower policy?		_	
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?		ļ	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
40-	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a	س	v .
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 6104 requires an	n 501(c	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website Upon request	of inter-	oct -	ماام
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n mære	esi p	olicy
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	Organization: Lauri Fluke 500 W University Box 61207 Shawnee OK 74804 (405)585-5130	J. 1.10		

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⊢orm	990	1201	71

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

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

Check this box in heither the organization not	ally related	u viyi	ainz	auo	11 0	ompe	1134	ica any canci	it officer, all colo	, or trustee.
				((C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than one south		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (describe	익호	2	ç	<u>چ</u>	육포	ਨ	from the	related organizations	other compensation
	hours for	Individual trustee or director	#	Officer	Key employee	P gres	Former	organization	(W-2/1099-MISC)	from the
	related organizations	[전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	tion !	,	[호	ye c]	(W-2/1099-MISC)		organization and related
	in Schedule] T	al to		ğ	ğ				organizations
	O)	e e	Institutional trustee		"	Highest compensated employee				-
			ď		l	e e				_
(1) Lloyd White										
President	0	✓						0	0	
(2) Scott Hamilton										
Secretary	0	✓						0	0	0
(3) WL Brown										
Director	0	✓						0	0	0
(4) Nadine McPherson		1								
Director	0	✓					L	0	0	0
(5) David Whitlock							ļ			
Vice President	0			✓				0	154155	0
(6) Randy L Smith										
Vice Pres for Operations and Treasurer	0			✓				0	110610	C
(7) Lauri Fluke										
Assistant Secretary	0		L	✓				0	60361	
(8)	-									
(9)		<u> </u>								
			<u> </u>	_			<u> </u>	<u> </u> -		
(10)	-									
(11)										
(12)				_		-	-			
				_			<u>Ļ</u> .	ļ		
(13)	-				1					
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					•	C)		_			
•	(A)	(B)	(do n	ot ch	Pos		than c	nna.	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated
		hours per week	office	er and	dad	irect	or/trust	-	compensation from	compensation fro related	m amount of other
		(describe	orc	Inst	Officer	<u>@</u>	ag F	Former	the	organizations	compensation
		hours for	drec lvid	it.	cer	Ŷ	boy	펄	organization	(W-2/1099-MISC	·
		related organizations	of E	ona		Key employee	88		(W-2/1099-MISC)		organization and related
		ın Schedule	Individual trustee or director	ŧ		8	npe				organizations
		O)	8	Institutional trustee			Highest compensated employee				
				Ľ		<u> </u>	8				
(15)										1	
						L		_			
(16)											
					L	_	<u> </u>	<u> </u>			
(17)											
	<u> </u>	-			<u> </u>	Ь		⊢	<u> </u>		
(18)		ļ									
(4.0)			 -		┢		_	┝			
(19)											
(00)			-	┢						<u> </u>	
(20)						1		İ			
(04)			-	┢	├	┢╌	-	┢	1		
(21)		-									
(22)				┢	<u> </u>	├		\vdash		· · · · · ·	
(22)		-		1			ì				
(23)			\vdash	\vdash	\vdash	\vdash	 				
(20)		1						İ	1		
(24)						H	 	╁	1		
32.7/		1									
(25)	.,							╁			
37		1									
1b	Sub-total		• • •	•				▶	0	3251	26 0
С	Total from continuation sheets to Part	VII, Section	n A					▶			
d	Total (add lines 1b and 1c)	-						▶	0	32512	26 0
2	Total number of individuals (including but							e) v	ho received m	ore than \$100	000 of
	reportable compensation from the organ										
-											Yes No
3	Did the organization list any former of							emp	oloyee, or high	nest compens	ated 1000 1000
	employee on line 1a? If "Yes," complete										
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation from	the State
	organization and related organizations	•							•	nedule J for s	
	ındıvıdual										. 4 🗸
5	Did any person listed on line 1a receive of										
	for services rendered to the organization	? If "Yes," o	comp	lete	Sci	ned	ule J	tor :	such person		. 5 ✓
Section	n B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Rep	oort compe	nsati	on t	or ti	he c	calend	dar :	year ending wi	th or within the	organization's tax
	year.							_		-	
	(A) Name and business add	Irace							(B) Description of s	Services	(C) Compensation
			0					1.0	*		
Вария	t Foundation of Oklahoma, 3800 N May Ave	Okianoma	City,	UK A	/311	12		IMI	neral managem	ent serv	122514
								+			
		-						+			·
		-						t^-			_
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limi	ted to	o tl	hose listed ab	ove) who	
	received more than \$100,000 of compen								1	-	

Part	EVIII	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
ıts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			
	С	Fundraising events 1c	1			
iift ar .	d	Related organizations 1d				
s, (imi	е	Government grants (contributions) 1e				
ion S	f	All other contributions, gifts, grants,	1	!		
いまる		and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f. \$;		
ဗို င်	h	Total. Add lines 1a–1f ▶				
		Business Code			-	
Program Service Revenue	2a				,	
8	b					
<u>Ş</u>	С					
Ser	d					
E	e					
ogra	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				-
		and other similar amounts) ▶	875	0	0	875
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties	1936051	0	0	1936051
		(i) Real (ii) Personal				
	6a	Gross rents]			
	b	Less: rental expenses	1			
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	1			
	ь	Less. cost or other basis	-			
	В	and sales expenses				
		Gain or (loss)	1			
:	d	Net gain or (loss)				
	ľ	Net gain or (loss)		<u> </u>		
ne	8a	Gross income from fundraising	,			
venue		events (not including \$,			
]	of contributions reported on line 1c).				
Other Re	i	See Part IV, line 18 a				
¥	ь	Less: direct expenses b	1			
0		Net income or (loss) from fundraising events . ▶			-	
		Gross income from gaming activities.				
	•	See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	Ь	Less: cost of goods sold b				
	<u> </u>	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	_ e	Total. Add lines 11a–11d				
	l 12	Total revenue. See instructions	1936926	l o	l o	1936926

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).

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, o, 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 United States See Part IV, line 21	1701000	1701000						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
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 8	Other salaries and wages								
9 10 11	Other employee benefits								
a b	Management								
d d	Accounting								
e f g	Investment management fees	122514	0	122514					
12 13	Advertising and promotion	228	0	228					
14 15	Information technology								
16 17 18	Occupancy								
19	for any federal, state, or local public officials Conferences, conventions, and meetings	549	0	549					
20 21	Interest								
22 23	Depreciation, depletion, and amortization . Insurance								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	Ad valorem taxes	104	. 0	104					
b	Production taxes	112520	0	112520					
c C		-			.				
d e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1936915	0	1936915	0				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	185	1	196
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
10		employees' beneficiary organizations (see instructions)		6	
ets	,			7	
Assets	7	Notes and loans receivable, net		8	
•	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		9	
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
				100	
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities			
	12	Investments—other securities. See Part IV, line 11	****	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)	185		196
	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	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
abi		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
3ai	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117, check here ▶ ☐ and	<u> </u>		
Ä		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	185	30	196
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	 	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<u>e</u> t	33	Total net assets or fund balances	185	33	196
~	34	Total liabilities and net assets/fund balances	185	_	196
_					

Form 9	90 (2011)			Pa	ge 12
Par	XI. Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		193	86926
2	Total expenses (must equal Part IX, column (A), line 25)	2		193	36915
3	Revenue less expenses. Subtract line 2 from line 1	3			11
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			185
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			196
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>		
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," ex Schedule O.	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
b	Were the organization's financial statements audited by an independent accountant?		2b	}	✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			

☐ 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?...........

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

За

3b

Form **990** (2011)

☐ Separate basis

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

Open to Public Inspection

Name of the organization
Tulsa Royalties Company

Employer identification number 73-6101744

Pa	it Reason f	or Public Cha	rity Status (All orga	nızatıon	s must c	omplete	this par	rt.) See ı	nstructio	ns.		
The	organization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(i	i).			
2	A school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	3 🔲 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	-	•	on operated in conjun						0(b)(1)(A)	iii). Ente	r the	
	hospital's nan	ne, city, and stat	e:		•							
5	☐ An organization	on operated for	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit d	escrib	ed in
)(1)(A)(iv). (Com			•		•	, ,				
6			nment or government	al unit de	scribed in	section	170(b)(1)(Δ)(v).				
7			receives a substantia						nit or from	the aer	neral p	oublic
-		•	(A)(vi). (Complete Par	-	00		. 90.0			90.		
8			n section 170(b)(1)(A	•	nnlete Pa	et II \						
9							m contr	hutiono	mambam	hin food	and a	arocc
9	_	•	receives: (1) more that d to its exempt funct							-		_
			ent income and unre									
		_	ifter June 30, 1975. Se				-		ii Jii ta	λ) 110111	Dusine	,5303
40	`	-						-	(A)			
10		_	l operated exclusively		•	-						
11	_	•	nd operated exclusive	•							•	
			olicly supported organdescribes the type of								ee 3 e	Cuon
								ste illies		_		
	a ☑ Type I			☐ Type		-	-			Type II		
e			that the organization									
		•	ers and other than on	e or more	e publicly	support	ea organ	izations (aescribea	in section	วท 508	/(a)(1)
	or section 509						_					
f	-		a written determination				-				portin	_
												✓
ç	_		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	Э			
	following pers											
			ndirectly controls, eit							nd	Yes	No
			ody of the supported	-						11g(i)		✓
			on described in (i) abo							11g(ii		✓_
		•	a person described in							11g(in		✓
t	Provide the fo	llowing informat	ion about the support	ed organ	ızatıon(s).							
(i)	Name of supported	(ii) EIN	(III) Type of organization	1	organization		ou notify		Is the		mount o	of
	organization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the	SL	pport	
			(see instructions))	3			oort?		S?			
				Yes	No	Yes	No	Yes	No			
/A) C	klahoma Bantist											
(A)	klahoma Baptist niversity	73-0579264	2	1		/		1			170	1000
	_											
(B)								i				
<u></u>	····											
(C)												
(D)	•	 	 	1				1				
(D)												
(E)									 			
(E)												
Tota	ıl										170	1000

Schedu	le A (Form 990 or 990-EZ) 2011							Pag	je 2
Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n faile	d to qua		
Secti	on A. Public Support					_			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	2011	(f) Total	_
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					Ì			
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.		L			1			
	on B. Total Support	() 0007	4 1 0000	() 0000	1 1 2 2 2 2	1 / 1		10 T. I.	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) :	2011	(f) Total	—
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			Ī		İ			
12	Gross receipts from related activities, etc	•	•			12			
13	First five years. If the Form 990 is for the								_
04	organization, check this box and stop he			· · · · ·		• •	<u> </u>	· · <u>-</u>	
14	on C. Computation of Public Support Public support percentage for 2011 (line)			11 column (fl)		14		_	%
15	Public support percentage for 2011 (line of Public support percentage from 2010 Sci		•			15			%
16a	331/3% support test—2011. If the organibox and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	1/3 % or			
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is	33 ¹ /3%	or more, . ▶	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop	here. E	xplain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	e "facts-and-c	rcumstances" tances" test. T	test, check to	his box	and st	op here.	
18	Private foundation. If the organization di	d not check a	box on line 13	. 16a. 16b. 17a	a, or 17b, chec	k this b	ox and	see	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	· -					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						<u></u>
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			i			
_	The value of services or facilities					_	
5	furnished by a governmental unit to the						
	organization without charge		1				
6	Total. Add lines 1 through 5						
	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					ļ	
	or 1% of the amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b						
8	line 6.)					ļ	
Secti	on B. Total Support	[JL	J <u></u>	JL	l	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2001	(2) 2000	(0, 2000	(4, 2010	3-7	
10a	Gross income from interest, dividends,					1	
	payments received on secunties loans, rents,				ļ		
	royalties and income from similar sources .						
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses		Ì	}			
	acquired after June 30, 1975	-	 	 			
	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	ļ	}				
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets		1				
	(Explain in Part IV.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u> </u>	<u>L</u>	<u> </u>	504()(5)
14	First five years. If the Form 990 is for the						
Cook	organization, check this box and stop he			· · · · ·	<u> </u>	_ · · · · · · · · · · · · · · · · · · ·	· · · <u> </u>
<u>Secu</u>	on C. Computation of Public Support Public Support percentage for 2011 (line			13 column (f)		15	%
16	Public support percentage for 2011 (infe-						%
	on D. Computation of Investment In			<u> </u>			
17	Investment income percentage for 2011			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201	0 Schedule A,	Part III, line 17	,		18	%
19a	331/3% support tests-2011. If the organ	nization did no	t check the bo	x on line 14, a	ind line 15 is r	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	i, 19a, or 19b,	cneck this box	and see instru	uctions ► _

Page	4
, age	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
								

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**11**

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

73-6101744 **Tulsa Royalties Company** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

P	2	_	۵	2

Part	III Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar A	sset	s (cor	ntinue	<u>∍d)</u>
3	Using the organization's acquisition,		her recor	ds, chec	k any of the	e follov	ving that are a	signif	icant	use o	of its
•	collection items (check all that apply):										
а	☐ Public exhibition		d (☐ Loan	or exchang	e prog	rams				
b	☐ Scholarly research		e	Other							_
c	☐ Preservation for future generations	3									•
4	Provide a description of the organization	tion's collections a	and expla	in how th	ney further t	the org	ganization's exe	empt p	ourpo	se ın	Part
	XIV.										
5	During the year, did the organization										
	assets to be sold to raise funds rather										
Part					anızatıon a	answe	red "Yes" to I	Form	990,	Part I	IV,
	line 9, or reported an amour	nt on Form 990, F	Part X, li	ne 21.							
1a	Is the organization an agent, trustee	, custodian or oth	er interm	nediary fo	r contributi	ions oi	other assets		_	_	
	included on Form 990, Part X?							. [] Ye	s 🗌	No
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the fo	llowing ta	able:	_					
								Amou	nt		
С	Beginning balance					10					
d	Additions during the year					10	1				
e	Distributions during the year					16					
f	Ending balance										
2a	Did the organization include an amou		art X, line	21? .				. L	Ye	s ∐	No
	If "Yes," explain the arrangement in P				//\		00 0 1 1 1 1 1				
Par	V Endowment Funds. Compl										
_		(a) Current year		or year	(c) Two year	s back	(d) Three years ba	ICK (e) Four y	ears b	ack
1a	Beginning of year balance	0		583				_#			
b	Contributions	0		0							
С	Net investment earnings, gains, and losses			•							
		0		0							
d	Grants or scholarships Other expenditures for facilities and				-						
е	programs			_							
	· ·	0		0 583				-			
f	Administrative expenses			363							
g 2	End of year balance				column (a	// hold	36.				
a	Board designated or quasi-endowme			e (iiile 19	, Columnia)) Helu	as.				
b											
C	Permanent endowment ► Temporarily restricted endowment ►										
·	The percentages in lines 2a, 2b, and 2	/0 2c should equal 10	10%								
3a	Are there endowment funds not in th			zation tha	at are held	and ac	ministered for	the			
	organization by:								[·	Yes	No
	(i) unrelated organizations							. [3a(i)		<u>√</u>
	(ii) related organizations								3a(ii)		<u></u>
b	If "Yes" to 3a(II), are the related organ							.	3b		
4	Describe in Part XIV the intended use							_			
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.		-				
	Description of property	(a) Cost or ot	ther basis	(b) Cost o	r other basis	(c)	Accumulated	(ď	f) Book	value	
		(investm	nent)	(0	ther)	d	epreciation				
1a	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment										
е	Other	:									
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90. Part 2	X. column	(B), line 10)(c).)	<i>.</i> . •	l			

Part VII	Investments-Other Securitie	es. See Form 990, Part X,	line 12.	
. (6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financia	I derivatives	.		
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				<u> </u>
(D)				
(E)	***************************************			
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		<u></u>	
Part VIII	Investments – Program Relat			<u></u>
_	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
_(1)				
_(2)	# ± **-			
_(3)				
_(4)				"
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990,			
raitix	Other Assets: See Form 990,	(a) Description		(b) Book value
(1)		(-)		(4) = 4 = 1.1.1
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)		**************************************		
(4)				× -
(5)				
(6)				.
(7)				
(8)				
(9)		· ,		
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X			
Part X	Other Liabilities. See Form 99	0, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federa	l income taxes			
(2)				
(3)				
(4)			_	
(5)]	
(6)			_	
(7)				
(8)				
(9)	**			
(10)]	
(11)]	
	(b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (A	ASC 740) Footnote. In Part XIV, provi	de the text of the footnote to	the organization's financial staten	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	ne D (Form 490) 2011			Page 4
Par	t XI. Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	teme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	· · ·
7	Prior penod adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per l	Retu	ım
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	į		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	. 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	į		
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expense		r Re	eturn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	İ		İ
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· I	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		Ť	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	: I	5	
Part			Ť	I
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14. Pa	art I\	/. lines 1b and 2b:
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
	dditional information.			
Sched	dule D, Part V - The Company owns mineral assets held as endowment which are fully depleted and, th	erefor	e. ha	eve \$0 book value as of
12/31/	/11 for cash basis financial statements. However, these assets are income producing As a supporting	orga	niza	tion of Oklahoma
		7		
Bapti	st University, the endowment income is used to make contributions to Oklahoma Baptist University T	hese (cont	ributions fund special
proje	cts including campus improvement projects, capital expenditures and debt retirement.			
-Pi-Ojo	so moraling varieties improvement projects, capital experiations and debit terrement.			
	•			

(Form 990) 2011	Page 5
Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2011 Open to Public Inspection

OMB No.,1545-0047

Open to Publ Inspection

%□ Campus operations/proj (h) Purpose of grant or assistance ✓ 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. 73-6101744 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . . . ž (f) Method of valuation (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Cash (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 1701000 grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 73-0579264 (G) 1 (a) Name and address of organization (1) Oklahoma Baptist University 500 W University, Shawnee, OK **Tulsa Royalties Company** Partl Part II € 5 (12) ଷ ල Ø 9 <u></u> (11) @

Schedule I (Form 990) (2011)

Cat. No. 50055P

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ო Ŋ ဖ N 4

SCHEDULE J (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tulsa Royalties Company

Questions Regarding Compensation

Employer identification number

73-6101744

				1	
1a	Check the appropriate box(es) if the organization provided any			Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any				
		sing allowance or residence for personal use			
	· · · · · · · · · · · · · · · · · · ·	nents for business use of personal residence th or social club dues or initiation fees			
	_	onal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account Person	onal services (e.g., maid, chadhedr, chei)			
b	If any of the boxes on line 1a are checked, did the organiz	ration follow a written policy regarding payment	i		
_	or reimbursement or provision of all of the expenses d				
	explain		1b		
2	Did the organization require substantiation prior to reimburs directors, trustees, and the CEO/Executive Director, regarding		2		
3	Indicate which, if any, of the following the filing organization	used to establish the compensation of the	ŀ		
J	organization's CEO/Executive Director. Check all that apply.				
	related organization to establish compensation of the CEO/E				
	☐ Compensation committee ☐ Writt	en employment contract			
	☐ Independent compensation consultant ☐ Com	pensation survey or study			
	☐ Form 990 of other organizations ☐ Appr	oval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sorganization or a related organization:	Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment	? [4a		\
b	Participate in, or receive payment from, a supplemental none	•	4b		✓
C	Participate in, or receive payment from, an equity-based cor	-	4c		✓
	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 c	omplete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, d	d the organization pay or accrue any			
	compensation contingent on the revenues of:				
а	The organization?		5a		✓
b	,		5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			i	
6	For persons listed in Form 990, Part VII, Section A, line 1a, d	id the organization pay or accrue any	,		
	compensation contingent on the net earnings of:	•			
a	5		6a		1
Ь	Any related organization?		6b		*
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		7		1
8	Were any amounts reported in Form 990, Part VII, paid or ac				H
9	to the initial contract exception described in Regulation				
	in Part III	, , , ,	8		1
9	If "Yes" to line 8, did the organization also follow the r				
			9	'	1

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

For each individual whose compensation must be reported 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 (BM)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line tale and icalium (D) and (E) amounts for that individual

							, ,	
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Total of columns		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	: •
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	(F) Compensation reported as deferred in prior Form 990
David Whitlock	(3)	0	0	0	0	0	0	0
	Ξ	143063	100	11002	10422	29129	193706	0
	€							
2	(ii)							
	€							
3	(3)							
=	(9)							
4	(E)							
	(i)							
5	(
	(6)							
9	€							
	(3)							
2	Ξ							
	(i)							
8	Ξ							
	Θ							
6	Ξ							
	(i)							
10	<u>(E</u>							
	Ξ							
11	€							
	E							
12	(E)							
	(1)							
13	Ξ							
	•							
14	€							
	€							
15	E							
	E							
16								

Schedule J (Form 990) 2011

Part III Supplemental Information Somplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Ilso complete this part for any additional information.	tb, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Tulsa Royalti	es Company							73-6	10174	4		
Part I	Excess Benefit Transactions Complete if the organization ar	(section iswered	501(c)(3 "Yes" oı) and section 501(c)(4 n Form 990, Part IV, li	l) organiza ne 25a or	tions only). 25b, or For	m 990)-EZ,	Part V	/, lıne		
1	(a) Name of disqualified person				(b) Description	on of transaction	on				(c) Corr	
	(-,										Yes	No
(1)		-		 							-	
(2)	-		.									
(3)	-		-		_							
(5)			_									
(6)				 								
2 Enter	the amount of tax imposed section 4958		_	ion managers or dis		ersons du	ring th	ne yea	ar • \$			
3 Enter	the amount of tax, if any, on li	ne 2, abo	ove, reim	bursed by the organi	zation .			>	> \$		_	
Part II	Loans to and/or From Interest Complete if the organization as	sted Per	sons. "Yes" o	n Form 990, Part IV, I	ne 26, or	Form 990-E	Z, Pa	rt V, lı	ne 38	a.		
(a) Name	of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Bala	ance due	(e) in d	efault?	(f) App by bo comm	ard or	(g) W agreei	
		То	From				Yes	No	Yes	No	Yes	No
<u>(1)</u>				······································								
(2)												
(3)												
(4)												
(5)							↓					
(6)		1		. ,								
_(7)		_					ļ					
_(8)					ļ							
(9)		-				-	-		_			
(10)		_i					 					L. —
Total	O										<u> </u>	
Part III	Grants or Assistance Benefit Complete if the organization a	nswered	"Yes" o	n Form 990, Part IV, I	ine 27.							
(a)	Name of interested person	(b) R	elationship	between interested person organization	and the	(c)	Amount	and ty	pe of a	ssistan	ce	
(1)												
(2)												
(3)		<u> </u>							_			
(4)												
_(5)	<u> </u>					_						
_(6)		\bot									-	
		1		.								
(4) (5) (6) (7) (8) (9)		+										
(9)		+										
(10)	<u></u>											_

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	anng c zation nues?
_	Oklahoma Baptist University	See Part V below	1701000	Contributions to Oklahoma Baptist	103	7
	okianoma Baptist University	See Part V below				 *
				University		\vdash
					<u> </u>	+
		 				H
					\vdash	t
						T
						Τ
			_			
rt	V Supplemental Information			ns on Schedule L (see instructions		
	Royalties Company is a supporting o any and Oklahoma Baptist University			mpt organization. As such, Tulsa Re		es
P	any and Okianoma Baptist University		ectors.			
		••••				

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Tulsa Royalties Company

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Employer identification number

73-6101744

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990, Part VI, Section B, Line 11a - A draft copy of Form 990 is provided to the governing board for their review prior to filing. Any
questions or issues arising from that review are resolved by the officers
Form 990, Part VI, Section B, Line 12c - Conflict of interest statements are submitted annually by officers and directors. These statements
are reviewed by the governing body and issues, if any, are resolved to the satisfaction of the governing body.
Form 990, Part VI, Section B, Line 15 - The organization's officers and key employees, including the CEO, CFO and other management
officials, are not compensated by the organization; therefore, this question is not applicable.
Form 990, Part VI, Section C, Line 19 - The organization provides its governing documents, conflict of interest policy and financial
statements upon request.
Form 990, Part VII, Section A, Line 1a - David Whitlock, Randy L Smith and Lauri Fluke each spend an average of 55 hours per week
providing services to Oklahoma Baptist University, a related organization.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Tulsa Royalties Company

Partl

ated Organizations and Unrelated
rganizations a
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▶ 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. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

% 	Open to Public	Increaction
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OMB No 1545-0047

Employer identification number

73-6101744

(a) Name, address, and EIN of disregarded entity	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1)						
(2)						
(6)						
(4)						
(5)						
(9)						1
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	cations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had uring the tax year.)	answered "Yes" to	5 Form 990, Part	IV, line 34 beca	ause it had	
(a) Name, address, and EIN of related organization Print	(b) (c) (c) Primary activity (c) or foreign country)	(d) section y)	(e) Public charity status (if section 501(c)(3))	(f) Single Controlling entity	(g) Section 512(b)(13) controlled entity?	(13)
					Yes No	
(1) Oklahoma Baptist University (73-0579264) 500 W University, Shawnee, OK 74804	Christian higher edu Oklahoma	501(c)3		2 N/A	```	
(2) Baptist Foundation of Oklahoma (73-0623038)	emodely() momoneanem thousani	503(5)3		1 N/A	<i>,</i>	
(4)						1
(5)						
(9)						
ω						1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No. 50135Y		Schedule	Schedule R (Form 990) 2011	5

Schedule R (Form 990) 2011							:			Page 2
Part III Identific	Identification of Related Organizations Taxable as a Partnership (Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.)	ations Ta	xable as a Pa tions treated a	ible as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 ons treated as a partnership during the tax year.)	ete if the or uring the ta	ganization ar x year.)	swered "Yes	" to Form 990), Part IV, line	34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(9) Share of end-of- year assets	(h) -of- Disproportionate s allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or General or managing partner?	(k) Percentage ownership
3							Yes No		Yes	
(1)										
(2)										
(6)						i				
(4)										
(5)										
(9)										
۵										
Part IV Identific	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.)	ations Ta	ixable as a Co	rporation or Trus	st (Complet ation or trus	e if the orgar st during the	ization answ tax year.)	ered "Yes" to	Form 990, Pa	rt IV,
Name, addre	(a) Name, address, and EIN of related organization		(b) Primary activity	vity Legal (st	(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
(1)									f	
(2)										
(6)										
(4)										
(5)										
(9)										
ص ص										
			:				2		Schedule R (Form 990) 2011	m 990) 2011

hedule R (Form 990)

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		i	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?	d organizations listed	ın Parts II–IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a 🗸
b Gift, grant, or capital contribution to related organization(s)			. 1b <
c Giff, grant, or capital contribution from related organization(s)			. 1c
Loans or loan quarantees to or for related organization(s)			, PI
			- 1e
f Sale of assets to related organization(s)			+
g Purchase of assets from related organization(s)			. 1g /
h Exchange of assets with related organization(s)			+
i Lease of facilities, equipment, or other assets to related organization(s)			. 1i
j Lease of facilities, equipment, or other assets from related organization(s)			1j .
k Performance of services or membership or fundraising solicitations for related organization(s)			× ×
l Performance of services or membership or fundraising solicitations by related organization(s)			> =
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- T
n Sharing of paid employees with related organization(s)			. 1n 🗸
o Reimbursement paid to related organization(s) for expenses			10
p Reimbursement paid by related organization(s) for expenses			1p .
A Other transfer of each or property to related organization(s)			10
r Other transfer of cash or property from related organization(s)			11 /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	ie, including covered i	relationships and transaction thresholds.	saction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
Oklahoma Bantist University			
(1)	þ	1701000 Cash	Cash
Baptist Foundation of Oklahoma (2)	-	122514 Cash	Cash
(9)			
(4)			
(5)			
		Sche	Schedule R (Form 990) 2011

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

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) (b)	(a)	9	(p)	©	ε	1	ε	(6)		(K)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Share of	Disproportionate	Code V—UBI		Percentage
		(state or foreign country)	income (related, unrelated, excluded				anocarious	of Schedule K-1	managing partner?	ownersnip
			from tax under	organizations?				(Form 1065)		
			Section 312-314)	Yes No			Yes No		Yes No	
(1)	,									
(2)			:							
(6)										
(4)										
(9)										
(9)										
ω										
(8)										
(6)										
(10)										
(11)	,									
(12)				·						
(13)										
(14)							-			
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2011

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see
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Schedule R (F	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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