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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

A	For the	2016 calendar year, or tax year beginning , 2016, and e	nding		20
В	Check If	applicable C Name of organization Tulsa Royalties Company		D Employer id	entification number
_		change Doing business as		73	3-6101744
] 1	Name cl	Number and street (or P O box if mail is not delivered to street address) Room	m/suite	E Telephone ni	umber
_	Initial ref			40	5-585-5130
_		m/terminated City or town, state or province, country, and ZIP or foreign postal code			
_	Amende			G Gross receip	ots \$
		ion pending F Name and address of principal officer	H(a) is this a c		dinates? Yes No
	тррпоці	Lauri Fluke, 500 W University, Box 61207, Shawnee, OK 74804			luded? Yes No
	Tay aya	mpt status			(see instructions)
	Website		`	exemption num	
		organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of fo			
	rt l	Summary	1931	I M Clate of te	gar derniene OK
زعي		Briefly describe the organization's mission or most significant activities: To	provide financia	d support for	Oklahama Pantist
	1	-			
2		University, an exempt organization providing Christian higher education to appro	oximately 2,000	students from	all over the United
E	_	States and many other countries.		0504 . 51	
8	2	Check this box ▶☐ if the organization discontinued its operations or dispos			net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			
8	4	Number of independent voting members of the governing body (Part VI, line			
iţi	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	
₹	6	Total number of volunteers (estimate if necessary)	. 	. 6	
۲	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
ŀ		Contributions and grants (Part VIII, line 1h)	Prior Y	ear	Current Year
اه	8	Contributions and grants (Part VIII, line 1h)	15/	0	
ᇍ	9	Program service revenue (Part VIII, line 2g)	· 1731	o	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[]@[281	
"	11	متعتبين (Part VIII, column (A), lines 5, 6d, 8c, 9c, (EVC, and 11e)	- 1	1556906	12726
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) cline 12		1557187	12730
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1399000	11607
	14	Benefits paid to or for members (Part IX, column (A), line			
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ē	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158310	1122
- 1	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·	1557310	12730
	19	Revenue less expenses. Subtract line 18 from line 12	·	(123)	
- 60	10	tievenue less expenses. Subtract line 10 non line 12	Beginning of C		End of Year
Assets or Balances	20	Total assets (Part X, line 16)			
Bess		· · · · · · · · · · · · · · · · · · ·	·	63	
Fig.	21	Total liabilities (Part X, line 26)	·	0	
	22	Net assets or fund balances. Subtract line 21 from line 20	ــــــــــــــــــــــــــــــــــــــ	63	
	rt II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules and standard complete. Perfection of which pro-			nowledge and belief, i
	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any know		
Sig		Signature of office	Da	ate 6-23-1	7
He	re	1 Manay / amas)			/
		Type or print name and title Randy L Smith Exce VI of Open	ations Trea	Surer	
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check I	PTIN
	epare	Nr	<u> </u>	self-employe	
	e On		Fire	m's EIN ▶	
JS	G UII	Firm's address >		one no	
May	the li	RS discuss this return with the preparer shown above? (see instructions)			. Yes No
			at No 11282Y		Form 990 (20
			W. 110 12021		(2



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		✓
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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	1	
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		√
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		→
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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		✓
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		Forr	n 990	(2016)

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Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u> </u>	Yes	No
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		/
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	100		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			}
	employees? If "Yes," complete Schedule J	23	✓ .	
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			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.40		_
	to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 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	05-		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		✓
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		✓
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	00		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
	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	C- Well Manner	✓
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):		; }	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ł	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a	✓	<u></u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Soa		<u> </u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b]	_
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	✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
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Part				
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	
4-			Yes	No
1a		D		
b	1	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			4.15
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			11.416
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		\
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	•	
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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	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		✓
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		نظنا
a	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:	-		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)		- S	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>:</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		التي	
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			
C	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		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see ins	struct	_
Cook	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	. ✓
Section	on A. Governing Body and Management	_	Yes	No
4.	Entantha and of rating members of the accoming hadrest the and of the tay year		763	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ť
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Ì	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	atha.		
a	The governing body?	8a	√	
р	Each committee with authority to act on behalf of the governing body?	8b	✓	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sooti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo l	✓_
<u>Section</u>	on B. Policies (This Section B requests information about policies not required by the internal never	iue Ci	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	\	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	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	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			100
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Salary 1		į, Š
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		√
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure	1.55	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	,	. , , -	•
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
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 K74804, (405) 585-5130			

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Form	990	(2016)	ı
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensate	ed Employees, and
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
					C)					
(A)	(B)	(do n	ot ct		ition	than (200	(D)	(E)	(F)
Name and Title	Average	(do not check more than on box, unless person is both a					an	Reportable	Reportable	Estimated
	hours per week (list any		_	d a director/trustee)				compensation from	compensation from related	amount of other
	hours for	or d	Instr	Officer	₽ E	emp High] F	ਹੁੰ the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Ĕ	Key employee	est o	₽	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약출	nali	ĺ	Į į	E G	ĺ	1		and related
	line)	Istee	rust	ŀ	ď	bens	l	ļ		organizations
		"	ee			Highest compensated employee		<u> </u>		
(1) James Wilder	.5	,	1	١,] _	_	_
President	.5	/	├-	/	⊢	 -	 - -	0		0
(2) David Whitlock	.5	,		/	1					
Vice President	50	 ✓	├	 	├	 	 	0	184500	27452
(3) Robert Morris	.5	1	1	1		İ				
Secretary (4) Park at Park	.5	-	-	-	⊢		┢	0	0	0
(4) Robert Ross	.5	1	ļ			ļ				
Director (5) Dans a University of the Control of th	.5	<u> </u>	├─	├	-	<u> </u>	┢╌	<u>_</u>	0	0
(5) Danna Humphreys Director	. <u>5</u> .5	1	(•			ĺ	o	o	o
(6) 0 11	.5	├ ∸	\vdash	┢╌	\vdash		-	 		<u> </u>
Director	.5	/]]	0	o	o
(7) Ron Reiser	.5	<u> </u>	T						<u>`</u>	
Director	5	1	ĺ	ĺ	l	ľ	ł	lo	o	0
(8) Randy L. Smith	.5		I^-							
Vice President for Operations and Treasurer	50	✓		1				0	137796	46005
(9) Lauri Fluke	.5									
Assistant Secretary	50	✓	l _	✓		<u> </u>		o	70686	38899
(10)										
			L							
(11)										
(12)										
(13)				-	\vdash					
(14)				-	-		-			<u> </u>
	L	Ц	L	<u>_</u>	<u></u>	L	<u></u>	<u> </u>	L	

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (continu	ed)
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)		1										
(16)												
(17)					-							
(18)					- -	-		-			_	
(19)						_					+	
(20)								-			-	
(21)										<u> </u>		
(22)] 						_	
(23)						-		-		-	_	
(24)					-	-					_	
(25)												
1b c	Sub-total	•			· ·	 · ·	· ·	▶	0	392	2982	112356
d	Total (add lines 1b and 1c)	not limited					above	▶ e) w	ho received mo		2982 00,000	112356 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?								_	ation or ind		5
_	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) Compensation
					_							
					_			_				
2	Total number of independent contractoreceived more than \$100,000 of compens							th	ose listed abo	ove) who		
									<u> </u>			Form 990 (2016)

Part	VIII	Statement of Reve			s any lina in thia l	Doct V/III		m
		Check if Schedule C	Contains a res	porise or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	s 1a					
Grants	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .					, ¹	
Gift	ď	Related organizations	i <u>1d</u>					
Contributions, Gifts, and Other Similar Ar	е	Government grants (con				ļ		
itior er S	f	All other contributions, g		}				
흊	and similar amounts not included above 1f		<u> </u>	}	ì			
onto of	g	Noncash contributions include						
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	Business Code				<u></u>
Program Service Revenue				Business Code				
eve	2a			 				
Se H	b				 			
Ž	d			}	 			
ı S	e			}				
Jrar	4	All other program ser						
P	g	Total. Add lines 2a-2						
	3	Investment income						
		and other similar amo	ounts)	•	355			355
	4	Income from investmen	t of tax-exempt be	ond proceeds ▶				
	5	Royalties	_ <u> </u>	▶	1272652			1272652
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses	<u></u>					
'	C	Rental income or (loss)	L	<u> </u>				
	d	Net rental income or		<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securities	(II) Other		l !	i I	
	ь	assets other than inventory Less: cost or other basis		 				
		and sales expenses .	ļ	· · · · · · · · · · · · · · · · · · ·				
	C	Gain or (loss)	L	<u> </u>				
	d	Net gain or (loss) .		<u>, , , ▶</u>				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	ed on line 1c).					
Ę.		·					ļ	
δ		Less: direct expenses Net income or (loss) f						
		Gross income from gasee Part IV, line 19	aming activities.	,				
	b	Less: direct expenses	s b					
	10a	Net income or (loss) f Gross sales of in		ivities ►				
		returns and allowance	es a					
	b	Less: cost of goods s						
	C	Net income or (loss) f						
		Miscellaneous F	revenue	Business Code				
	11a			}	 	· ·		
	b			 	 			
	C	All other revenue .		 	 			
	de	Total. Add lines 11a-						
	12	Total revenue. See in			1273007			1273007
					12/300/1		 _	Form 990 (2016)

Form 99	90 (2016)				Page 10
Part					
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1160750	1160750		
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				
4 5	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	<u></u>			
11 a	Fees for services (non-employees): Management				
c d	Accounting				
е	Professional fundraising services. See Part IV, line 17		《中国》第二章 中国	AND AND A STATE OF THE STATE OF	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57809		57809	
12	Advertising and promotion				
13	Office expenses	124		124	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·			
19 20	Conferences, conventions, and meetings . 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.)				
а	Ad valorem taxes	458		458	<u> </u>
b	Production taxes	53883		53883	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
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)	1273024	1160750	112274	0

	n 990 (20			Page 11
P	art X			
		Check if Schedule O contains a response or note to any line in this Part X	÷÷	· · · · · · <u>L</u>
		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1	46
	2	Savings and temporary cash investments	2	<u> </u>
	3	Pledges and grants receivable, net	3	<u> </u>
	4	Accounts receivable, net	4	<u> </u>
	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	
S	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		
	b	Less: accumulated depreciation 10b	10c	
	11	Investments—publicly traded securities	11	
	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)	16	46
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	21	
es	22	Loans and other payables to current and former officers, directors,		
Liabilities	}	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties	24	<u> </u>
	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	 	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	20	
Ses		complete lines 27 through 29, and lines 33 and 34.		
aŭ	27	Unrestricted net assets	27	
al	28	Temporarily restricted net assets	28	
ᅙ	29	Permanently restricted net assets	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		
ts (30	Capital stock or trust principal, or current funds	30	46
Ş	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
À	32	Retained earnings, endowment, accumulated income, or other funds .	32	
Š	33	Total net assets or fund balances	33	46
_	34		34	46

Form 9	90 (2016)		Page 1 2
Par	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<i></i> 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	11	127300
2	Total expenses (must equal Part IX, column (A), line 25)	2	127302
3	Revenue less expenses. Subtract line 2 from line 1	3	(17
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6.
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	4(
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	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 compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
ь	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 audite separate basis, consolidated basis, or both:	 ed on a	2b √
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of the audit, review, or compilation of its financial statements and selection of an independent account		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

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

Tulsa Royalties Company Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο Oklahoma Baptist University 73-0579264 School 1160750 (B) (C) (D) (E)

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
Secti	on B. Total Support					National Control of the Control of t	
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
.	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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	•			on 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch 331/3% support test—2016. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		ind line 14 is 33		
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te 	ances" test, chest. The organis	neck this box a zation qualifies	and stop here as as a publicly	Explain in supported ▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the factors of the state of the s	e "facts-and-c ts-and-circums 	circumstances' stances" test.	' test, check the the organization of the control o	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization dinstructions				•		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			1			
_	received. (Do not include any "unusual grants.")		<u> </u>		ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		}	ļ	1]	
	furnished in any activity that is related to the		}		}		
	organization's tax-exempt purpose		ļ	ļ			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>	 	Ĺ <u></u>		
4	Tax revenues levied for the		1	1			
	organization's benefit and either paid		1	{	Ì		
_	to or expended on its behalf		 	ļ			
5	The value of services or facilities		ł	}	4		
	furnished by a governmental unit to the organization without charge		ł	1	1		l
c	,			ļ			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 -		 		
/ a	received from disqualified persons .]	})		
L	Amounts included on lines 2 and 3		 	 -	 	 -	
D	received from other than disqualified						
	persons that exceed the greater of \$5,000		1	[[1
	or 1% of the amount on line 13 for the year		1		(
С	Add lines 7a and 7b		 				
8	Public support. (Subtract line 7c from						
	line 6.)				an .		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		-				i
	payments received on securities loans, rents,		}	ļ]		1
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		i:		1		
	section 511 taxes) from businesses			[Í		
	acquired after June 30, 1975						
	Add lines 10a and 10b			!	ļ		
11	Net income from unrelated business		{	i	l		
	activities not included in line 10b, whether		ł	ļ	l	1	1
4-	or not the business is regularly carried on		 	 	 		
12	Other income. Do not include gain or		[1		
	loss from the sale of capital assets (Explain in Part VI.)		ļ])		
13	Total support. (Add lines 9, 10c, 11,		 	 	 		
13	and 12.)]	j)		
14	First five years. If the Form 990 is for the	e organization	ı's first, secon	d. third. fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•		· ·	•		` ' '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch					16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (I	ine 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests - 2016. If the organi						
	17 is not more than 331/3%, check this box	_	-	=		-	_
b	331/3% support tests - 2015. If the organiz						•
	line 18 is not more than 331/3%, check this b	_	_	· ·	· -	•	_
20	Private foundation. If the organization die	d not check a	box on line 14	<u>, 19a, or 19b, c</u>	check this box	and see instru	ctions ► 🗆

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** 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.
- 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 **Part VI**, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 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).
- 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).
- 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 Part VI.
- **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 **Part VI.**
- c 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 **Part VI.**
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
		1200	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Secti	on B. Type I Supporting Organizations			T Nia
			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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	P V L		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•	Did the association associated by the bounds of a second or an extension of the second of	1	<u> </u>	
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.			
Conti	on C. Type II Supporting Organizations	2		
Secu	on C. Type if Supporting Organizations		Yes	- Na
4	18/aug a majority of the augustical adjustice or twice and using the tay year along a majority of the discrete		res	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		i	
C4		1		L
Secu	on D. All Type III Supporting Organizations		V	T
4	Did the appropriation may ide to each of its appropriated appropriations, but the less day, of the fifth mouth of the		Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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?			
_		1	عندن	
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
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			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instrud	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(s ee ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.	Ţ	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these 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		
h	·	20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			الكبب
_		2b		
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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b [L

1 Check here if the organization satisfied the Integral Part Test as a qualifying			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting 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)
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 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	Annual Control of the sea of the	a Salada or meditar as A 1996 announted, soon Month and desired
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		1
7 Recoveries of prior-year distributions	7	,	
8 Minimum Asset Amount (add line 7 to line 6)	8		Ţ
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 supporting	g organization (see

Part		3) Supporting Organ	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	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> </u>
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				L
c	From 2013			
<u>d</u>	From 2014			
	From 2015	<u> </u>		
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	<u> </u>		<u></u>
<u></u> h_	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)	<u>[</u>		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2016 from Section D, line 7: \$			
	Section D, line 7: \$ Applied to underdistributions of prior years			
<u>a</u> b	Applied to underdistributions of prior years Applied to 2016 distributable amount			
— <u></u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if		<u>ار شدید کارند</u> ی استان	
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		1	The second secon
6	Remaining underdistributions for 2016. Subtract lines 3h			
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
<u>e</u>	Excess from 2016			

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.)
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	······································
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SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2016

Cat No 52283D

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Tulsa Royalties Company Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 1 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 5 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 conferring impermissible private benefit? **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 ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 2a 2b b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 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 violations, and enforcement of the conservation easements it holds? 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 8 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

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

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets	(conti	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	ne follov	ving that are a	signific	ant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	rams			
b	☐ Scholarly research									
C	☐ Preservation for future generations									
4	Provide a description of the organization	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	mpt pu	ırpose	in Part
	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive or than to be mainta	donatior ined as ¡	ns of art, part of the	historical t e organizat	reasure: ion's co	s, or other simil llection?		Yes	□ No
Part										
	Complete if the organization 990, Part X, line 21.						•		on Fo	om
1a	Is the organization an agent, trustee included on Form 990, Part X?								Yes	
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:					
						<u> </u>	<u> </u>	mount	1	
C	5 5					1c	 			
d						1d	 			
е	Distributions during the year					1e				
f	Ending balance					11				
2a	Did the organization include an amou									∐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	if the e	xplanatio	n has been	provide	ed on Part XIII .	<u> </u>	<u> </u>	<u> </u>
Par				000 5	S 4 8 4 8 4 .	40				
	Complete if the organization						/d\ Thung). 4=3 F		
		(a) Current year	(B) Pn	or year	(c) Two yea		(d) Three years bac		our yea	rs back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions	}								
С	Net investment earnings, gains, and losses							1		
d	Grants or scholarships									
е	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 t	he current year end	d balanc	e (line 1g	, column (a	i)) held a	ıs:		_	
а	Board designated or quasi-endowment	nt ▶(0%							
b	Permanent endowment ▶	0%								
C	Temporarily restricted endowment ▶	0%								
	The percentages on lines 2a, 2b, and									
За	Are there endowment funds not in the	e possession of the	e organi:	zation tha	at are held	and adr	ministered for th	ne		
	organization by:								Ye	
	(i) unrelated organizations							<u>3a</u>		
								3a		<u> </u>
b	If "Yes" on line 3a(ii), are the related o							31	<u> </u>	
4	Describe in Part XIII the intended uses		n's endo	wment fu	inds.					
Part										
	Complete if the organization							Part 2	K, line	10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		ccumulated preciation	(d) E	Book va	lue
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part)	ζ, column	(B), line 10	Oc.)	▶			

Part VII	Complete if the organization and		rm 990 Part IV lii	ne 11b. See Form	990. Part X line 12
	(a) Description of security or catego (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial					
• •	neld equity interests				
(A)					
(B)					
(C)					
(D)			ļ	<u> </u>	
(E)					
(F)					
(G)					
(H)	75 000 D . V . (D) . (0) b		 		
	b) must equal Form 990, Part X, col. (B) line 12) ▶ Investments—Program Relate		L		Contract to the second of
Part VIII	Complete if the organization and		rm 990 Part IV lii	ne 11c. See Form	990 Part Y line 13
	(a) Description of investment	sweled les offic	(b) Book value		thod of valuation
	(a) Description of investment		(b) Dook value		of-year market value
(1)			 	 	
(2)			 	 	
(3)					
(4)					
(5)					
(6)					
(7)					
				<u> </u>	
(9)			 		
	b) must equal Form 990, Part X, col. (B) line 13.)	· 	L		
Part IX	Other Assets.	owened "Vee" on Ee	uma COO Doub IV Iii	11d C Farm	000 Dart V line 15
	Complete if the organization and	(a) Description	mi 990, Part IV, iii	ne i iu. See Form	(b) Book value
(4)		(a) Description			(b) Book value
(1)					
(3)					
(4)			 		 · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)	<u> </u>	•	
Part X	Other Liabilities.				
	Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, lir	ne 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)		 			
(8)	 	 			
(9)	 	 			
	b) must equal Form 990, Part X, col (B) line 25)	 			
	r uncertain tax positions. In Part XIII, pro-		oto to the organization	on's financial stateme	ente that reports the

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	ΧI	Reconciliation of Revenue per Audited Financial Stateme			Return.	Page
		Complete if the organization answered "Yes" on Form 990,				
1		revenue, gains, and other support per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	1 .	1	4	
a		nrealized gains (losses) on investments	2a			
b		ted services and use of facilities	2b	 		
C		veries of prior year grants	2c			
d		r (Describe in Part XIII.)	2d			
e		ines 2a through 2d			2e	
3 4		unts included on Form 990, Part VIII, line 12, but not on line 1:	i .	· · · · · · ·	3	
ч а		tment expenses not included on Form 990, Part VIII, line 7b	4a	1		
b		r (Describe in Part XIII.)	4b	 		
_		ines 4a and 4b			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part		Reconciliation of Expenses per Audited Financial Statem				
		Complete if the organization answered "Yes" on Form 990, I		• •		
1	Total	expenses and losses per audited financial statements			11	
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a	İ		
b	Prior	year adjustments	2b			
C	Othe	losses	2c			
ď		(Describe in Part XIII.)	2d			
е		ines 2a through 2d			2e	
3		act line 2e from line 1 ,	. ·		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		,	4b			
С 5		ines 4a and 4b			4c 5	
Part		Supplemental Information.	- 10.7	· · · · · · · · · · · · · · · · · · · 	191	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4: Pa	art IV. lines 1b and 2	b: Part V. lin	e 4: Part X. line
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Schedu	ıle D. I	Part V - The organization owns mineral assets held as endowment which	are fu	ully depleted and, then	efore, have s	0 book value
as of D	ecemt	er 31, 2016 for cash basis financial statements. However, these assets a	are inc	ome producing. As a	supporting	organization of
Oklaho	ma Ba	ptist University, the income is used to provide contributions to Oklahon	na Bar	otist University. The c	ontributions	fund special
project	s, suc	n as campus improvements, capital expenditures and retirement of debt	as we	ell as supplement oper	rations.	

Schedule D (For	orm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	•	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Tulsa Royalties Company	on Grants and	Accietance					73-6101744
Does the s	tain records to subs	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
2 Describe in Part IV the organization's procedures for monitori	nization's procedur	es for monitoring	ng the use of grant funds in the United States.	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organ	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm	ents. Complete	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ered "Yes" on Form
1 (a) Name and address of organization or novemment (b) EIN (c) EIN (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d) IT (d)	tor any recipient (b) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of cash assistance (book, PMV, appraisal, noncash assistance	(h) Purpose of grant or assistance
(1) Oklahoma Baptist University 500 W University, Shawnee, OK	73-0579264	501(c)3	1160750	C	0 Cash	AN	campus projects
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2 Enter total number of section 501(c)(3) and government organizated Section 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1	n 501(c)(3) and gov	ernment organizar	izations listed in the line 1 table	ne 1 table			- c
l g	, see the Instruction	s for Form 990.		ပိ	Cat No 50055P		Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash 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. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III Ŋ 9 ო 4 Ø

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization 73-6101744 **Tulsa Royalties Company 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. ☐ 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 (such as, 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: 5a If "Yes" on line 5a or 5b, describe in Part III. 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: 6a If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The Sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or ea	ch listed individual mu	ist equal the total amo	ount of Form 990, Par	t VII, Section A, line 1	a, applicable columr	ר (D) and (E) amount:	s for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Beturement and	oldovotnoj4 (O)	Total of any	(E) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nontaxable benefits	(E) rotal of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
	ε	0	0	0	0	0	0	
1 David Whitlock, Vice President	Ξ	179111	100	5289	17293	10159	211952	0
Randy L. Smith. VP for	Ξ	0	0	0	0	0	0	
2 Operations/Treasurer	<u>(E)</u>	136190	10	1506	10624	35381	183801	0
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Schedule J (Form 990) 2016

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	l l	Employer identification number
Tulsa Royalties Company		73-6101744
Form 990, Part VI, Section A, Lines 6 and 7a - The organization's bylaws designate the tru	stees of Oklal	homa Baptist University as
members of the corporation. The members elect directors of the organization.		
Form 990, Part VI, Section B, Line 11b - A draft copy of Form 990 is provided to the govern		
Questions or issues arising from that review are resolved by the officers before the form	is filed.	
Form 990, Part VI, Section B, Line 12c - Conflict of interest statements are submitted annu	ually by office	rs and directors. These statements
are reviewed by the governing board and issues, if any, are resolved to the satisfaction of	f the governin	α hoard
are reviewed by the governing board and issues, if any, are resolved to the satisfaction of	die governin	g.00anu.
Form 990, Part VI, Section B, Line 15 - The organization's officers, including the CEO and	CFO, are not	compensated by the organization,
therefore, this question is not applicable. Information provided on Part VII, Section A, Lin	e 1a and on S	chedule J is provided because some
officers receive compensation from Oklahoma Baptist University which is a related organ	ization.	
Form 990, Part VI, Section C, Line 19 - The organization provides its governing document	s, conflicts of	interest policy and rinancial
statements 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 ea	ach spend an a	average of 50 hours per week
	·	
providing services to Oklahoma Baptist University, a related organization.		

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	<u> </u>
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Tulsa Royalties Company

Name of the organization

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.

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

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OMB No 1545-0047

Employer identification number

Inspection

73-6101744

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling
entity Š 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. Yes (f)
Direct controlling
entity (e) End-of-year assets line2 NA (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)3 (d) Exempt Code section (c)
Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Oklahoma (b) Primary activity (b) Primary activity Christian higher ed For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Oklahoma Baptist University, 500 W University, Shawnee, OK (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 73-0579264 Part Part II E 9 8 8 ල £ 9 <u>છ</u> £ 9 9 8

(f) Section 512(b)(13) controlled (k) Percentage ownership ž 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. 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. Yes (j) General or managing partner? (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (g)
Share of end-of-(e)
Type of entrty
(C corp. S corp, or trust) (f) Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (d)
(Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III 8 <u></u> € 9 9 2 8 ල € 9 9 E 티

Schedule R (Form 990) 2016

	organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Jule R (Form 990) 2016	t V Transactions With Related Organizations. Con
Schedu	Part

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgar	nizations listed in Part	s II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) royalties. or (iv) rent from a controlled entity			•	1a	>
				4	
c Giff. grant. or capital contribution from related organization(s)				10	>
d Loans or loan guarantees to or for related organization(s)				19	>
e Loans or loan guarantees by related organization(s)				1e	>
f Dividends from related organization(s)				#	>
g Sale of assets to related organization(s)				19	/
h Purchase of assets from related organization(s)				ŧ	>
i Exchange of assets with related organization(s)				=	>
j Lease of facilities, equipment, or other assets to related organization(s)				:	>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	>
l Performance of services or membership or fundraising solicitations for related organization(s)				=	>
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	>
				두	>
				ç	<u> </u>
				2	>
p Reimbursement paid to related organization(s) for expenses				1 ₀	<u> </u>
q Reimbursement paid by related organization(s) for expenses				5	>
r Other transfer of cash or property to related organization(s)				1	>
s Other transfer of cash or property from related organization(s)				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.	nships and transactic	on thresh	olds.
(a)	Ē	3	3		
Name of related organization	Transaction type (a-s)	Amount involved	(u) Method of determining amount involved	g amount ın	nvolved
(1) Oklahoma Baptist University	q	1160750	Cash		
(2)					
(3)					
(4)			,		
(5)					
(9)					
		r	Schodula D (Ex	[900 000

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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (d) (e) (d) (e)	(g)	(5)	(P)	(9)	5	(9)	ε	8	9	29
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	nant slated, xcluded under	Are all partners section 501(c)(3) organizations?	Sh total	Share of end-of-year assets	Disproportionate allocations?	Code amount of Sch	- Gen mar par	- Perc
			sections 512-514)	Yes No			Yes No	$\overline{}$	Yes No	1
(1)										
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								Sche	dule R (Fo	Schedule R (Form 990) 2016

chedule R (Form 990) 2016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	-
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