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# Form **990**

### **Return of Organization Exempt From Income Tax**

er section 501/c) 527, or 4947/s)(1) of the Internal Revenue Code (except private foundations

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending 20 D Employer identification number C Name of organization Tulsa Royalties Company Check if applicable Address change Doing business as 73-6101744 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return 500 W University, Box 61207 405-585-5130 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Shawnee, OK 74804 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Mo Application pending H(b) Are all subordinates included? ☐ Yes ☐ No Lauri Fluke, 500 W University, Box 61207, Shawnee, OK 74804 If "No," attach a list (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ None H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation 1951 M State of legal domicile οк Part I Summary Briefly describe the organization's mission or most significant activities: To provide financial support for Oklahoma Baptist University, an exempt organization providing Christian higher education to approximately 2,000 students from all over the 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 9 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 0 0 ٩ Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 281 864 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 1979531 1556906 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1980395 1557187 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1759250 1399000 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . n O Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 221164 158310 Total expenses. Add lines 13-17 (must equal Part 1X; column (A), line 25) 18 1980414 1557310 19 Revenue less expenses. Subtract line 18 from line 12/ (19)(123)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 63 21 Total liabilities (Part X. line 26) . . . 0 0 Net assets or fund balances. Subtract line 21 from time 20 \( ) 186 63 Signature Block Part II Under penalties of perjury, I degrape that Mave 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 prepare (lether than officer) is based on all information of which preparer has any knowledge Sign Operations & Treasurer Here Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check 🔲 ıf self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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Part	III Statement of Program Service Accomplishments
ı aı ı	Check if Schedule O contains a response or note to any line 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?
	If "Yes," describe these changes on Schedule O.
4	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 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 \$ 1399000 including grants of \$ 1399000 ) (Revenue \$)
	Contributions to support Oklahoma Baptist University for special projects including campus improvement projects, capital
	expenditures and retirement of debt.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	•
	<u></u>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	, (
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4</u> e	Total program service expenses ► 1399000

arı	Checklist of nequired 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		✓_
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		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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		✓_
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? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		✓
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	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		1
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		<b>\</b>
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		<b>√</b>
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
	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	11e		<b>✓</b>
10 2	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .  Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		✓
	Schedule D, Parts XI and XII	12a		✓_
	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 and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>*</b>
	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>`</u>
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		<b>√</b>
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

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Part	Checklist of Required Schedules (continued)			
00	Did the same that a second and a second beautiful facilities O 16 40/cs # as same that O the dute H		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	<b>✓</b>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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	✓	
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 25a	24a		<b>√</b>
	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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>/</b>
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
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	28b 28c	1	<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>-</b>	1
30	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, Part I	31		1
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	-	1
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, Part II, III, or IV, and Part V, line 1	34	1	<b></b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	<del>                                     </del>

Onn 99				age J
Part	·			
	Check if Schedule O contains a response or note to any line in this Part V	<del>·                                    </del>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		163	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	· •		
•	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
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		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\neg$	<u> </u>
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 as charitable contributions?	6a		1
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>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			i —
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			i
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1 1
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		✓_
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
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Form 99	0 (2015)				age <b>6</b>
Part		ugh 7b below,	and i	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				_
Coati	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· · · </u>	<u>·</u> ·	<u> </u>
Secu	on A. Governing Body and Management		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	la 4			
,,,	If there are material differences in voting rights among members of the governing body, or	7			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		l		
b	Enter the number of voting members included in line 1a, above, who are independent .	lb 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ationship with			
	any other officer, director, trustee, or key employee?		2		✓_
3	Did the organization delegate control over management duties customarily performed by or un				,
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<b>✓</b>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization		5		<b>✓</b>
6	Did the organization become aware during the year of a significant diversion of the organization base members or stockholders?	5 assets: .	6		<del>-</del>
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect 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 und	ertaken during			
	the year by the following:				
a	The governing body?		8a	<b>√</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	be reached at	8b	✓	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of s				
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		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>✓</b>	<u> </u>
b 40=	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	1	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	<b>∀</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the po			_	
ŭ	describe in Schedule O how this was done		12c	✓	
13	Did the organization have a written whistleblower policy?		13	1	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review an	,			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
a	The organization's CEO, Executive Director, or top management official		15a	<b>√</b>	
b	Other officers or key employees of the organization		15b	✓	$\vdash$
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
100	with a taxable entity during the year?		16a	$\vdash$	<b>/</b>
b	If "Yes." did the organization follow a written policy or procedure requiring the organization			<u> </u>	<u> </u>
-	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Oklahoma	1 000 T (0		(_\/o\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	a 990-1 (Section	1 501	(C)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	ndula (C)			
19	Own website Another's website Upon request Other (explain in Sche Describe in Schedule O whether (and if so, how) the organization made its governing documen		erest	nolicy	/ and
	financial statements available to the public during the tax year.	,	J. 03t	20.10	,,
20	State the name, address, and telephone number of the person who possesses the organization	's books and re	cords	: ▶	
	Lauri Fluke, 500 W University, Box 61207, Shawnee, OK 74804, (405)585-5130				

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Part VII	Compensation of Officers, Directors,	Trustees, I	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.

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☐ Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than c s both		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	Эğ	♀	8	릭표	Fo	from the	related organizations	other compensation
	related	dred	🚆	Officer	y er	phes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	양교	g		Key employee	yee cc	-	(W-2/1099-MISC)		organization and related
	line)	ੋੜ੍ਹੇ	ᄬ		) ¥	ğ				organizations
		8	Institutional trustee			Highest compensated employee				_
			<b>₫</b>			ited				
(1) Michael Cabbart	.5									
(1) Michael Gabbert President	.5	1						,	٥	0
		┢┷	$\vdash$	$\vdash$	-		<del> </del>	•		
(2) Steve Bagwell Secretary	.5	1						l .	0	o
		<del></del> -	-					<del>                                     </del>		
(3) Nadine McPherson  Director	.5	1	İ					l .	٥	0
	.5	<u> </u>	╁	╁─╴			$\vdash$	<del>                                     </del>		
(4) Danna Humphreys Director	5 5	1						۰ ا	٥	o
		<b>                                     </b>	<u> </u>					<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(5) David Whitlock Vice President	55	ł		1			l	۰ ا	181566	26445
(6) Daniel Cinib		-		۲			<del>                                     </del>	<u> </u>	181300	20443
Vice President for Operations and Treasurer	55	ł		/				0	133198	46704
(7)	1	<del> </del>	<del> </del>	╁	┪	<del>                                     </del>	$\vdash$	†	133136	40704
(/) Lauri Fluke Assistant Secretary	55	ł		/				0	67575	26628
			<del>                                     </del>	۲	╁	<del> </del>	<del> </del> -	-	0/3/3	20020
(8)			<u> </u>							•
(9)										
(10)										
		1								
(11)										
(12)					$\vdash$					
		<u> </u>		$oxed{oxed}$			$ldsymbol{ld}}}}}}$			
(13)										
(14)										<del></del>
		I	1	1	l	1	l		1	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box, i	ot ch unles	Pos eck s pe	rson	e than o is both or/trus	n an	(D)  Reportable compensation from	(E) Reportable compensation f	rom	Esti	(F) mated ount of ther	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compo from organ and	ensation m the nization related nizations	1
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)											Ť			
(25)														
1b c	Sub-total	VII, Sectio			•		 	<b>&gt;</b>		382	0	···.		99777
<u>d</u> 2	Total (add lines 1b and 1c)	t not limited						<b>►</b> e) w	ho received m	382 ore than \$10		of	!	<u>99777</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high		sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	portal	ole d	con	npe	nsatio	n a	and other comp	ensation from		5		•
5	individual	or accrue co	ompe	nsat	tion	fro	m any					4	✓	
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete -	Sch	nedi	ule J	or s	such person	<u></u>	•	5		✓
1	Complete this table for your five highest compensation from the organization. Repear.													ах
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) Compens	ation	
				٠.										
2	Total number of independent contractor							th	nose listed ab	ove) who	٠, ،			
	received more than \$100,000 of compens	sation from	the or	gan	ızat	ion	<b>•</b>		0	1	, .			

Part	VIII	Statement of Revenue		!! ! Al-!a	D = -4.1/111		
		Check if Schedule O contains a	response or note to	any line in this  (A)  Total revenue	exempt function	(C) Unrelated business revenue	excluded from tax under sections
9 9	1a	Federated campaigns	1a		révenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	· · ·	1b				
عَ ق			1c				
₹ ¥	d	Related organizations	1d				
1 1 C	e	Government grants (contributions)	1e				
Sir	f	All other contributions, gifts, grants,					
喜	•	and similar amounts not included above	1f				
호텔	g	Noncash contributions included in lines 1a-1	<del></del>				
S E		Total. Add lines 1a-1f					
		104171041110014111	Business Code				
Program Service Revenue	2a					<u> </u>	
Rev	<b>b</b>	•					
8	C					<del> </del>	-
eZ.	d						<del> </del>
Ε	e		· [ ·				•
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f				<u> </u>	
	3	Investment income (including of				1	1
		and other similar amounts)		281			281
	4	Income from investment of tax-exem	pt bond proceeds▶				
	5	Royalties		1556906			1556906
		(i) Real	(ii) Personal				
	6a	Gross rents					
	ь	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶		· · · · · · · · · · · · · · · · · · ·		
	7a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	_	Gain or (loss)					
	C d					<b></b>	
	"	Net gain or (loss)			_	<del> </del>	
Other Revenue	8a	Gross income from fundraising events (not including \$					
‡	ь	Less: direct expenses					
0	C	Net income or (loss) from fundrai					
		Gross income from gaming activities See Part IV, line 19	es.				
	ь	Less: direct expenses					
	c	Net income or (loss) from gaming				<u> </u>	
	-	Gross sales of inventory, le	ess				
							}
	l	Less: cost of goods sold				<del> </del>	<u> </u>
	<u> </u>	Net income or (loss) from sales o	f inventory ▶  Business Code			<del>                                     </del>	<del> </del>
	44-	Miscellarieous Revenue	Business Code				<del> </del>
	11a					<b> -</b>	<del> </del>
	b				_	<del> </del>	<del> </del>
	C	All abbar various				<del>                                     </del>	<del> </del>
	d	All other revenue				<del>                                     </del>	<del> </del>
	е 12	<b>Total.</b> Add lines 11a–11d <b>Total revenue.</b> See instructions.				<del> </del>	ļ
	_ '4	Total revenue. See instructions.		_ 1557187			1557187 Form <b>990</b> (2015)
							FUHH 234 (2015)

	0 (2015)				Page 10
	Statement of Functional Expenses		# - Ab		t (A)
Secuo	n 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a response	•			
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations				·
_	and domestic governments. See Part IV, line 21	1399000	1399000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				<del> </del>
11	Fees for services (non-employees):				
a	Management	94		94	
b	Accounting	94		94	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	70090		70090	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	285		285	
14	Information technology				
15	Royalties				<del></del>
16	Occupancy				
17 18	Travel				
	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 (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.)				
_					
a	Ad valorem taxes	468		468	
b b	Production taxes	87373		87373	
d			<del></del>		
е	All other expenses				
25	i otal functional expenses. Add lines i through 24e	1557310	1399000	158310	
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)		-		

Form 9		_ `			Page 11
Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X (A)  Beginning of year		
$\neg$	1	Cash-non-interest-bearing	186	1	63
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
2	6	Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	-	7	
As	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			
	ь	Less: accumulated depreciation 10b		10c	
.	11	Investments—publicly traded securities		11	<del></del>
	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)	186	16	63
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
اعَ		disqualified persons. Complete Part II of Schedule L		22	
<u> </u>	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
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	186	30	63
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
: ا <u>ب</u> ا	32	Retained earnings, endowment, accumulated income, or other funds .	· · · · · · · · · · · · · · · · · · ·	32	
	33	Total net assets or fund balances		33	63
	34	Total liabilities and net assets/fund balances	186	34	63

orm 99	90 (2015)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15	57187
2	Total expenses (must equal Part IX, column (A), line 25)	2		15	573 <u>10</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(123)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			186
5	Net unrealized gains (losses) on investments	5	·		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			63
Part	XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII		<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," exchedule O.	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a		<b>✓</b>
_	Separate basis Consolidated basis Both consolidated and separate basis		2b	<b>-</b>	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on a	20	-	
	separate basis, consolidated basis, or both:	eu on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplaın ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	20		,

**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.

Form **990** (2015)

### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	lame of the organization						number
Tulsa	Isa Royalties Company						)1744
Par	t I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns
The c	organization is not a private founda		•		-		
1	A church, convention of church						
2	A school described in <b>section</b>						
3	A hospital or a cooperative hos	•	•				
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(	iii). Enter the
5	hospital's name, city, and state  An organization operated for the section 170/b)/1/4/V/b) (Compared to the section 170/b)/1/4/V/b)	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Comp				- 470/b)	(4\/A\/.)	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	•						
10	☐ An organization organized and	operated exclusion	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 110	l organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	▼ Type I. A supporting organiz the supported organization(s organization. You must com	) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organization or management of the organization (s). You must companization (s). You must companization (s).	e supporting org	ganization vested in th				
С		ited. A supportir	ng organization opera				y integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f g	Enter the number of supported of	organizations .					1
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the d	organization or governing ment?		(vi) Amount of other support (see instructions)
				Yes	No	1	
(A)							
ري اه	klahoma Baptist University	73-0579264	School	1		1399000	0
(B)						-	
(C)							
(D)							·
(E)							

Total

Part							
	(Complete only if you checked the						alify under
04	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	( ) 0044	# N 0040	( ) 0040	40.0044	(-) 0045	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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.	L				<u> </u>	
	on B. Total Support	r					<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4						<del></del>
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 VI.)						
11	Total support. Add lines 7 through 10	L	L		<u> </u>		1
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	•	•		•		
O A:	organization, check this box and stop he		<u> </u>			· · · · ·	· · · • <u> </u>
	on C. Computation of Public Support Public support percentage for 2015 (line			11 001		14	<u></u> %
14 15	Public support percentage for 2013 (line Public support percentage from 2014 Sci		•			15	<del></del>
16a	331/3% support test—2015. If the organic box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more,	check this
b	331/3% support test—2014. If the organ check this box and stop here. The organ	nization did ni	ot check a box	k on line 13 o	r 16a, and line		_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- facts-and-circ	and-circumsta	inces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization in	tion meets the react	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the The organization	his box and s	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	_

### 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.)

Sacti	on A. Public Support	under the te		, p.o			
		(a) 2011	(b) 2012	(a) 2012	(d) 2014	(e) 2015	(f) Total
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(i) iotai
•	received. (Do not include any "unusual grants")		[				
2	Gross receipts from admissions, merchandise						<del></del>
	sold or services performed, or facilities		<b> </b>				
	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
L			1		<del> </del>		
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.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 .		ļ				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business		1		<u> </u>		
	activities not included in line 10b, whether or not the business is regularly carried on				1		
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)				1		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>		<u></u>	<u> </u>	🕨 🗀
Secti	on C. Computation of Public Support						
15	Public support percentage for 2015 (line		-				%
16	Public support percentage from 2014 Sci			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In					1 4= 1	
17	Investment income percentage for 2015 (			•		17	%
18	Investment income percentage from 2014					18	<u>%</u>
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests – 2014. If the organization 18 is not more than 331/2%, check this						
00	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization di		_				_
20	riivate ioungation. Il the organization di	iu noi check a	DUX OII IIIIE 14	, iaa, ui lab, t	PLICOK TIIIS DOX	and see motiu	ctions 🕨 📋

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

N 41	A ALLO	<u>a                                    </u>	·/	
Section	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	√ /	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		- <b>/</b>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		<b>V</b>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		<b>✓</b>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1

determine whether the organization had excess business holdings.)

10b

				3
Part	Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		1
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<b>✓</b>
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1	ļ	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		•	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		✓
Section	on C. Type II Supporting Organizations		l ve	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<del></del>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			ļ
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	ŀ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b></b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
	supported organizations played in this regard.	3		<u> </u>
<u>Secti</u>	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<del>                                     </del>	$\vdash$
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	t	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	ļ
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	ı	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the containing organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b	· -··	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		·
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III support	ing organization (see

_	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
<u>       6                             </u>	Other distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total annual distributions. Add lines 1 through 6.	<del></del>				
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in <b>Part VI</b> ). See instructions.					
9 10	Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount			<u></u>		
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
_1_	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)			<del></del>		
3	Excess distributions carryover, if any, to 2015:					
<u>a</u>						
<u> </u>			<del></del>			
<u>c</u>	5 0040		····			
<u>d</u>	From 2013					
<u>e</u> _	From 2014	<u> </u>				
f_	Total of lines 3a through e Applied to underdistributions of prior years					
<u>g</u> h	Applied to Underdistributions of prior years  Applied to 2015 distributable amount					
<u>'</u> '-	Carryover from 2010 not applied (see instructions)					
_ <u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		-			
4	Distributions for 2015 from Section					
7	D, line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount		•			
	Remainder. Subtract lines 4a and 4b from 4.	<del>,</del>	<del></del>			
5	Remaining underdistributions for years prior to 2015, if			1,20		
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015		······································			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

**Tulsa Royalties Company** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 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.** Part II Complete if the organization answered "Yes" on 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 a 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 2 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 **b** Total acreage restricted by conservation easements . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . 2c 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 3 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 XIII, the text of the footnote to its financial statements that describes these items. 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: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . 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 .

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Page	4

Schedule D (Fo	rm 990) 2015
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Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection items (check all that apply):  a □ Public exhibition	
b ☐ Scholarly research c ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt provides a description of the organization.	
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt p</li> </ul>	
4 Provide a description of the organization's collections and explain how they further the organization's exempt p	
	5
XIII.	purpose in Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	☐ Yes ☐ No
Part IV Escrow and Custodial Arrangements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amour 990, Part X, line 21.	nt on Form
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amou	unt
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	☐ Van ☐ Na
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.	· · · ·
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e	e) Four years back
1a Beginning of year balance 0 0 0 0	0
<b>b</b> Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance 0 0 0 0	0
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶ 0%	
b Permanent endowment ► 0%	
<ul> <li>Temporarily restricted endowment ► 0%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> </ul>	
<ul> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:</li> </ul>	Yes No
· · · · · · · · · · · · · · · · · · ·	3a(i)
,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	3a(ii) ✓
```	3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a.	rt X, line 10.
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (convertment)  (b) Cost or other basis (c) Accumulated (convertment)	d) Book value
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	

Part VII	Investments—Other Securities.	d "Vaa" on Farn	- 000 Port IV lin	a 11b. Saa Form	000 Bort V line 10
	Complete if the organization answered (a) Description of security or category	a res di Fon	(b) Book value		nod of valuation
	(including name of security)		(b) Book value		of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests	[			
(3) Other					
(A)					
(B)	***************************************				
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					<del></del>
	b) must equal Form 990, Part X, col. (B) line 12 ) ▶				
Part VIII	Investments—Program Related.	d #3/#	- 000 D-+W b-	- 44 - O F	000 D-4 V E 10
	Complete if the organization answered	yes on Forn			
	(a) Description of investment		(b) Book value		hod of valuation of-year market value
(1)				<u> </u>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					······································
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered		n 990, Part IV, line	e 11d. See Form	
	(a) Desc	ription			(b) Book value
(1)		<del></del>			<del></del>
(2)	- · · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •
(3)					
(4)	<del>-</del>			***	
(5) (6)					
			<del></del>		
(8)					<del></del>
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B)	line 15.)	·		
Part X	Other Liabilities.				
	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	blanch and Francisco Back V. J. William Co.				
	b) must equal Form 990, Part X, col. (B) line 25 )	. Anua ne ale - de -	la da dha an	ta formatel state	-1-46-1
∡. I BOUITV TO	THE PRINCIPLE OF STRONG IN PART XIII DOUGH THE	י ופאז ענ נוסף נטענטע	u in ine organization	e tinancial etateme	nic that ranarte tha

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
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 (losses) on investments	2a	] ]	
ь	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	]	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	7."		
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:			
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	1	
C	Other losses	2c	<b>.</b>	
d	Other (Describe in Part XIII.)		<b>↓</b>	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII.)		4	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ie (8.)	5	
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4. Dort IV lines the and O	h. Dort '	V line At Dort V line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
	·	•		
Schea	lle D, Part V - The Company owns mineral assets held as endowment which a	re fully depleted and, thereto	re, nave	\$0 DOOK Value as of
D	han 24, 2015 for each basis financial statements. However, these escate are in	sama praducina. As a supp	ortina a	ranization of
Decem	ber 31, 2015 for cash basis financial statements. However, these assets are in	come producing. As a supp	orung c	rganization oi
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Schedule D (For	n 990) 2015	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
<b></b> -		

# **SCHEDULE 1** (Form 990)

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

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

OMB No. 1545-0047

Open to Public Inspection 2015

▶ Attach to Form 990.

Schedule I (Form 990) (2015) **%** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** campus projects ✓ Yes 73-6101744 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ž (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Cash (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 1399000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable General Information on Grants and Assistance 501(c)3 73-0579264 (G) (1) Oklahoma Baptist University 1 (a) Name and address of organization 500 W University, Shawnee, OK **Tulsa Royalties Company** Department of the Treasury Internal Revenue Service Name of the organization Part II Part 2 5 **(12)** ල ₹ 0 9 E 8 <u></u>

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (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 N ო Ŋ 9

### **SCHEDULE J** (Form 990)

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

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Royalties Company 73-61017	44		
Part	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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		168	NO
	☐ 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		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			<u> </u>
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			ŀ
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			ŀ
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		<b>✓</b>
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		✓
b	Any related organization?	6b	L	1
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b>–</b>		<u> </u>
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		✓ .
q	If "Yes" to line 8 did the organization also follow the rebuttable presumption procedure described in	1		I

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on 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. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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(II)         176212         100         5254         15679         10766         2086           (II)         131522         100         1506         9688         37006         17795           (II)         131522         100         1506         9688         37006         17795           (II)         (III)         (IIII)         (IIII)         (IIII)         (IIII)         (IIII)         (IIII)         (IIII)         (IIII)         (IIIII)         (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(II)         176212         100         5554         15679         10766         2006           (II)         1715212         100         5554         15679         10766         2006           (II)         1315622         100         1506         9668         37006         17156           (II)         (III)         (III)         III         III         III         III         III           (II)         (III)         (III)         III	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)	in column (B) reported as deferred on prior Form 990
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Part III Supplemental Information  Secretarity of descriptions required for Dart I lines 1s. 1s. 4s. 4s. 4s. 5s. 5s. 6s. 6s. 7 and 8 and for Dart II Also complete this part
or any additional information.
Schedule J (Form 990) 2015

### **SCHEDULE L**

(Form 990 or 990-EZ) Department of the Treasury

### **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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

Internal Revenue Service Name of the organization

**Tulsa Royalties Company** 

Employer identification number

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
(1)	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		urred by the organization managers or disqual	·		
3	Enter the amount of tax, if any	, on line 2, above, reimbursed by the organization	on ▶ \$ <sup>¯</sup>		

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	by bo	oroved ard or attee?	(i) W agree	ntten ment?
			То	From			Yes	No	Yes	No	Yes	No
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(2)												
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(5)												
(6)	j											
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(8)												
(9)												
(10)												
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### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)			-	
(2)				
(3)				
(4)				
(5)				
(6)	_			
(7)				
(8)				
(9)				
(10)				

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organa rever	nues
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Supplemental Informatio	<b>n</b> tion for responses to questions	0 1 1 1 1 6			

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**15** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Tulsa Royalties Company	73-6101744
Form 990, Part VI, Section B, Line 11b - A draft copy of Form 990 is provided to the governing board fo	or their review prior to filing.
Questions or issues arising from that review are resolved by the officers before the final copy is filed.	
Form 990, Part VI, Section B, Line 12c - Conflict of interest statements are submitted annually by office	ers and directors. These statements
are reviewed by the governing board and issues, if any, are resolved to the satisfaction of the governing	ng board.
Form 990, Part VI, Section B, Line 15 - The organization's officers and management officials, including	the CEO and CFO, are not
compensated by the organization; therefore, this question is not applicable. Information provided on	Part VII, Section A, Line 1a and on
Schedule J is provided because some management officials receive compensation from Oklahoma Ba	ptist University which is a related
organization.	
Form 990, Part VI, Section C, Line 19 - The organization provides its governing documents, conflict of	interest policy and financial statements
upon request. The organization does not have a website.	
upon request. The organization does not have a website.	
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) (2015)	Page <b>2</b>
Name of the organization	Employer identification number
	•
	••••
·····	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

**Tulsa Royalties Company** 

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2015	Open to Public
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OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

73-6101744

Inspection Employer identification number

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	Pnmary	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(6)						
(4)						
(9)						
(9)						
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	Complete if the	organization an	swered "Yes" on	Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization P	(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	(g) Section 512(b)(13) controlled antity?
						Yes No
(1) Oklahoma Baptist University 73-0579264 Christi	Christian higher ed C	Oklahoma	501(c)3		line2 NA	>
(2)						
(6)						
(4)						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2015

Schedule R (F	Schedule R (Form 990) 2015												Page 2
Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	Related Organization of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	ations Taxabl organizations	le as a Pa treated a	rtnership C	omplete if the hip during the	e organizat e tax year.	ion answe	ed "Yes	" on Form 990	, Part IV,	line 34	
Name, relk	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	rtrolling Pre	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of- year assets	(h)  Osproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<u> </u>		(k) Percentage ownership
									Yes	°Z	Yes	ž	
(j)		3 5											
(2)													
(3)													
(4)													
(2)													
(9)													
ε					<u> </u>								
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organizanad one or more	ations Taxabl related organ	le as a Cc izations tr	rporation o	r Trust Comportion or	olete if the trust durir	organizations of the tax of	on answ ear.	ered "Yes" on	Form 990	), Part	Ŋ,
Name	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	rty (stat	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	f entity SF orp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 6	(i) Section 512(b)(13) controlled entity?
												Yes	No
(1)													
(2)													
(6)													<u> </u>
(4)													
(2)													
(9)								-					
E				_									
					:					,   	Schedule R (Form 990) 2015	(Form	990) 2015

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		oc o '000' to o i i o o i o o o o o o o o o o o o	, cop, c	Yes	8 8
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?	ne or more related orgar	nizations listed in Parts	S II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	>
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b <	
c Gift, grant, or capital contribution from related organization(s)				1c	<b>&gt;</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	>
e Loans or loan guarantees by related organization(s)				1e	>
f Dividends from related organization(s)				=	>
g Sale of assets to related organization(s)				1g	>
h Purchase of assets from related organization(s)				ŧ	>
i Exchange of assets with related organization(s)				<del>-</del>	>
j Lease of facilities, equipment, or other assets to related organization(s)				<del>;=</del>	<u>\</u>
botolog most atomorandto so thomasinas southerest to cool			•	2	
n Lease of radiities, equipment, of other assets morn related organization (s)	· · · · · · · · · · · · · · · ·			£ =	<u> </u>
Terromance of services or membership or fundraising solicitations by related organization(s)	(c)			<u>ε</u> <u>ε</u>	<u> </u>
				£	<u> </u>
Ottability of facilities, equipplied it, maining lists, of other assets with related organization(s).     Observa of raid employage with related organization(s).				- 5	<u> </u>
o Sharing of paid employees with related organization(s)				2	•
<b>p</b> Reimbursement paid to related organization(s) for expenses				9	>
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	>
				•	
r Other transfer of cash or property to related organization(s)				11	>
				18	>
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.	t complete this line, incl	uding covered relation	ships and transactio	on thresho	olds.
la)	E	3	5		
Name of related organization	Transactron type (a–s)	Amount involved	Method of determining amount involved	g amount inv	olved
(1) Oklahoma Baptist University	q	1399000	Cash		
(2)					
(4)					
(9)					
(9)					
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# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partiets inpo-	ganization. See	Instructions re	garding exclusi	ou lor certs	dill illvestillerit p	armersinps.				
(a) Name. address. and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI	(i) General or	(k) Percentage
	,	(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-of-year assets	allocations?			ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)							-			
(4)										
(5)										
(9)										
(a)										
(8)										
(6)										
(10)	•									
(11)										
(12)	•									
(13)										
(14)										
(15)	_									
(16)										
						:		Sche	edule R (Fo	Schedule R (Form 990) 2015

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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•	*	
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