Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Dep Inte	artment of mal Reven	f the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspection			
A			ndar year, or tax year beginning . , 2018, and ending	_	, 20			
В		applicable.	C Name of organization Tulsa Royalties Company	D Emplo	yer identification number			
	Address		Doing business as	7	73-6101744			
	Name ch	•	Number and street (or P.O box if mail is not delivered to street address) Room/suite	E Teleph	one number			
	Initial ret	-	500 W University, Box 61207		405-585-5130			
ī		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		100 000 0.00			
$\bar{\Box}$	Amende		Shawnee, OK 74804	G Gross	receipts \$			
		ion pending			or subordinates? Yes Vo			
		g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		es included? Yes No			
,	Tax-exe	mpt status			a list (see instructions)			
J	Website			oup exemption	n number ▶			
K	Form of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	51 M State	e of legal domicile. OK			
Ρ	art I	Summ	ary		 			
	1	Briefly de	escribe the organization's mission or most significant activities: to provide finance	cial support	for Oklahoma Baptist			
9			y, an exempt organization providing Christian higher education to approximately 2,00					
ī			d many other countries.					
Activities & Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more the	han 25% of	f its net assets.			
ģ	3	Number	of voting members of the governing body (Part VI, line 1a)	. 3	8			
<u>م</u>	4	Number	of independent voting members of the governing body (Part VI, line 1b)	. 4	7			
ties	5	Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)	. 5	0			
Ę	6	Total nur	nber of volunteers (estimate if necessary)	. 6	11			
Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line 12	. 7a	0			
	b	Net unrel	ated business taxable income from Form 990-T-line 38 /	. 7b	0			
			r Year	Current Year				
0	8	Contribut	tions and grants (Part VIII, line 1h) . Sol. MAY. 2019		0			
Ĕ	9	Program	service revenue (Part VIII, line 2g)		0			
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4 and 7d)	682	1809			
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	1981359	2956386			
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line-12)	1982041	2958195			
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	1750250	2650500			
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0			
×	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶					
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	231729	307727			
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1981979	2958227			
		Revenue	less expenses. Subtract line 18 from line 12	62	(32)			
Net Assets or Fund Balances				f Current Year	End of Year			
Set	20		ets (Part X, line 16)	108	76			
ᅗ	21		ilities (Part X, line 26)	0	0			
			ts or fund balances. Subtract line 21 from line 20	108	76			
_	art II		ture Block					
Un	der penal	tties of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, and ete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	to the best of	my knowledge and belief, it is			
	11/11/5/1	<u> </u>	A	Owicofie				
D:-		N ===	. A. u. 1	<u> </u>				
Sig		Sign	ature of official Thin it	Date 5-15-	-19			
Third Minut								
		7-		MUSTRATIVE				
Pa		4	pe preparer's name / Preparer's signature Date	Check				
	epare			self-em	pioyea			
Us	e Onl			Firm's EIN ►				
\A-				Phone no.				
_			s this return with the preparer shown above? (see instructions)	• • •	Yes No			
-OF	Panone	ronk Redu	ction Act Notice see the separate instructions Cot No. 11202V		Form 990 (2018)			

	0 (2018) Page 2
Part'	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Tulsa Royalties Company is a supporting organization, created to provide financial support for Oklahoma Baptist University, an
	exempt organization. Oklahoma Baptist University is a Christian liberal arts university which transforms lives by equipping students
	to pursue academic excellence, integrate faith with all areas of knowledge, engage a diverse world and live worthy of the high calling
	of God in Christ.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$.2650500 including grants of \$ 2650500) (Revenue \$)
	Contributions to provide financial support for Oklahoma Baptist University. Financial support funds special projects, including
	campus improvement projects, capital expenditures and retirement of debt.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

Part IV	Checklist	of Required	Schedules

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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		✓
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		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓ _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
าช 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
		140		_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		✓
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		✓
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_		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	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	√	
		Form	· 990)	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		✓
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				
240	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√ _
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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		✓
	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
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, Part I	31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
	Education and the Day Office 4000 Education in the Control of the		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable garning (garnoling) willings to prize williers:		n 990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V	
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	F .	Yes	No .
2a				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	.3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	·	✓ ,
b	If "Yes," enter the name of the foreign country:		, ,	-
. .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
	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			
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		7
	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		·
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	-	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u>'</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		√ ,
	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	\vdash	-
	If "Yes," complete Form 4720, Schedule O.	For	n 99 0	(2018)
				\ · -/

₽art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins Check if Schedule O contains a response or note to any line in this Part VI										
Casti		<u>····</u>	•	<u>. </u>							
Secti	on A. Governing Body and Management		Yes	No							
_		í	165	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			1							
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.			1							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	· · · -	/							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓							
6	Did the organization have members or stockholders?	6	<u> </u>								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
_	stockholders, or persons other than the governing body?	7b		✓							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
•	the year by the following:			ļi .							
а	The governing body?	8a	√								
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										
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	nde.)								
	on bit energy (mile decision bit requests milentation about periods in equipment and a second		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		1							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			'							
b	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	<u> </u>								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓_								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe in Schedule O how this was done	12c	✓								
13	Did the organization have a written whistleblower policy?	13	√								
14	Did the organization have a written document retention and destruction policy?	14	√								
15	Did the process for determining compensation of the following persons include a review and approval by										
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	7								
a	The organization's CEO, Executive Director, or top management official	15b	<u>▼</u>	+							
b	Other officers or key employees of the organization	130	<u> </u>								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	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		A 15							
Secti	on C. Disclosure	•									
17	Let the states with which a copy of this Form 900 is required to be filed . Oklahoma										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-										
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>								
	Lauri Fluke, 500 W University, Box 61207, Shawnee, OK 74804 (405) 585-5130										

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

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

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

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

Check this box if neither the organization r	nor any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
				-	C)					
(A)	(B)	(do n	ot ch		rtion more	than c	one	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is to						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		1					from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dual	ğ	-	夏	st cc	4	(W-2/1099-MISC)		organization and related
	below dotted line)	r tag	altr) Qe	ğ				organizations
		8	ste	}		esne				
			l o			Ē.	_			
(1) James Wilder	.5									
President	.5	✓		✓				0	o	0
(2) David W. Whitlock	.5									
Vice President	50	1		1				0	183822	98619
(3) Randy L. Smith	.5									
Vice Pres for Operations and Treasurer	50		<u> </u>	✓	<u> </u>		L	O	142866	50976
(4) Robert Morris	.5			١						
Secretary	5	✓	<u> </u>	✓	ļ.,		_	0	0	0
(5) Lauri Fluke	5		ļ						:	
Assistant Secretary	50		<u> </u>	✓	<u> </u>		_	0	75182	29557
(6) Scott Neighbors		,	i					_		
Director	.5	/	1		_			0	0	0
(7) Danna Humphreys	.5	,	ı						ا	•
Director (0)	.5	✓		_	-				0	0
(8) Casey Merrifield	<u>.5</u>	,						_	ا	
Director	.5	-	_		H		_		0	0
(9) Ron Reiser	.5	/								•
Director (10)	.5	-	-				_	0	0	0
(10) Owen Nease	.5	1							٥	0
Director (11)			-		-		\vdash	† <u>-</u>		
<u></u>										
(12)										
(13)				\vdash	-					
(14)				-						
					L	L		i		

_. Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					((C)					
	(A)	(B)	در ا	- 4 - 4		rtion	. 41		(D)	(E)	(F)
	Name and title	Average					than o		Reportable	Reportable	Estimated
		hours per					or/trus		compensation	compensation fro	I
		week (list any hours for	95	5	Q	Ž	용포	ק	from the	related organizations	other compensation
		related	Individual trustee or director	Institutional truste	Officer	Key employee	호흡	Former	organization	(W-2/1099-MISC	
		organizations	윷ᇣ	हैं:	*	ğ) XX	4	(W-2/1099-MISC)	(organization
		below dotted	익률	<u>a</u>		ğ	۳ä				and related
		line)	ste	2		8	Pg				organizations
			ď	100			Highest compensated employee				
						<u> </u>	<u> </u>				
(15)											
		1									
(16)											
		Ť						1			
(17)	<u> </u>										
3		†							ļ	i	
(18)				•						· ·	
110/		 									
(40)			<u> </u>	-	-						-
(19)											
	. <u> </u>										
(20)		ļ									
(21)									j		
(22)											
		1									
(23)											
3==2		†									
(24)		<u> </u>						\vdash	-		
35.7/		 									
/OE\		-									
(25)											
		<u> </u>						<u> </u>			-
1b	Sub-total			•	•		•				
C	Total from continuation sheets to Part			•	•		•	•			
d	Total (add lines 1b and 1c)							<u> </u>	0		
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 of - → →
	reportable compensation from the organi	zation 🕨							0		
											Yes No
3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	ee.	kev e	emp	lovee, or high	est compensa	ated Table 1
	employee on line 1a? If "Yes," complete s							٠.			. 3 ✓
4	For any individual listed on line 1a, is the	sum of ro	oortal	، ماد	~~~	nor	neatio	n a	nd other comp	enestion from	المستقد المستقد المستقد
-	organization and related organizations										
	individual	•							•		. 4 🗸
-											
5	Did any person listed on line 1a receive o										
<u> </u>	for services rendered to the organization?	rii res, c	ompi	ere	SUI	eu	ile J i	UI S	acri persori	· · · · · ·	. 5 √
Section	on B. Independent Contractors										
1	Complete this table for your five highest of										
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e c	alend	ar y	ear ending wit	h or within the	organization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	ress							Description of s	ervices	Compensation
None											
				-					_		
								_			· · · · · · · · · · · · · · · · · · ·
											
											
	Total number of independent contracts	ro (inalization		• -	<u></u>		0 4 4 A		oco listod at	avol who	
2	Total number of independent contracto							ım		ove) who	
	received more than \$100,000 of compens	auon from t	ne or	yan	ızatl	บกไ			0		

Form 9	390 (201	8) '				Page 9
Par	t VIII					_
	,·	Check if Schedule O contains a response or not	e to any line in thi	Rolated or exempt function royenuo	(C) Unrolated Lusiness reyenue	(D) Rovenuo cxcluded from tax under sections 512-514
基 基	1a	Federated campaigns 1a		10,4100		1
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b			ĺ	
å, G	С	Fundraising events 1c				
ar J	d	Related organizations 1d				
ië,	е	Government grants (contributions) 1e				
rtior er S	f	All other contributions, gifts, grants,	-			†
혈	}	and similar amounts not included above				
ng G	g	Noncash contributions included in lines 1a–1f: \$		4	j	
	þ	Total. Add lines 1a-1f			ļ	
Program Service Revenue	2a		<u>e </u>		 	
ě	b					
<u>8</u>	c					
Ş	d			-		
Ē	e					
gra	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interes				
		and other similar amounts)	1003)		1809
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	2956386	i		2956386
	6a	Gross rents]
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	•	·····	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses		Ì)
	С	Gain or (loss)		·	ļ	}
	d	Net gain or (loss)	>			
Other Revenue	8a	Gross income from fundraising events (not including \$				
Jer R		of contributions reported on line 1c). See Part IV, line 18				
ō		Less: direct expenses b	ļ			
		Net income or (loss) from fundraising events .	<u> </u>		-	- ;
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b	·			
		Net income or (loss) from gaming activities	·			
	10a	Gross sales of inventory, less				į
		returns and allowances a	4			
		Less: cost of goods sold b				
	_ <u>c</u>	Net income or (loss) from sales of inventory	·			
	110	Miscellaneous Revenue Business Cod	e			1
	11a b			 		
	C					
	d	All other revenue				
		Total. Add lines 11a–11d	•			1
		Total revenue See instructions	2059105			2059105

	Statement of Functional Expenses		# - 4b		- (A)
Section	n 501(c)(3) and 501(c)(4) organizations must con	•			
<u> </u>	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	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2650500	2650500		
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 10 11 a	Other employee benefits				
b b	Legal				
d e	Lobbying				
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	126156		126156	
12	Advertising and promotion				
13	Office expenses	123		123	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Production taxes	180451		180451	
b	Ad valorem taxes	997		997	
C		337		337	
d					
e	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	2958887			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	A TOUNT			
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	2958227	2650500	307727	

, P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	108	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
v	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	· · · · · · · · · · · · · · · · · · ·		
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	· .	11	
	12	Investments – other securities. See Part IV, line 11	-	12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	,	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108	16	76
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	·	18	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abj		disqualified persons. Complete Part II of Schedule L		22	_
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties [24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			-
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	108	30	76
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	108	33	76
	34	Total liabilities and net assets/fund balances	108	34	76
		 ··			Form 990 (2018)

Form 9	igo (2018) '			Pε	age 12
∘Pai	t XI Reconciliation of Net Assets			 ;	
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		. 🗆
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	L	,	
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			
Par	TXII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990:			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kplain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ipiled or			
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 audit separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	woroight			

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

Form **990** (2018)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

ulsa	Royalties Company					73-610			
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
he (he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
2	☐ A hospital or a cooperative ho						0		
3 4	A medical research organizat	ion operated in c	panization described i	ntal desc	ribed in s	יאָלאָאייייי. :ection 170/b)(1)(A)(iii). Enter the		
4	hospital's name, city, and sta		onjunionon with a noof	J.(u. 0000			,		
5	☐ An organization operated for	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in		
•	section 170(b)(1)(A)(iv). (Con		,		•	, ,			
6	☐ A federal, state, or local gove	rnment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally	receives a subs	stantial part of its sup				the general public		
	described in section 170(b)(1	I)(A)(vi). (Complet	te Part II.)						
8	☐ A community trust described								
9	☐ An agricultural research organ	nization describer	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college		
	or university or a non-land-gr	ant college of agr	riculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or		
40	university: An organization that normally	rocoives: (1) mor	e than 331,0% of its si	innort fro	m contrib	nutions membershir	fees and gross		
10	receipts from activities related	d to its exempt fu	nctions—subject to c	ertaın exc	ceptions.	and (2) no more that	n 33¹/₃% of its		
	support from gross investment acquired by the organization	nt income and un	related business taxal	ble incom	ie (less se molete Pa	ection 511 tax) from	businesses		
11	☐ An organization organized an								
12	☑ An organization organized and ☑ An organization organized and ☑ In the organization organization organized and ☑ In the organization organization organized and ☑ In the organization or						ry out the purposes		
-	of one or more publicly supp	orted organization	ins described in secti	ion 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).		
	Check the box in lines 12a thr	~	• • • • • • • • • • • • • • • • • • • •		-				
а		nızation operated	l, supervised, or contr	olled by ı	ts suppo	rted organization(s),	typically by giving		
	the supported organization	n(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the		
	supporting organization.						/ N. h h		
t									
	control or management of organization(s). You must				Persons	that control of man	age the supported		
c	Towns III downstians allowing				onnection	n with, and functiona	ally integrated with,		
Ĭ	its supported organization						•		
c		integrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)		
	that is not functionally inte						d an attentiveness		
	requirement (see instruction	•	-						
e							e II, Type III		
	functionally integrated, or	• •	•	_	organizati	ion.			
Ţ	Enter the number of supported Provide the following information						• •		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
	(i) Name of supported organization	(11) 2.111	(described on lines 1-10	listed in you	ır governing	support (see	other support (see		
			above (see instructions))	docui	ment?	instructions)	instructions)		
				Yes	No				
A)			_ 2						
<u> </u>	klahoma Baptist University	73-0579264	School 7	1		2650500			
B)							,		
-		-							
C)									
D)									
<u></u>									
E)					İ				
		ļ <u>.</u>		<u> </u>					

Schedu	ile`A (Form' 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organiza (Complete only if you checked to Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	f Part I or if th	ne organizatio	on failed to gu	
Secti	on A. Public Support	1		, ,	,	/	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e),2018	(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			ı			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	. \		,			
4	Total. Add lines 1 through 3		1			f	
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						
	on B. Total Support		/ /	·		,	····
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) ″2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		/	<u> </u>		ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					,	•
9	Net income from unrelated business activities, whether or not the business is regularly carried on			. \			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			\		,	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	-
13	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
Cook	organization, check this box and stop he		<u> </u>	4	· · · · · · · · · · · · · · · · · · ·		· · • <u> </u>
<u>Secti</u>	on C. Computation of Public Support Public support percentage for 2018 (line)			11 ookuma (f)		14	<u></u> %
15	Public support percentage from 2017 Sci	, ,	-	r i, column (i))	,	15	
16a	331/3% support test—2018. If the organi			x on line 13. a	nd line 14 is 3		
	box and stop here. The organization qua					\	▶ 🗆
b	331/3% support test 2017. If the organithis box and stop here. The organization					or m %در 33 ¹ 33 ا 	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"	eets the "facts	-and-circumst	ances" test, cl	heck this box	and stòp here .	. Explaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets th	e "facts-and-	cırcumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see \.\.\.\

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	ll.)/	
	on A. Public Support			4 > 2242	1 1 2 2 2 1 7	/	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	İ				İ	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			-			
2	sold or services performed, or facilities			1			
	furnished in any activity that is related to the	N .		'	/		
_	organization's tax-exempt purpose	<u> </u>		· ·	/		
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			1			
	furnished by a governmental unit to the organization without charge		. ,				
6	Total. Add lines 1 through 5				,		
7a	Amounts included on lines 1, 2, and 3		\ /				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	1	l X				
	received from other than disqualified					·	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/ \			ı	
	•						<u></u>
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,	1				
C4	line 6.)		<u> </u>	<u> </u>			
	on B. Total Support	, <i>f</i> ,	(h) 001E	V-) 0016	(4) 0017	(0) 2019	(f) Total
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a),2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) iolai
10a	Amounts from line 6	/	-	\			
iva	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .	1		\			
b	Unrelated business taxable income (less			\ \ \			
	section 511 taxes) from businesses			\		ĺ	
	acquired after June 30, 1975/ .			\	Į l		
С	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					İ	
	(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			<u></u>	<u> </u>	· \. · · ·	· · > 🗀
<u>Secti</u>	on C. Computation of Public Suppor			1		<u> </u>	
15	Public support percentage for 2018 (line					15	%
16	Public support percentage from 2017 Sci			<u> </u>	· · · · · ·	16	%
	on D. Computation of Investment In					1 - 1	
17	Investment income percentage for 2018 (-		17	<u>%</u>
18	Investment income percentage from 2017					18 \	%
19a	331/3% support tests – 2018. If the organ						·
	17 is not more than 331/3%, check this box						
b	331/5% support tests—2017. If the organization 18 is not more than 331/5%, shock this						
	line 18 is not more than 331/3%, check this		_	•		-	\ =
20	Private foundation. If the organization di	a not check a	00x on lino 14	, 19a, or 19b, o	check this box	and see instruc	ctions\ 🕨 📙

Part IV Supporting Organizations

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

Castian	A AII	C	· ^	
Section.	A. AII	Suppor	ung Org	ganizations

			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	<		
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				
٥	organization was described in section 509(a)(1) or (2).	2	· 	✓	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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	,		
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.	3c	g-		
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		\ \	
ь	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	41			
С	despite being controlled or supervised by or in connection with its supported organizations. 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)	4b			
	purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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		<u> </u>	í
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b			
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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			
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	
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			
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		~	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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			
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IUa		√	
b	determine whether the organization had excess business holdings.)	10b			

1	ь.			1
	м	ac	ю	ì

Part	V Supporting Organizations (continued)	*	,	-
			Yès	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	L		
	below, the governing body of a supported organization?	11a		✓
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		✓
Section	on B. Type I Supporting Organizations			
	ı	,	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	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	•		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	3,√	
2	Did the organization operate for the benefit of any supported organization other than the supported]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		,2	· ·	_
Section	on C. Type II Supporting Organizations		14	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l İ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			{
	the supported organization(s).			
04		1		<u> </u>
Section	on D. All Type III Supporting Organizations	-	Yes	-
•	Did the assessmention associate to each of the assessment assessment by the last day of the fifth month of the		165	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1 1
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	 -		
•	significant voice in the organization's investment policies and in directing the use of the organization's]		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		<u> </u>
Section	on E. Type III Functionally Integrated Supporting Organizations	_	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ļ	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
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	1	1

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

	te A (Form 990 or 990-EZ) 2018			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	Т
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	 		
5	Qualified set-aside amounts (prior IRS approval required)			
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 whic (provide details in Part VI). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			", C
_	(reasonable cause required - explain in Part VI). See	1		
	instructions.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2018	· · · · · · · · · · · · · · · · · · ·		
а	From 2013			11 12 14 15
b	From 2014		,	The state of the s
С	From 2015		- •;	
d	From 2016		, ,	
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
4	Distributions for 2018 from			,
	Section D, line 7: \$			·
а	Applied to underdistributions of prior years		-	
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

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

Schedule R (Form 990) 2018

County after tax year, dot the organization of the following transactions with one or more related organizations issed in Parts II-V7 Breeder of thin ferest, (ii) annualise, (iii) organization of the organization

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 № 1545-0047

Open to Public Inspection

Employer Identification number

Tulsa Royalties Company Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pane	2

	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of th	ne follo	wing that are a	signıficant	use of its
∙a	,☐ Public exhibition		d	☐ Loan	or exchang	ge prog	ırams		
	☐ Scholarly research		е	☐ Other	r <u></u>				
С	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how ti	hey further	the or	ganization's exe	mpt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be main							s 🗌 No
Part	Complete if the organization 990, Part X, line 21.		s" on Fo	m 990, F	Part IV, lin	e 9, or	reported an ar	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comp	olete the fo	ollowing ta	able:	_			
						_		mount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					11		.o 🗆 🗸	a D Na
2a	Did the organization include an amount if "Yes" overlain the arrangement in D								
Par	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check ne	ere ii the e	xpianatioi	n nas been	provid	ed on Part Alli .	· · ·	<u> </u>
Fai	Complete if the organization	answered "Ve	s" on Fo	m 990 F	Part IV lin	e 10			
•	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	(-,,	1	, , , , ,	.,	-			<u> </u>
b	Contributions		 						
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
ē	Other expenditures for facilities and	• • •	1						
	programs								
f	Administrative expenses								
g	End of year balance	,							
2									
а	Board designated or quasi-endowmen		0%	•	•	.,			
b	Permanent endowment ▶	0%							
С	Temporarily restricted endowment ▶	0%							
	The percentages on lines 2a, 2b, and		100%.						
3a	Are there endowment funds not in the			zation tha	at are held	and ad	lministered for t	he	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	✓
	(ii) related organizations							3a(ii)	✓
b	If "Yes" on line 3a(ii), are the related o	rganizations liste	ed as requ	red on So	hedule R?			3b	
4	Describe in Part XIII the intended uses		tion's end	owment fu	ınds.				
Part						-	•		
	Complete if the organization	answered "Ye	s" on Fo	m 990, F	Part IV, lin	<u>e 11a.</u>	See Form 990	, Part X, I	ine 10.
	Description of property	(a) Cost or (invest		, ,	r other basis ther)		Accumulated epreciation	(d) Boo	k value
1a	Land								
ь	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, column	(B), line 10	Oc.) .	•		

	Complete if the organization a (a) Description of security or cat		(b) Book value		nod of valuation:
	(including name of security)	(5) 55511 12:55		of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					٠,
(B)					
(C)					t .
(D)					
(E)					 -
(F)					
(G)					
(H)					
	n) must equal Form 990, Part X, col. (B) line 12.				
Part VIII	Investments—Program Rela Complete if the organization a		Corm 000 Port IV line	11a Saa Form	000 Part V line 13
	(a) Description of investmen		(b) Book value		hod of valuation
	(a) Description of investmen	ı	(b) Book value		of-year market value
(1)					
(2)					
(3)					<u></u>
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total, (Column II)	n) must equal Form 990, Part X, col. (B) line 13.			<u>, •</u>	
Part IX	Other Assets.	<u>-</u>	1 '. 19		, ,
	Complete if the organization a	answered "Yes" on F	orm 990, Part IV, line	11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)			<u>.</u>		
(5)					
(6)					
(6) (7) (8)					
(6) (7) (8) (9)		(and (D) line 45)			
(6) (7) (8) (9) Total. (Colur	nn (b) must equal Form 990, Part 2	<, col. (B) line 15.)			
(6) (7) (8) (9)	Other Liabilities. Complete if the organization a		form 990, Part IV, line	▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X	Other Liabilities. Complete if the organization a line 25.	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X	Other Liabilities. Complete if the organization a line 25. (a) Description of liability			▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization a line 25. (a) Description of liability come taxes	(b) Book value		▶	Form 990, Part X,
(6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(b) Book value	9		

.Part				Return.
	Complete if the organization answered "Yes" on Form 990,			1.
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ما		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			00
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1	i . i		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII.)			40
С 5	Add lines 4a and 4b			4c 5
Part	Complete if the organization answered "Yes" on Form 990,			n neturi.
	Total expenses and losses per audited financial statements			1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2	Donated services and use of facilities	2a		
a				
b	Prior year adjustments	—		
C	Other losses			
d	Other (Describe in Part XIII.)		<u> </u>	2e
е 3	Add lines 2a through 2d			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	·		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III			5
	XIII Supplemental Information.	, .		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
of Dec	ule D, Part V - The organization owns mineral assets held as endowment whice the provider of t	re income p	producing. As a su	pporting organization of ontributions fund special
		·		

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
********		• • • • • • • • • • • • • • • • • • • •
		
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	,	••••
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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31 (o Put
20	pen t
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OMB No 1545-0047

► Attach to Form 990. ► Go to www.irs.cov/Form990 for the latest information.

on and one	Employer identification number	
:	Employ	

Department of the Treasury Internal Revenue Service	reasury		► Go to v	▶ Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	Form 990. Of or the latest info	rmation.		Open to	Open to Public Inspection
Name of the organization	zation							Employer identification number	er
Tulsa Royalties Company	Company							73-6101744	
Part I Ge	General Information on Grants and Assistar	on Grants and	Assistance						
1 Does the the selection Describe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ain records to subsaward the grants award the grants	stantiate the amou or assistance? es for monitoring	int of the grants or	assistance, the ginds in the United	rantees' eligibility f	or the grants or ass	istance, and	%
Part II Gr	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz eceived more th	ations and Dom an \$5,000. Part	lestic Governme	ents. Complete i ted if additional s	f the organization space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	-orm 990,
1 (a) Name and or g	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant e	f grant
(1) Oklahoma Baptist Univers 500 W University, Shawnee, OK	Oklahoma Baptist University V University, Shawnee, OK	73-0579264	501(c)3	2650500	Ϋ́		NA NA	campus projects	
(2)			- -						
(3)									
(4)									
(6)									
(9)									
(2)					-				
(8)									
(6)									
(10)									
(11)			-						
(12)									
2 Enter to 3 Enter to	Enter total number of section 501(c)(3) and government organizal Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and gov organizations listed	ernment organiza I in the line 1 table	rganizations listed in the line 1 table 1 table 1 table	ne 1 table			A A .	100
For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2018)	m 990) (2018)

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part 1, line 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of ... recipients (a) Type of grant or assistance Part IV Part III ß N က 4 9

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

73-6101744 **Tulsa Royalties Company** Part I Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 1 If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

(ii)

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

For each individual whose compensation must be reported 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

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retriement and (D) Mechanish (P) Total of columns (P (F) Compensation In column (B) reported as deferred on prior Form 990 (C) Retirement and other deferred (D) Nontaxable (E) Total of columns (iii) Other (i) Base (ii) Bonus & incentive (A) Name and Title reportable compensation (1) 1David W Whitlock, Vice President (11) - 2535 63202 1 282441 181288 -35416 (1) Randy L Smith, VP for (11) 20perations/Treasurer 141252 193842 (1) (11) (1) (II) (1) (H) **(i)** (II) (1) (11) (1) (ii) (I) (11) (1) (ii) 10 (1) (11) 11 (1) 12 (II) **(I)** (II) 13 (1) (ii) 14 (1) (II) 15 (1)

Schedule J (Form 990) 2018

Part III Supplemental Information Provide the information, 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 or any additional information.
or any additional information.
he Company's officers and management officials, including the CEO and CFO, are not compensated by the organization. Information included on Schedule J is provided because some
fficers receive compensation from Oklahoma Baptist University which is a related organization.
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Schedule J (Form 990) 2018

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 2018

Open to Public Inspection

Employer Identification number

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

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

Tulsa Royalties Company 73-6101744 Form 990, Part VI, Section A, Lines 6 and 7a - The organization's bylaws designate the trustees of Oklahoma 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. Form 990, Part VI, Section B, Line 12c - Conflict of interest statements are submitted annually by officers and directors. These statements are reviewed by the governing board and issues, if any, are resolved to the satisfaction of the governing 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 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 interest 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 an average of 50 hours per week providing servies to Oklahoma Baptist University, a related organization.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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SCHEDULE R (Form 990)

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

	'`
OMB No 1545-0047	2018

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► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Department of the Treasury internal Revenue Service	► Go to www.	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. m990 for instructions and the land	stest information.		d -	Open to Public Inspection	္ခု
Name of the organization						Employer identification number	itification num	ber
Tulsa Royalties Company	Ŋ					73-6	73-6101744	
Part I Identifica	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	if the organization	answered "Yes"	on Form 990, Parl	t IV, line 33.			
Name, ad	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	611
(1)								
(2)								
(3)								
(4)								
(5)								}
(9)								
Part II Identifica	Identification of Related Tax-Exempt Organizal one or more related tax-exempt organizations dur	izations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	he organization a	nswered "Yes" or	n Form 990, Par	t IV, line 34, beca	ause it had	
Name, add	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 controll entity	(13) (13)
(1)Oklahoma Baptist University	niversity		Î				Yes	2
73-0579264		Christian higher educ	Oklahoma	501(c)3		line 2NA		>
(2)								
(6)								
(4)								
(5)								
(9)		-						
(2)								
For Paperwork Reductic	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2018	2018

Schedule R (Form 990) 2018

Name address and FIN of	(b)	(0)	(d)		(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Department	(i) Code V I IBI	_	(Congral or	Dercentage
related organization		domicile (state or foreign country)	entity -			income	year assets		# o	 	managing partner?	ownership
								Yes	No	Ye	Yes No	
(1)			-									
(2)			_									
(6)											<u> </u>	
(4)												
(5)											ļ	
(9)									<u> </u>			
(A)												
Part IV Identification of line 34, because i	Identification of Related Organizations Taxable line 34, because it had one or more related organiz			poration o l ated as a c	r Trust. Con corporation c	nplete if the	e organiza ing the tav	tion ansv k year.	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, zations treated as a corporation or trust during the tax year.	Form	990, P.	art IV,
(a) Name, address, and EIN of related organization	organization	(b) Primary activity	_	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage		(i) Section 512(b)(13) controlled entity?
			-						r		^	Yes No
(1)										_		_
(2)												
(6)											-	
(4)										,		
(9)												
(9)												
Œ												

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

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

Name, address, and EN of entity Legal circums Primary activity Legal circums Legal	(a) (b) (c) (d) (e) (d)	Q	(3)	9	(e)	8	(8)	Ê	8	8	3
No No No No No No No No	Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportions	amount in box 20 of Schedule K-1 (Form 1065)		Per
	1)			sections 512 – 514)	Yes No			Yes		Yes	
	(2)							•			
	(6)										
	(4)										
	(9										
	(6										
	a		-								
	(6										
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	(6										
	(9										

Page 5 Schedule R (Form 990) 2018 1