

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2017

Department of the Treasury

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

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

Open to Public

Inter	mal Revenu			<u> </u>	inspection							
<u>A</u> _	For the	2017 calendar year, or tax year beginning	, 2017, and ending		, 20							
В	Check if a	applicable C Name of organization Tulsa Royalties Company		D Employ	er identification number							
	Address	change Doing business as			73-6101744							
	Name ch	ange Number and street (or P O box if mail is not delivered to street a	ddress) Room/suite	E Telepho	one number							
	Initial retu	urn 500 W University, Box 61207		405-585-5130								
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal	code									
	Amended	return Shawnee, OK 74804		G Gross r	eceipts \$							
	Application	on pending F Name and address of principal officer	H(a) I	Is this a group return for	subordinates? Yes V No							
_	••	Lauri Fluke, 500 W University, Shawnee, OK 74804			es included? Yes No							
ī -	Тах-ехеп		47(a)(1) or 527	If "No," attach	a list (see instructions)							
<u></u>	Website:) Group exemption								
K		rganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation		of legal domicile OK							
_	art I	Summary		1001 544.	OK							
	_	Briefly describe the organization's mission or most significant	activities. To provide fir	nancial support	for Oklahoma Bantist							
0	1											
Activities & Governance	1	University, an exempt organization providing Christian higher edu	cation to approximately 2	z,000 Students	irom all over the							
Ĕ		United States and many other countries. Check this box ▶□ if the organization discontinued its operat	ione or disposed of more	o than 25% of	ita nat agasta							
Š		·	•	1 _	115 1161 455615.							
Ğ	1	Number of voting members of the governing body (Part VI, line			<u> </u>							
ŝ	1	Number of independent voting members of the governing bod		4	6							
įţį		Total number of individuals employed in calendar year 2017 (F		5	0							
흦	6	Total number of volunteers (estimate if necessary)	VED	<u>6</u>	10							
ĕ	7a	Total unrelated business revenue from Part VIII, column (C) Hil	1812 · · ·	<u>_</u> 7a	0							
	b	Net unrelated business taxable income from Form 990-T, line	34 \mathcal{Q}	7b	0							
	1	\$ APR 2 7	2018	Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h) . ่ เม่า	ト陰	0	0							
5	9	Program service revenue (Part VIII, line 2g)	ervice revenue (Part VIII, line 2g)									
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7,	Value -	355	682							
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, at		1272652								
	1	Total revenue-add lines 8 through 11 (must equal Part VIII, coli	· · · · · · · · · · · · · · · · · · ·	1273007								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3		1160750								
		Benefits paid to or for members (Part IX, column (A), line 4) .										
ø	1											
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) .										
þe		Total fundraising expenses (Part IX, column (D), line 25) ▶			0							
X	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)										
	(Total expenses. Add lines 13–17 (must equal Part IX, column (A) line 25)	122274								
	1	Revenue less expenses. Subtract line 18 from line 12		1273024								
		Trevenue less expenses. Subtract line 10 from line 12		(17) ng of Current Year	End of Year							
ts or	20	Total coasts (Dort V. line 16)	- Dogmini	-								
Net Asset Fund Balar	20	Total assets (Part X, line 16)		46								
get.	21	Total liabilities (Part X, line 26)										
_		Net assets or fund balances. Subtract line 21 from line 20 .	<u> </u>	46	108							
_	art II	Signature Block										
Ur	nder penal	ties of perjury, I declare that I have examined this return, including accompanyii , and complete Deglarations prepared other than offices is based on all inform	ng schedules and statements, a	and to the best of	my knowledge and belief, it is							
	e, coneci	, and complete begins another prepare (unter internal unice) is based on all inform		T T T T T T T T T T T T T T T T T T T								
ο:		Xanay (Smul)										
Sig	-	Signature of officer	•	Date 4-6-1	19							
He	ere	Randy L Smith W for Operation	bp.5	7-6-7	<u> </u>							
		Type or print name and title										
Pa	nid	Print/Type preparer's name Preparer's signature	Date	Check								
	epare	r		self-em	ployed							
	se Only		KIVED .	Firm's ElN ▶								
		Firm's address ▶		Phone no								
Ma	y the IR	S discuss this return with the preparer shown above? (see ins	tructions) a Q	· · · ·	🔲 Yes 🗌 No							
For	Paperw	ork Reduction Act Notice, see the separate instructions.	C C No 1128	2Y	Form 990 (2017)							
					2							
		OGU	DEN, UT		٢							
					•							



Form 99	0 (2017)		1	Page 3
Part	V Checklist of Required Schedules			
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	Yes ✓	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	7
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? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	_	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		▼
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		<u>√</u>
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		<u> </u>
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
		1.5		<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes.	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		V
·	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}		
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			,
27		_26_		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	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? If "Yes," complete Schedule M	30		./
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	✓	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓	
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,	,		
00	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.		,	
	101 NO. All 1 Olif 000 more are required to complete obligation O.	38	✓	

Part	V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			}
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	} <u></u> .		ļ
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			-
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	7
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		1
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		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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	e b		(
7	gifts were not tax deductible?	6b_		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l		
	and services provided to the payor?	7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	}	1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
ā	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
В	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u> </u>
0	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		[
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	İ	ľ	
11	Section 501(c)(12) organizations. Enter:	1	1	1
а	Gross income from members or shareholders	1		ł
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	l	l	ł
10-	against amounts due or received from them.)	122	ł	ł
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ł		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
4	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)	ļ)
	the organization is licensed to issue qualified health plans		}]
C	Enter the amount of reserves on hand	<u>L_</u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	ļ	l

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.							
	Check if Schedule O contains a response or note to any line in this Part VI			ons.				
Secti	on A. Governing Body and Management	<u></u> -	<u> </u>					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	If there are material differences in voting rights among members of the governing body, or			į .				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ĺ				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6							
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	L _ '	1				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	1				
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6	1	\ <u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Ť					
	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,		l					
	stockholders, or persons other than the governing body?	7b		V				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ł	[
а	The governing body?	8a	Ī	-				
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Ode.) 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,			<u> </u>				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	<u> </u>				
	describe in Schedule O how this was done	12c	1	<u></u>				
13	Did the organization have a written whistleblower policy?	13	✓					
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	-				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ				
а	The organization's CEO, Executive Director, or top management official	15a	1	-				
b	Other officers or key employees of the organization	15b						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	[]						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		!					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		 ✓				
	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	L	<u> </u>				
	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed Oklahoma Costing 6104 required an acceptant to the Form 1003 (or 1004 if polyable) 000 and 000 T (Costantial Costantial C	- 501/	-\/0\-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 201(C)(၁)S	oniy)				
	☐ 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	polic	y, 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 74804, (405) 585-5130							

Form **990** (2017)

Part VII	Compensation of Officers,	Directors, T	rustees, K	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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	nor any relate	d org	anız			ompe	nsa	ated any currer	t officer, director	, or trustee.
	1	ĺ		•	C)				ì	
(A)	(B)	l (don	ot ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trust		compensation from	compensation from related	amount of other
	hours for	입호	lnst	Officer	<u>₹</u>	흙투	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ĕ	Key employee	o se	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	0 5	ma		ջ	# S		(2		and related
	line)	uste	캾		8	P P)	organizations
		6	8			Highest compensated employee				
						-				
(1) James Wilder										
President	.5	✓	<u> </u>	✓	_		_	ļ <u>c</u>	0	0
(2) David W Whitlock	T			١.			1	1		
Vice President	50	✓_	<u> </u>	1			<u> </u>	ļ <u>c</u>	182579	26839
(3) Robert Morris	.5	١.	1	١.			1		1	
Secretary	.5	✓	<u> </u>	✓	<u> </u>		<u> </u>		0	0
(4) Randy L Smith	.5]	ļ		ļ	ļ	ļ)	
Vice President for Operations and Treasurer	50		ļ	✓	_		_	ļ c	139744	46714
(5) Lauri Fluke	.5						l			
Assistant Secretary	50_	<u></u>		✓	L	<u> </u>		<u> </u>	71453	41344
(6) Danna Humphreys	.5									
Director	5	✓						ļc	O	0
(7) Scott Neighbors	.5				ļ		1		1	
Director	5	1					ļ		0	0
(8) Ron Reiser	.5]	İ	1	Ì	l	ł	l	i	
<u>Director</u>	.5	✓			<u> </u>	<u> </u>	ļ	<u> </u>	0	0
(9) Bob Ross	.5]	ļ]			J		, ,	
Director	5	✓				<u> </u>	_		0	0
(10)						,			ļ	
(11)			-	-				 		
(12)		 	-	_	┝		\vdash	<u> </u>	<u> </u>	
(13)										
(14)						_				
				L_		<u></u>	<u> </u>	<u> </u>		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees	continue	d)		
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus						(D) Reportable compensation from	(E) Reportation	n from	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	comp from organ and	ensation m the nization related nization	n đ
(15)							ı.				_			
(16)														
(17)						-		-						
(18)								-						
(19)														
(20)						_								-
(21)				H										
(22)														
(23)														
(24)					-									,
(25)														
1b c	Sub-total			•	•		•	>	0	3:	93776		1	14897
<u>d</u>	Total (add lines 1b and 1c)	not limited		ose	list	 ed :	above	▶ e) w	ho received m	. <u> </u>	93776 00,000 c	of	1	14897
	reportable compensation from the organi	zation ►				_			0			_	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high	est compe	ensated	3		1
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portat	ole d	con	nper	nsatio							•
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc		5	√	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business address (B) Description of services							ervices	C	(C) ompens	ation			
None														
										-				
														
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	VIII	Statement of Reve							_
		Check if Schedule C	contains	a resp	oonse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns		1a		 	TOTOTIGE		0.2014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		1 !		1	1
عَ ق	C	Fundraising events .		1c		†			
T A	d	Related organizations		1d		-			·
<u>a</u>		Government grants (cor		1e		1			
Sin	e f	All other contributions, g		16		1			
ž ž	'	and similar amounts not inc		1f					
급물	_	Noncash contributions include		لننا		1			
ξĒ	g	Total. Add lines 1a-1				1 1			
	"-	Total. Add lilles Ta-1	<u>' </u>	•	Business Code	-		 	
Ĕ	20					- 1		ł	=
ě	2a b					 		 	
8						ļ		 	
Ξ̈́	C								
ૹૢ	d							 	
<u>ran</u>	e	All other program cor							
Program Service Revenue	f	All other program ser							<u> </u>
_	3	Total. Add lines 2a-2 Investment income				 		<u> </u>	T
	١	and other similar amo				682		1	coa
	4	Income from investmen			002		 	682	
	5	Royalties		•	•	1981359		 	1981359
	•	rioyanics	(i) Rea	<u>: </u>	(ii) Personal				1301333
	6a	Gross rents				1			
	ь	Less: rental expenses	 			1		}	
	c	Rental income or (loss)				1			
	ď	Net rental income or	(loss)		🕨	†		†	
	7a	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory			-	1		ļ	
	b	Less: cost or other basis				1		ĺ	
		and sales expenses							
	С	Gain or (loss)]			
	d	Net gain or (loss) .			<u> ▶</u>			1	1
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	ed on line 1						
Ě	ь	Less: direct expenses				1			
J		Net income or (loss) f			events . >	1			
		Gross income from ga See Part IV, line 19	aming activ	ıties.					
	ь	Less: direct expenses	s	. b		1		ļ	}
		Net income or (loss) f			vities ▶				
	10a	Gross sales of in returns and allowance							
	b	Less: cost of goods s	sold	. b				ļ	
		Net income or (loss) f				1			
		Miscellaneous F	Revenue		Business Code				
	11a					<u>]</u> i		<u></u>	<u> </u>
	b								
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-							
	12	Total revenue. See	nstructions	i. <u>.</u>	<u> </u>	1982041			1982041
									Form 990 (2017)

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1750250	1750250		
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management	Ì			
b	Legal	-	-		
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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)	92994		92994	
12	Advertising and promotion				
13	Office expenses			99	
14	Information technology				
15	Royalties				
16	Occupancy	-			
17 18	Travel		<u> </u>		
19	Conferences, conventions, and meetings .	-			
20	Interest	_			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Production taxes	138636		138636	
b					
С					
d					
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1981979	1750250	231729	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

2 Sawings and temporary cash investments 3 3		artA	Check of School do Contains a reasons or note to any line in this Pa			
1			Crieck ii Schedule O contains a response or note to any line in this Pa		<u> </u>	· · · · · <u>L</u>
2 Sawings and temporary cash investments				• ,		
3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958/f(1)), persons described in section 4958/f(1)), and contributing employees and sponsoring organizations of section 501(k)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 To the sand cleans receivable, net 7 7 To the sand cleans receivable, net 7 7 To the sand cleans receivable. 7 7 To the sand cleans receivable, net 7 7 To the sand cleans receivable, net 7 7 To the sand cleans receivable. 7 7 To the sand cleans receivable. 7 7 To the sand complete Part IV of Schedule D 10a		1	Cash – non-interest-bearing	46	_1_	108
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958f()1)), persons described in section 4958f()3(B), and contributing employers and sponsoring organizations of section 501(p(S)) voluntary employers and sponsoring organizations of section 501(p(S)) voluntary employers and sponsoring organizations of section 501(p(S)) voluntary employers beneficiary organizations (et sections). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments—other securities. See Part IV, line 11 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangule assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Institute assets. See Part IV, line 11 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodaia account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Cher liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that do not follow SFAS 117		2				
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15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)	!	13	Investments—program-related. See Part IV, line 11			
16		14				
17 Accounts payable and accrued expenses		15	Other assets. See Part IV, line 11			
18 Grants payable		16		46		108
19 Deferred revenue		17	Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18	· ·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		19	· ·			
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trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Unsecured notes and loans payable to unrelated third parties 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	lities	22	trustees, key employees, highest compensated employees, and			
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26 Total liabilities. Add lines 17 through 25			, , ,			}
Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						<u></u>
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		0	26	
	Sec					
	ğ	27	Unrestricted net assets		27	-
	Bal	28	Temporarily restricted net assets		28	
	<u> </u>	29	Permanently restricted net assets		29	
	ج					
	7		complete lines 30 through 34.	!		
	ts	30	Capital stock or trust principal, or current funds	46	30	108
	Se	31				
	Ř	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	ě	33	Total net assets or fund balances	46	33	108
	_	34	Total liabilities and net assets/fund balances	46	34	108

Form 9	90 (2017)			, Pa	, ige 12
Par	IXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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			
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n		
	Schedule O.		,	}	
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 comp	oled o	r	}	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	↓ ✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		·
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		1		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain ii	n		
_				1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth i	n		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

		yalties Com							01744
	<u>rt I</u>				organizations must				ons.
The	orga	ınızatıon ıs	not a private founda	ition because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	, —
1		A church,	convention of church	hes, or associati	on of churches descri	ibed in se	ction 17	0(b)(1)(A)(i).	
2		A school d	escribed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	, 2
3		A hospital	or a cooperative hos	spital service org	ganization described ii	n section	170(b)(1)(A)(iii).	
4		A medical	research organizatio	on operated in co	onjunction with a hosp	oital desc	rıbed in s	section 170(b)(1)(A)	(iii). Enter the
			name, city, and state						
5	_	_	tation operated for to the complete that the com		college or university	owned o	r operate	ed by a government	al unit described in
6 7		An organiz		receives a subs	mental unit described tantial part of its sup te Part II.)				n the general public
8		A commun	nty trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agrıcult	ural research organi	zation described	d in section 170(b)(1)(inculture (see instruction	(A)(ix) op			
10		receipts fro	om activities related om gross investment	to its exempt full t income and uni	e than 331/3% of its sunctions—subject to correlated business taxal	ertain exc ble incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organiz	ation organized and	operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12		of one or i	more publicly suppo	orted organization	sively for the benefit of ns described in secti scribes the type of sup	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
а	'	the sup	ported organization	(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
t)	control	or management of	the supporting o	sed or controlled in co organization vested in V, Sections A and C .	the same			
C	;				ting organization oper ins). You must comp l				ally integrated with,
c	ı	that is	not functionally integ	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
e	•				a written determination				e II, Type III
f	Ε	nter the nu	mber of supported o	organizations .					
Q	_I P	rovide the	following information	about the supp	orted organization(s).				
	1 (i)	Name of suppo	orted organization	(ii) EIN	(lii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docui	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No	ļ	
(A)								4.	
	klat	oma Baptis	t University	73-0579264	School	1		1750250	Ì
(B)									
						 			
(C)									
(D)									
E)									

Part II

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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		<i>a</i> ³				
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		 				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<u>.</u>				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines/7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th		n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop her		<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6			1, column (f))		14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test - 2017. If the organization qual	lifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test – 2016. If the organization this box and stop here. The organization					is 33 ¹ /3% or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—20/10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box	and <mark>stop here</mark> .	Explain in
) b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts-and-o	circumstances'	" test, check	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and	see

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

	le A (Form 990 or 990-EZ) 2017	_					Page 3
Part					_		
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u> </u>	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			!			
8 	Add lines 7a and 7b						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) ∕2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		 -	<u> </u>		 	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		i i				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon		-		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16_	Public support percentage from 2016 Sc	hedule A, Part	III, line 15	<u> </u>	<u>.</u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017			•			%
18	Investment income percentage from 2010						%
19a	331/3% support tests—2017. If the organ						
_	17 is not more than 331/2%, check this box	-	_	•		-	-
b	331/3% support tests – 2016. If the organia line 18 is not more than 331/3%, check this						

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

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>'.) </u>	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1	
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).	2		Ī
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
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.	3b		<u>.</u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	_	_
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.	4c		
5а	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).	5a		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	7	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
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.	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings.)

Schedule	A /Form	990 or	ggn_l	F7) 20	17

Page	5
raye	·

Part	IV Supporting Organizations (continued)			ugo o
rait	Supporting Organizations (Continueu)		Yes	No
11 `	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ì		
ű	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b	 	1
	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	 	1
	on B. Type I Supporting Organizations		<u></u>	
			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	l		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported)		ı
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, it any, applied to soon powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported	1	İ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_	1	
<u></u>		2	L	
Secti	on C. Type II Supporting Organizations		W	N 1-
4			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ĺ		
	the supported organization(s).	1		_
Secti	on D. All Type III Supporting Organizations	<u></u> -		<u> </u>
	on brown supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	1.00	
	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		
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	ł		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	1	
	significant voice in the organization's investment policies and in directing the use of the organization's	<u> </u>		
	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	_		
C4		3	L	L
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ĺ	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ì		
	how the organization was responsive to those supported organizations, and how the organization determined	}		
	that these activities constituted substantially all of its activities.	2a		
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	ļ.	'	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1_	} .	
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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	}	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		, <u> .</u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		7
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8	_	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		T
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	6		
emergency temporary reduction (see instructions).		agrated Type (III 1	<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions.	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	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 exc	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015		·	
е	From 2016			
f	Total of lines 3a through è			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2017 from			
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years			<u></u>
b	Applied to 2017 distributable amount			<u> </u>
C	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		<u></u>
5	Remaining underdistributions for years prior to 2017, if	}		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	ļ		
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.)¦		
				
7 	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	<u> </u>		
a	Excess from 2013	ļ		:
ь	Excess from 2014			
C	Excess from 2015			····-
<u>d</u>	Excess from 2016			
е_	Excess from 2017			

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 1d, 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.)
	<i>f</i>
//	γ
*	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Tulsa R	oyalties Company			73-6101744
Part	Organizations Maintaining Donor Adv Complete if the organization answered '			ounts.
		(a) Donor advised funds		Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
	Did the organization inform all donors and donor			
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗍 No
	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the benef		-	
		<u> </u>	<u>· · · · · </u>	· · · 🗌 Yes 🗌 No
Part				
	Complete if the organization answered '			
	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreat			=
	Protection of natural habitat	☐ Preservation o	f a certified	historic structure
_	Preservation of open space			_
	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the for	
	easement on the last day of the tax year.		<u> </u>	Held at the End of the Tax Year
				
	Total acreage restricted by conservation easement			
	Number of conservation easements on a certified t			
	Number of conservation easements included in	• •	l	
	•	oferred released extraculated or terr	· 2d	the examination during the
	Number of conservation easements modified, trans tax year ►	Sterred, released, extiliguished, or terr	Illinated by	the organization during the
	Number of states where property subject to conse	nuation easement is located		
	Does the organization have a written policy re		nection h	andling of
	violations, and enforcement of the conservation ea			
	Staff and volunteer hours devoted to monitoring, inspect			
•	L	ting, nationing of violations, and officioning	00110011441011	oddomento damig trio your
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservatio	n easements during the year
	►\$	ig, manaming or moralisms, and other only		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 17	O(h)(4)(B)(i)
	•			· · · Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expen	ise statement, and
	balance sheet, and include, if applicable, the text of		•	•
	organization's accounting for conservation easeme	ents.		
Part	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Sir	nilar Assets.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 8.		
	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	it describes	these items.
	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	ducation, o	r research in furtherance of
	public service, provide the following amounts relati	-		
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			\$
	If the organization received or held works of art,			r tinancial gain, provide the
	following amounts required to be reported under S			
	Revenue included on Form 990, Part VIII, line 1			\$
n	Assets included in Form 990 Part X			- •

Part	II Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar A	ssets (6	contin	iued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, chec	ck any of th	e follov	ving that are a	significa	nt use	of its
а	☐ Public exhibition		d 🗌 Loan						
	Scholarly research		e 🗌 Othe	r					
_	Preservation for future generations								
4	Provide a description of the organizat XIII.							pose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						Yes [□ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes'						on Fo	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							Yes [□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:			Amount		
C	Beginning balance				10	:			
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				<u>1f</u>				
2a	Did the organization include an amour	•					•		
Par	If "Yes," explain the arrangement in Pa	art Alli. Check here	e ii the explanatio	n nas been	provide	ed on Part Am .		·t	<u> </u>
ı ar	Complete if the organization	answered "Yes"	on Form 990	Part IV June	e 10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years ba	ck (e) Fo	ur year	s back
1a	Beginning of year balance	0		 			0	<u> </u>	0
b	Contributions		<u></u>	1			1		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs		_						
f	Administrative expenses [
g	End of year balance	0			0		0		0
2	Provide the estimated percentage of the		d balance (line 1ç	g, column (a	ı)) held a	as:			
а	Board designated or quasi-endowmer	nt 🕨	0%						
þ	Permanent endowment >	_0%							
C	Temporarily restricted endowment ▶	0%							
_	The percentages on lines 2a, 2b, and 2						_		
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held	and ad	ministered for t	he		T
	organization by:						[<u>a</u>	Yes	
	(i) unrelated organizations				•		3a(i		1
b	(ii) related organizations		as required on S	 obodulo P2	• •		3a(i		+-
4	Describe in Part XIII the intended uses				•		_3b		—
Part				41103.					
I_GIT	Complete if the organization		on Form 990	Part IV line	e 11a	See Form 990	Part X	line	10
-	Description of property	(a) Cost or oth	her basis (b) Cost of	or other basis other)	(c)	Accumulated epreciation		ook valu	
1a	Land	.							
b	Buildings								
C	Leasehold improvements								
d	Equipment	. [
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X, columi	n (B), line 10	Oc.) .	▶			

Part VII	Complete if the organization answered	"Yes" on For	m 990 Part IV lin	e 11h. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	100 011 011	(b) Book value	(c) Met	nod of valuation of-year market value
(1) Financial					
	neld equity interests				
(0) Other					
(A)			· · · · · · · · · · · · · · · · · · ·		
(B)					
(C)					
(D)					
(E)					
(F)					
(G)	,				
(H)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)		_			
(4)	-				
(5)					
(6)					
(7)					
(8)			_		
(9)					
	b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX	Other Assets.				
	Complete if the organization answered		m 990, Part IV, lin	e 11d. See Form	
	(a) Descrip	otion			(b) Book value
(1)			 		
(2)	· · · · · · · · · · · · · · · · · · ·				
_(3)		. <u> </u>		_ 	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X, col. (B) li				
	Other Liabilities.	111e 15.)	<u> </u>	<u></u> ▶	
Part X	Complete if the organization answered line 25.	"Yes" on For	m 990, Part IV, lıņ	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(4)		······································			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 25.) ▶	···			
	uncertain tax positions In Part XIII, provide the t	text of the footne	ote to the organization	n's financial stateme	nts that reports the
	s liability for uncertain tax positions under FIN 48				

Pane	4

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d]]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b]	
C	Other losses	2c] [
d	Other (Describe in Part XIII.)	2d	<u> </u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	<u> </u>	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5	
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•		
Sched	lle D, Part V - The organization owns mineral assets held as endowment whic	h are fully depleted, and there	efore, have \$0 bo	ok value
as of D	ecember 31, 2017 for cash basis financial statements. However, these assets	are income producing. As a	supporting orgar	nization,
of Okla	homa Baptist University, the income is used to provide contributions to Oklal	homa Baptist University. The	contributions fu	ınd
specia	projects, such as campus improvements, capital expenditures and retiremen	t of debt as well as suppleme	ent operations.	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
۴		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection 20

► Go to www.irs.gov/Form990 for the latest information.

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** campus projects Yes ✓ 73-6101744 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance ş (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. OCash (d) Amount of cash (e) Amount of non-grant cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1750250 Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 73-0579264 (b) EIN 1 (a) Name and address of organization or government (1) Oklahoma Baptist University 500 W University, Shawnee, OK **Tulsa Royalties Company** Name of the organization Part Part II 8 ල € <u>බ</u> 9 <u>@</u> ම 9 (12) E N

Schedule I (Form 990) (2017)

Cat No 50055P

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

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. Schedule I (Form 990) (2017)

Part III Grants an

(f) Description of noncash assistance								onal information.	Soard annually.						
(e) Method of valuation (book, FMV, appraisal, other)								ı (b); and any other additi	nt funds are reported to the E						
(d) Amount of noncash assistance								ie 2; Part III, columr	rojects. Use of the gra						
(c) Amount of cash grant								required in Part I, lir	University for campus p					•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Number of recipients								the information)klahoma Baptist L						
(a) Type of grant or assistance							Į	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	As a supporting organization, all grants are provided to Oklahoma Baptist University for campus projects. Use of the grant funds are reported to the Board annually.						
	_	8	က	4	ß	ဖ	^	σ_{α}	S.						

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Tulsa Royalties Company

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection **Employer identification number**

73-6101744

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
				ŀ
	☐ 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			
	explain	1b		
2	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 1a?	2		†
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a 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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Ī
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	1
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			ļ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		1
b	Any related organization?	5b		1
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		/
b	Any related organization?	6b		1
_	If "Yes" on line 6a or 6b, describe in Part III.		 	_
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	l _		,
	in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			!
	Regulations section 53.4958-6(c)?	9	1	l

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 eac	in listed individual mu	ed Individual must equal the total amount of Form 99(Sunt of Form 990, Pa	rt VII, Section A, line	la, applicable colum	n (D) and (E) amounts	s for that individual.
		(a) DICANDOMII C	W-z aliu/or 1039-IVII	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(a)	in column (B) reported as deferred on prior Form 990
	ε	0	0	0				
1David W Whitlock, Vice President	€	177589	10	486	1584	10993	20941	
Randy L Smith VP for	<u> </u>	0				C		
20perations/Treasurer	€	138138	1	15	66	36754	46714	0
	€							
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017	Supplemental Information
Schedule J (Part III

	•
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part.	nd 8, and for Part II. Also complete this part.
for any additional information.	•

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Tulsa Royalties Company	73-6101744
Form 990, Part VI, Section A, Lines 6 and 7a - The organization's bylaws designate the trustees of Okla	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 governing body for	their review prior to filing.
Questions or issues arising from that review are resolved by the officers before filing.	
Form 990, Part VI, Section B, Line 12c - Conflict of interest statements are submitted annually by office	ers and directors. These statements
are reviewed by the governing board and issues, if any, are resolved to the satisfaction of the governing	ng board.
Form 990, Part VI, Section B, Line 15 - The organization's officers, including the CEO and CFO, are not	compensated by the organization;
therefore, this question is not applicable. Information provided on Part VII, Section A, Line 1a and on S	Schedule J is provided because
some officers receive compensation from Oklahoma Baptist University which is a related organization.	·
Form 990, Part VI, Section C, Line 19 - The organization provides its governing documents, conflicts of	rinterest policy and financial
statements upon request. The organization does not have a website.	
Form 990, Part VII, Section A, Line 1a - David W Whitlock, Randy L Smith and Lauri Fluke each spend a	nn average of 50 hours per week
providing services to Oklahoma Baptist University, a related organization.	,
	·
	<u>^</u>

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	
•••••••••••••••••••••••••••••••••••••••	·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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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.

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OMB No 1545-0047 2017

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2017 ŝ **Employer identification number** Inspection 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 73-6101744 (f)
Direct controlling
entity (e) End-of-year assets line 2 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. 503(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 Christian higher ed (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1)Oklahoma Baptist University **Tulsa Royalties Company** (4) 73-0579264 Part Part II

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9

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	Related Organizate or more related	ations Taxable organizations	as a Partners treated as a pa	ship. Cor artnership	nplete if the during the	organizat tax year.	ion answer	,se,, pe.	" on Form 99(), Part IV,	line 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512—514)		(f) Share of total sincome	Share of end-of- Dsproportionate year assets allocations?	(h) - Disproportiona allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Bl General or x 20 managing K-1 partner?		(k) Percentage ownership
(1)		-			_			Yes	ON.	Yes	No.	
(2)						1		1			-	
(6)									-		-	
(4)		_										
(9)									-	+	-	
(9)									-			
(a)												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organizat had one or more	tions Taxable related organi	as a Corpora zations treated	ation or T	rust. Comp poration or t	lete if the trust durin	organizatic g the tax y	ear.	ered "Yes" on	Form 990	, Part IV	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	2(b)(13) led ??
			- 1								Yes	2
(1)												
(2)		 							<u> </u> 			
(6)												
(4)												
(5)												
(9)							_					
(£)												

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) v v v v v v v v v v v v v v v v v v v	d organizations listed in Parts	S =	Ves V V V V V V V V V V V V V V V V V V
During the tax year, did the organization engage in any of the following transactions with one or more related Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)	d organizations listed in Parts		The shold
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			No. of the short o
			O D O D C D O D D D D D D D D D D D D D
			The shold
			o - D C - T - X - E C O - O B - P - S
			The shold
Charles from a laboral persons profit (a)			D C X X S G S
T Dividends Iron related digalization(s)			The shold
g Sale of assets to related organization(s)			Line X - E C O B - A 8
h Purchase of assets from related organization(s)			The shold
i Exchange of assets with related organization(s)			The shold
j Lease of facilities, equipment, or other assets to related organization(s)			Threshold
			The shold
k Lease of facilities, equipment, or other assets from related organization(s)			Threshold
Deformance of conurse or membership or fundraising solicitations for related organization(s)			r c o c c c c c c c c c c c c c c c c c
			r o o b y
m Performance of services of membership of fundraising solicitations by related organization(s)			threshold
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			hreshold
o Sharing of paid employees with related organization(s)			hreshold
		<u> </u>	threshold
p Reimbursement paid to related organization(s) for expenses			s hreshold
q Reimbursement paid by related organization(s) for expenses			r
			hreshold
r Other transfer of cash or property to related organization(s)		· · · · · · · · · · · · · · · · · · ·	hreshold
s Other transfer of cash or property from related organization(s)			hreshold
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.	ne, including covered relation	ships and transaction t	
	(c) Amount involved	(d) Method of determining amount involved	sount involv
type (a – s)			
(1) Oklahoma Baptist University 1b	1750250 Cash	Cash	
(2)			
(3)			
(4)			
(c)			
		Schedule R (Form 990) 2017	orm 990)

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

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

organization of the state of th	guilleanoir. Coo	DI GUOTIONI I	Shin Banks	יין יין יין יין יין יין יין יין יין יין	III IIIVOSKIIIOIIK DO		[- 1		
(a) Name, address, and EIN of entity	ctivity	Legal domicile	(a) Predominant	Are all partners	(n) Share of		(n) Disproportionate	Code V—UBi	General or	
		(state or foreign country)	income (related, unrelated, excluded	section 1 501(c)(3)		end-of-year assets	allocations?	10 -	managing partner?	
			from tax under	organizations?				(Form 1065)		
			360 tions 512 - 514)	Yes No			Yes No		Yes No	0
(1)				-						
(2)										
(3)										_
(4)										
(5)									_	
(9)										
(a)										
(8)										
(6)										
(10)										
(11)									_	
(12)										
(13)					-					_
(14)										
(15)										į
(16)										•
								Sche	dule R (F	Schedule R (Form 990) 2017

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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