

April 16, 2021

Oklahoma Educational Memorial Trust FDN
2200 S Utica #150
Tulsa, OK 74114

Dear Rick:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

OKLAHOMA RETURN:

Also enclosed is your 2019 Oklahoma Return of Organization Exempt from Income Tax. No tax is payable with this return. Please sign, date, and mail the Oklahoma return on or before June 15, 2021 to:

OKLAHOMA TAX COMMISSION
P.O. BOX 26800
OKLAHOMA CITY, OK 73126-0800

Very truly yours,

S. Neil Jay, CPA/ABV

8879-EO Form	IRS e-file Signature Authorization for an Exempt Organization For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020	OMB No. 1545-1878
	2019	
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organization OKLAHOMA EDUCATIONAL MEMORIAL TRUST FDN		Employer identification number 73-6097975
Name and title of officer RICK ARRINGTON PRESIDENT		

Part I	Type of Return and Return Information (Whole Dollars Only)
than one line in Part I.	
1a Form 990 check here <input checked="" type="checkbox"/> X	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) ~~~~~ 1b 38,673.
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, then leave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more	
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9) ~~~~~ 3a Form 1120-POL check here 2b _____
b Total tax (Form 1120-POL, line 22) ~~~~~ 3b _____	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) ~~~ 5a Form 8868 check here 4b _____
b Balance Due (Form 8868, line 3c) ~~~~~ 5b _____	

Part II	Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	

Officer's PIN: check one box only

☒ I authorize JAY & _____ ASSOCIATES, 51222
P.C. to enter my PIN

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State

Rick Arrington, President

May 15, 2021

Rick Arrington, President

Part III	Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. program, I will enter my PIN on the return's disclosure consent screen.	
73350765472	

Officer's signature |

Date |

May 15, 2021

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature | _____

Date | 04/16/21 _____

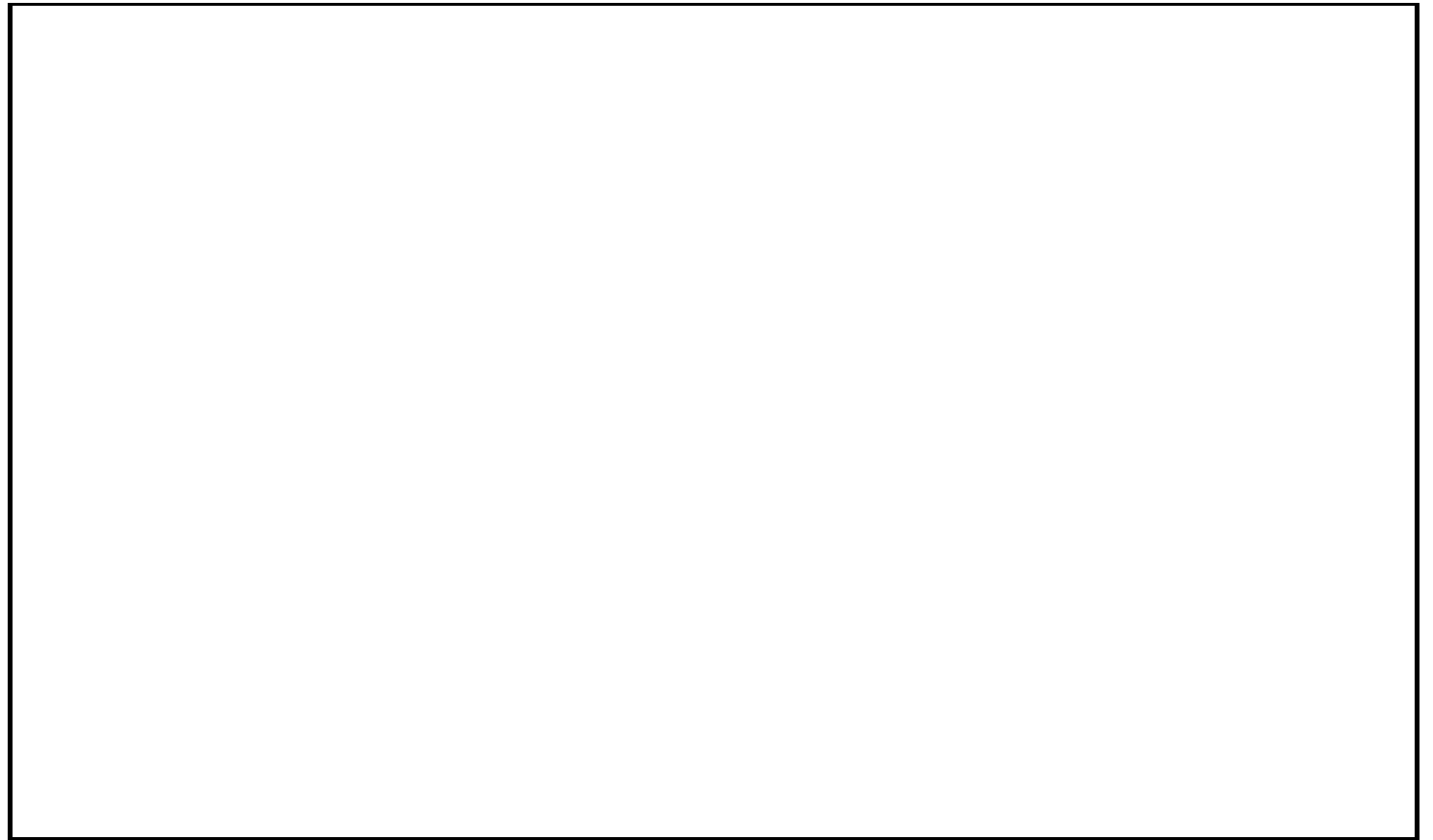
ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
923051 10-03-19

Form **8879-EO** (2019)

Filing Instructions

Prepared for: Oklahoma Educational Memorial Trust Jay & A S Utica #150 4312 E 51st Street OK 74114 Tulsa, OK 74135	Prepared by:
<p>FORM 990 Electronic Filing:</p> <p>return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date n Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return 9-EO to us on as possible</p>	



900061
04-01-19

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~ 100,904.84,969. **19** Revenue less expenses.

Subtract line 18 from line 12 154,635.-46,296.

			Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	~~~~~	2,378,833.	2,486,343.
21	Total liabilities (Part X, line 26)	~~~~~0.	0.	
22	Net assets or fund balances. Subtract line 21 from line 20 <input type="text"/> 2,378,833. 2,486,343. Part II Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief,

Sign Here					
	Signature of officer Date RICK ARRINGTON, PRESIDENT =				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name S. NEIL JAY, CPA/ABV	Preparer's signature S. NEIL JAY, CPA/ABV	Date 04/16/21	Check if self-employed	PTIN P00437380
	Firm's name 9 JAY & ASSOCIATES, P.C.			Firm's EIN 9 73-1324622	
	Firm's address 9 4312 E 51ST STREET TULSA, OK 74135			Phone no. 918-492-0106	

it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. =

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ ☒ **Yes No**

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission: PROVIDING, MAINTAINING AND ISSUING SCHOLARSHIPS TO ELIGIBLE NOMINEES

OR APPLICANTS FOR ADMISSION TO COLLEGE OR FOR CONTRIBUTIONS TO

REGULARLY MAINTAINED SCHOLARSHIP FUNDS OF OTHER FEDERAL TAX EXEMPT

COLLEGES AND UNIVERSITIES WITH AN EMPHASIS ON GRADUATES OF TULSA, OK

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses | 65,981.Form **990** (2019)**3****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A ~~~~~</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? ~~~~~		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I ~~~~~</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II ~~~~~</i>		X
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? <i>If "Yes," complete Schedule C, Part III ~~~~~</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II ~~~~~</i> 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III ~~~~~</i>		X
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? <i>If "Yes," complete Schedule D, Part IV ~~~~~</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V ~~~~~</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI ~~~~~</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		X
11c		X

assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> ~~~~~		c 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? <i>If "Yes," complete Schedule D, Part VIII</i> ~~~~~	11d		X
			11e		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> ~~~~~		11f		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> ~~~~~	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)? <i>If "Yes," complete Schedule D, Part X</i> ~~~~~	12a		X
independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> ~~~~~		b Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
<i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> ~~~~~			13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> ~~~~~		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ~~~~~	14b		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> ~~~~~		15		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> ~~~~~		16		X
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? <i>If "Yes," complete Schedule G, Part I</i> ~~~~~		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> ~~~~~		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> ~~~~~		19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> ~~~~~	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~~~~~	20a		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i> ~~~~~		20b		
			21	X	

Form 990 (2019)

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Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i> ~~~~~	22	X
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? <i>If "Yes," complete Schedule J</i> ~~~~~	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> ~~~~~	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~	24b	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~
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 ~~~~~

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ~~~~~

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If

"Yes," complete Schedule L, Part IV ~~~~~ **28a** ☒ **b** A family member of any individual described in line

28a? If "Yes," complete Schedule L, Part IV ~~~~~ **28b** ☒ **c** A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If

"Yes," complete Schedule L, Part IV ~~~~~ **28c** ☒

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~ **29** ☒

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

contributions? 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 ~~~~~

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

explanation in Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O ~~~~~ **38** ☒

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ~~~~~

~~~~~

**1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~ **b** Enter the number of federal income tax-exempt W-2G included in line 1a. Enter -0- if not applicable ~~~~~ **c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners? ~~~~~

|             | Yes | No |
|-------------|-----|----|
| <b>1a</b> 0 |     |    |
| <b>1b</b> 0 |     |    |
| le gaming   |     |    |

|               |                                                                                     |
|---------------|-------------------------------------------------------------------------------------|
| <b>Part V</b> | <b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i> |
|---------------|-------------------------------------------------------------------------------------|

**2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~

**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions).

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? ☐ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule

**4a** At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial a

**b** If "Yes," enter the name of the foreign country **9**

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~

**6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible as charitable contributions? ~~~~~

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

**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? **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8879? **h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year? ~~~~~ **9 Sponsoring organizations maintaining donor advised funds.**

**a** Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~ **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~ **10 Section 501(c)(7) organizations.** Enter:

**a** Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ **11 Section 501(c)(12) organizations.** Enter: ~~~~~

a Gross income from members or shareholders ~~~~~

**b** Gross income from other sources (Do not net amounts due or paid to other sources 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 **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **999999** **13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

**a** Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ **Note:** See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~

c Enter the amount of reserves on hand ~~~~~

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

**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? ~~~~~

If "Yes," see instructions and file Form 4720, Schedule N.

**16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 47: Schedule O.**10b****11a****11b**

1041?

**12b****13a****13b****13c****14a****14b****15****16**Form **990** (2019)**6****Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Section A. Governing Body and Management****1a** Enter the number of voting members of the governing body at the end of the tax year ~~~~~

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

b Enter the number of voting members included on line 1a, above, who are independent ~~~~~

|                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> 12                                                                                                                                                                                                               |     |    |
| <b>1b</b> 12                                                                                                                                                                                                               |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? ~~~~~                                             |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~                                                                                            |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~                                                                                                  |     | X  |

- 6** Did the organization have members or stockholders? ~~~~~
- 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? ~~~~~ **b** Are any governing organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~~~~~

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the following:

**a** The governing body? ~~~~~

**b** Each committee with authority to act on behalf of the governing body? ~~~~~

**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 on Schedule O

|           |   |   |
|-----------|---|---|
| <b>5</b>  |   | X |
| <b>6</b>  |   | X |
| <b>7a</b> |   | X |
| <b>7b</b> |   | X |
| <b>8a</b> | X |   |
| <b>8b</b> | X |   |
| <b>9</b>  |   | X |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b>                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b>                                                                                                                                                                                                                                                                                           |     | X  |
| <b>11a</b>                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b>                                                                                                                                                                                                                                                                                           |     |    |
| <b>12a</b>                                                                                                                                                                                                                                                                                         |     |    |
| <b>b c</b>                                                                                                                                                                                                                                                                                         | X   |    |
| <b>13</b>                                                                                                                                                                                                                                                                                          |     |    |
| <b>14</b>                                                                                                                                                                                                                                                                                          |     |    |
| <b>15</b>                                                                                                                                                                                                                                                                                          |     | X  |
| Did the organization have local chapters, branches, or affiliates? ~~~~~                                                                                                                                                                                                                           |     |    |
| <b>a</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ~~~~~                                                          |     |    |
| <b>b</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                               |     |    |
| <b>12c</b>                                                                                                                                                                                                                                                                                         |     |    |
| <b>16a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ~~~~~                                                                                                                                                                                             |     | X  |
| Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~                                                                                                                                                          |     |    |
| Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ~~~~~                                                                                                                                           |     | X  |
| Did the organization have a written whistleblower policy? ~~~~~                                                                                                                                                                                                                                    |     |    |
| Did the organization have a written document retention and destruction policy? ~~~~~                                                                                                                                                                                                               |     | X  |
| 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? ~~~~~                                                                         |     | X  |
| The organization's CEO, Executive Director, or top management official ~~~~~                                                                                                                                                                                                                       |     |    |
| Other officers or key employees of the organization ~~~~~                                                                                                                                                                                                                                          |     |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                |     | X  |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ~~~~~                                                                                                                                        |     |    |
| 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? ~~~~~ |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed OK
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records | \_\_\_\_\_  
 SARAH GRAGE - 918-599-0045  
 C/O CAPITAL ADV. 2200 S. UTICA 150, TULSA, OK 74114

Form **990** (2019)**7**

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

Check if Schedule O contains a response or note to any line in this Part VII

☐

**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. See instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                       | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                             |                                                                                                             | Individual trustee or director                                                                                     | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (1) SUSAN MCCALMAN<br>TRUSTEE               | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (2) JOHN P. BACHLE<br>TRUSTEE               | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (3) MADELINA BOWLING<br>TRUSTEE             | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (4) JOHN C BUMGARNER, JR<br>TRUSTEE         | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (5) EDDIE CREEKPAUM<br>TRUSTEE              | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (6) JAMES FURCH<br>TRUSTEE                  | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (7) JAMES L. KINCAID<br>TRUSTEE             | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (8) KEVIN MATTHEWS<br>TRUSTEE               | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (9) JON L. PRATHER<br>TRUSTEE               | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (10) RICK ARRINGTON<br>PRESIDENT            | 1.00                                                                                                        |                                                                                                                    |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (11) ANDREW MCKENZIE<br>SECRETARY/TREASURER | 1.00                                                                                                        |                                                                                                                    |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (12) FARRYL STOKES<br>VICE-PRESIDENT        | 1.00                                                                                                        |                                                                                                                    |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |





|                                                                                                                                                                        |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
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|                                                                                                                                                                        |  |  |
|                                                                                                                                                                        |  |  |
|                                                                                                                                                                        |  |  |
|                                                                                                                                                                        |  |  |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0 |  |  |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                            |                                                                                                                                                    |           |                           | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....                                                                                                               | <b>1a</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> Membership dues .....                                                                                                                     | <b>1b</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> Fundraising events .....                                                                                                                  | <b>1c</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>d</b> Related organizations .....                                                                                                               | <b>1d</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>e</b> Government grants (contributions) .....                                                                                                   | <b>1e</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....                                                   | <b>1f</b> | 45,451.                   |                      |                                              |                                      |                                                                 |
|                                                                            | <b>g</b> Noncash contributions included in lines 1a-1f .....                                                                                       | <b>1g</b> | \$                        |                      |                                              |                                      |                                                                 |
|                                                                            | <b>h Total.</b> Add lines 1a-1f .....                                                                                                              |           |                           | 45,451.              |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                         |                                                                                                                                                    |           | <b>Business Code</b>      |                      |                                              |                                      |                                                                 |
|                                                                            | <b>2 a</b> .....                                                                                                                                   |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>d</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>e</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>f</b> All other program service revenue .....                                                                                                   |           |                           |                      |                                              |                                      |                                                                 |
| <b>g Total.</b> Add lines 2a-2f .....                                      |                                                                                                                                                    |           |                           |                      |                                              |                                      |                                                                 |
| <b>Other Revenue</b>                                                       | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....                                                     |           |                           | 66,794.              |                                              |                                      | 66,794.                                                         |
|                                                                            | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>5</b> Royalties .....                                                                                                                           |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>6 a</b> Gross rents .....                                                                                                                       | <b>6a</b> | (i) Real (ii) Personal    |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> Less: rental expenses .....                                                                                                               | <b>6b</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> Rental income or (loss) .....                                                                                                             | <b>6c</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>d</b> Net rental income or (loss) .....                                                                                                         |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         | <b>7a</b> | (i) Securities (ii) Other |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     | <b>7b</b> |                           | 1,078,809.           |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> Gain or (loss) .....                                                                                                                      | <b>7c</b> |                           | 1,152,381.           |                                              |                                      |                                                                 |
|                                                                            | <b>d</b> Net gain or (loss) .....                                                                                                                  |           |                           | -73,572.             | -73,572.                                     |                                      |                                                                 |
|                                                                            | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>8a</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> Less: direct expenses .....                                                                                                               | <b>8b</b> |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      | <b>9a</b> |                           |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                       | <b>9b</b>                                                                                                                                          |           |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                 |                                                                                                                                                    |           |                           |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>10a</b>                                                                                                                                         |           |                           |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                    | <b>10b</b>                                                                                                                                         |           |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                |                                                                                                                                                    |           |                           |                      |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                           |                                                                                                                                                    |           | <b>Business Code</b>      |                      |                                              |                                      |                                                                 |
|                                                                            | <b>11 a</b> .....                                                                                                                                  |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>b</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>c</b> .....                                                                                                                                     |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>d</b> All other revenue .....                                                                                                                   |           |                           |                      |                                              |                                      |                                                                 |
|                                                                            | <b>e Total.</b> Add lines 11a-11d .....                                                                                                            |           |                           |                      |                                              |                                      |                                                                 |
| <b>12 Total revenue.</b> See instructions .....                            |                                                                                                                                                    |           | 38,673.                   | -73,572.             | 0.                                           | 66,794.                              |                                                                 |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|-------------------------------------|--------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~ Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~ Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~~ Benefits paid to or for members ~~~~~ Compensation of current officers, directors, trustees, and key employees ~~~~~ | 65,981.            | 65,981.                      |                                     |                          |
| 2                                                                              | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~~                                                                                                                                                                                                                                                                                                 |                    |                              |                                     |                          |
| 3                                                                              | Other salaries and wages ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                              |                                     |                          |
| 4                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                                                                                                                                                                                                                                |                    |                              |                                     |                          |
| 5                                                                              | Other employee benefits ~~~~~ Payroll taxes ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                              |                                     |                          |
| 6                                                                              | Fees for services (nonemployees):                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                              |                                     |                          |
| 7                                                                              | Management ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                              |                                     |                          |
| 8                                                                              | Legal ~~~~~ Accounting ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                              |                                     |                          |
| 9                                                                              | ~~~~~ Lobbying ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                              |                                     |                          |
| 10                                                                             | Professional fundraising services. See Part IV, line 17                                                                                                                                                                                                                                                                                                                                                                                           |                    |                              |                                     |                          |
| 11                                                                             | Investment management fees ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                              |                                     |                          |
| 12                                                                             | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)                                                                                                                                                                                                                                                                                                                                           |                    |                              |                                     |                          |
| 13                                                                             | Advertising and promotion ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                              |                                     |                          |
| 14                                                                             | Office expenses ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                              |                                     |                          |
| 15                                                                             | Information technology ~~~~~ Royalties ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                              |                                     |                          |
| 16                                                                             | ~~~~~ Occupancy ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                             | 14,724.            |                              | 14,724.                             |                          |
| 17                                                                             | Travel ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                              |                                     |                          |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials ~                                                                                                                                                                                                                                                                                                                                                  |                    |                              |                                     |                          |
| 19                                                                             | Conferences, conventions, and meetings ~~~~                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |                                     |                          |
| 20                                                                             | Interest ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                              |                                     |                          |
| 21                                                                             | Payments to affiliates ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                              |                                     |                          |
| 22                                                                             | Depreciation, depletion, and amortization ~~~~                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                              |                                     |                          |
| 23                                                                             | Insurance ~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                              |                                     |                          |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                                                                                                                                                                                                                 |                    |                              |                                     |                          |

|                                                                                                                                                                                                                                                                |         |         |         |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|----|
| <b>25</b> FLIPCAUSE<br>SECRETARIAL EXPENSE<br>DIRECTOR'S LIABILITY IN<br>OTHER ADMIN EXPENSE<br>All other expenses<br><b>Total functional expenses.</b> Add lines 1 through 24e                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                |         |         |         |    |
|                                                                                                                                                                                                                                                                | 1,500.  |         | 1,500.  |    |
|                                                                                                                                                                                                                                                                | 1,200.  |         | 1,200.  |    |
|                                                                                                                                                                                                                                                                | 840.    |         | 840.    |    |
|                                                                                                                                                                                                                                                                | 423.    |         | 423.    |    |
|                                                                                                                                                                                                                                                                | 301.    |         | 301.    |    |
|                                                                                                                                                                                                                                                                | 84,969. | 65,981. | 18,988. | 0. |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br><br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |         |         |         |    |

Form **990** (2019)**11**

| <b>Part X Balance Sheet</b>                                                                         |                                                                                                                                                                                                                       |                          |                                   |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|
| Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/> |                                                                                                                                                                                                                       |                          |                                   |
|                                                                                                     |                                                                                                                                                                                                                       | (A)<br>Beginning of year | (B)<br>End of year                |
| <b>1</b>                                                                                            | Cash - non-interest-bearing ~~~~~                                                                                                                                                                                     | 198,846. <b>1</b>        | 42,364.                           |
| <b>2</b>                                                                                            | Savings and temporary cash investments ~~~~~                                                                                                                                                                          |                          |                                   |
|                                                                                                     | Accounts receivable, net ~~~~~                                                                                                                                                                                        |                          |                                   |
| <b>5</b>                                                                                            | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~ |                          | <b>5</b>                          |
| <b>6</b>                                                                                            | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~~~                                                                 |                          | <b>6</b>                          |
| <b>7</b>                                                                                            | Notes and loans receivable, net ~~~~~                                                                                                                                                                                 | <b>7 8</b>               | Inventories for sale or use ~~~~~ |
| <b>9</b>                                                                                            | Prepaid expenses and deferred charges ~~~~~                                                                                                                                                                           |                          | <b>9</b>                          |
| <b>10a</b>                                                                                          | Land, buildings, and equipment: cost or other basis.<br>Complete Part VI of Schedule D ~~~                                                                                                                            | <b>10a</b>               |                                   |
| <b>b</b>                                                                                            | Less: accumulated depreciation ~~~~~                                                                                                                                                                                  | <b>10b</b>               | <b>10c</b>                        |
| <b>11</b>                                                                                           | Investments - publicly traded securities ~~~~~                                                                                                                                                                        | 2,179,987. <b>11</b>     | 2,443,979.                        |

|                             |                 |                                                                                                                                                                                                            |       |                                                                  |                      |                                                              |
|-----------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|----------------------|--------------------------------------------------------------|
| Assets                      | Form 990 (2019) | OKLAHOMA EDUCATIONAL MEMORIAL TRUST                                                                                                                                                                        |       |                                                                  |                      |                                                              |
|                             | 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    |                                                                  |                      |                                                              |
| Liabilities                 | 16              | Total assets. Add lines 1 through 15 (must equal line 33) 2,378,833.                                                                                                                                       | 16    | 2,486,343.                                                       |                      |                                                              |
|                             | 17              | Accounts payable and accrued expenses                                                                                                                                                                      | 17 18 | Grants payable                                                   | 18 19                | Deferred                                                     |
|                             | 19 20           | Tax-exempt bond liabilities                                                                                                                                                                                | 20    |                                                                  |                      |                                                              |
|                             | 21              | Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                      | 21    |                                                                  |                      |                                                              |
|                             | 22              | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 22 23 | Secured mortgages and notes payable to unrelated third parties   | 23 24                | Unsecured notes and loans payable to unrelated third parties |
| Net Assets or Fund Balances | 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.                                                               |                      |                                                              |
|                             | 27              | Net assets without donor restrictions                                                                                                                                                                      | 27 28 | Net assets with donor restrictions                               |                      |                                                              |
|                             | 29              | Capital stock or trust principal, or current funds                                                                                                                                                         | 29    | 2,378,832.                                                       |                      |                                                              |
|                             | 30              | Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                           | 30 31 | Retained earnings, endowment, accumulated income, or other funds | 31 32                | Total net assets or fund balances                            |

Form 990 (2019)

12

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

|    |                                                                                                                |            |
|----|----------------------------------------------------------------------------------------------------------------|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 38,673.    |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 84,969.    |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | -46,296.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 2,378,833. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 153,806.   |
| 6  | Donated services and use of facilities                                                                         |            |
| 7  | Investment expenses                                                                                            |            |
| 8  | Prior period adjustments                                                                                       |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 2,486,343. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

Yes No

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |           |                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other                                                                        |                                                                                                                                                                                                                                |           |                                                                                                                           |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                        |                                                                                                                                                                                                                                |           |                                                                                                                           |
| <b>2a</b>                                                                                                                                                                                                                                | Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~                                                                                                                          | <b>2a</b> | <input checked="" type="checkbox"/>                                                                                       |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:                                                                        |                                                                                                                                                                                                                                |           |                                                                                                                           |
| Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>                                                                                        |                                                                                                                                                                                                                                |           |                                                                                                                           |
| <b>2b</b>                                                                                                                                                                                                                                | Were the organization's financial statements audited by an independent accountant? ~~~~~                                                                                                                                       | <b>2b</b> | <input checked="" type="checkbox"/>                                                                                       |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:                                                                                     |                                                                                                                                                                                                                                |           |                                                                                                                           |
| Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>                                                                                        |                                                                                                                                                                                                                                |           |                                                                                                                           |
| <b>c</b>                                                                                                                                                                                                                                 | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ | <b>2c</b> | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. |
| <b>3a</b>                                                                                                                                                                                                                                | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~~~~~                                                                 | <b>3a</b> | <input checked="" type="checkbox"/>                                                                                       |
| <del><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</del> |                                                                                                                                                                                                                                | <b>3b</b> |                                                                                                                           |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization OKLAHOMA EDUCATIONAL MEMORIAL TRUST FDN

Employer identification number  
73-6097975

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12** ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** ☒ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations ~~~~~ **g** Provide the following information 

|    |
|----|
| 23 |
|----|

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see instructions) | (vi) Amount of other<br>support (see instructions) |
|------------------------------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                    |            |                                                                                     | Yes                                                               | No |                                                      |                                                    |
| OKLAHOMA STATE<br>UNIVERSITY       | 73-6097060 | 6                                                                                   |                                                                   | X  | 4,800.                                               |                                                    |
| ORAL ROBERTS<br>UNIVERSITY         | 73-0739626 | 6                                                                                   |                                                                   | X  | 1,750.                                               |                                                    |

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

SEE PART VI FOR LINE 12G CONTINUATION

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~                                                                                                    |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~~                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ~                                                                                                 |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 ~~~                                                                                                                                                                          |          |          |          |          |          |           |
| <b>5</b> 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) ~~~~~ |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

| Calendar year (or fiscal year beginning in)                                                                                                | (a) 2015   | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 ~~~~~                                                                                                         |            |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ |            |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ~                              |            |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~                             |            |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                            |            |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructi                                                                      |            |          |          |          |           |           |
|                                                                                                                                            | ins) ~~~~~ |          |          |          | <b>12</b> |           |

[illegible]

1



**Section C. Computation of Public Support Percentage**

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ~~~~~ | <b>14</b> | % |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 ~~~~~                       | <b>15</b> | % |

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ~~~~~ **b 33 1/3% support test -** |

**2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box  
and **stop here.** The organization qualifies as a publicly supported organization ~~~~~ |

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~ |

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~ |

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [2121](#) |

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                       | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~                                                                   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~                                                                       |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~                                                                     |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ~                                                                |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 ~~~                                                                                                                                         |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b ~~~~~                                                                                                                                                |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 ~~~~~                                                                                                           |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b ~~~~~                                                                                                         |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                    |          |          |          |          |          |           |
| <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                        |          |          |          |          |          |           |

**13****14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and stop here ~~~~~

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ~~~~~ | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 ~~~~~                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|           |   |
|-----------|---|
| <b>17</b> | % |
|-----------|---|

**17** Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f)) ~~~~~**18** %**18** Investment income percentage from **2018** Schedule A, Part III, line 17 ~~~~~**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ~~~~~ |**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ~~~~ |**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ??????? |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                                                                 |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                                                              | X   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | X  |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                                                                            |     | X  |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 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.</i>                                                                                                                                                                  |     |    |
| <b>4a</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                                                                        |     |    |
| <b>5a</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>                                                   |     | X  |
| <b>c</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>6</b> <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i> |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                     |     | X  |
| <b>9a</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> 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))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>10a</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> 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)? <i>If "Yes," answer 10b below.</i>                                                                                                                                                                                                                                                                                                      |     | X  |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     |  |   |
|-----|--|---|
|     |  |   |
| 7   |  | X |
|     |  |   |
| 8   |  | X |
|     |  |   |
| 9a  |  | X |
|     |  |   |
| 9b  |  | X |
|     |  |   |
| 9c  |  | X |
|     |  |   |
| 10a |  | X |
|     |  |   |
| 10b |  |   |

932024 09-25-19

**Part IV** Supporting Organizations (continued)

|     |     |    |
|-----|-----|----|
|     | Yes | No |
|     |     |    |
| 11a |     | X  |
| 11b |     | X  |
| 11c |     | X  |

**11** Has the organization accepted a gift or contribution from any of the following persons? **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above? **c** 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**.

**Section B. Type I Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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. |     |    |
|          | 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                             |     |    |

**Section C. Type II Supporting Organizations**

| 1                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                           |     |    |

**Section D. All Type III Supporting Organizations**

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s). | X   |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X   |    |
| 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**). **a** The organization satisfied the Activities Test. Complete **line 2** below.

**b** The organization is the parent of each of its supported organizations. Complete **line 3** below. **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (*see instructions*).

| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b> Activities Test. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| 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 <b>Part VI</b> 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. |     |    |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 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 <b>Part VI</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |     |    |
| 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 2b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1** X Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income                                                                                                                                                                                   |           | (A) Prior Year | (B) Current Year (optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                             |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>  |                |                             |
| Section B - Minimum Asset Amount                                                                                                                                                                                  |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |           |                |                             |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                             |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b> |                |                             |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                                                                                            |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.                                                                                                                                                                            | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                                                                                          | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.                                                                                                                                                                                 | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                             |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>  |                |                             |

| Section C - Distributable Amount                                                                                                                          |                                                                                                                               |          | Current Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b>                                                                                                                                                  | Adjusted net income for prior year (from Section A, line 8, Column A)                                                         | <b>1</b> |              |
| <b>2</b>                                                                                                                                                  | Enter 85% of line 1.                                                                                                          | <b>2</b> |              |
| <b>3</b>                                                                                                                                                  | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                        | <b>3</b> |              |
| <b>4</b>                                                                                                                                                  | Enter greater of line 2 or line 3.                                                                                            | <b>4</b> |              |
| <b>5</b>                                                                                                                                                  | Income tax imposed in prior year                                                                                              | <b>5</b> |              |
| <b>6</b>                                                                                                                                                  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |              |
| <b>7</b> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                                                                                                                               |          |              |



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions |                                                                                                                                                    | Current Year |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes                                                                              |              |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              |              |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets                                                                                                          |              |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required)                                                                                          |              |
| <b>6</b>                  | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               |              |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          |              |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b>                  | Distributable amount for 2019 from Section C, line 6                                                                                               |              |
| <b>10</b>                 | Line 8 amount divided by line 9 amount                                                                                                             |              |

| Section E - Distribution Allocations (see instructions)                                                                                 | (i)<br>Excess Distributions | (ii)<br>Underdistributions Pre-<br>2019 | (iii)<br>Distributable<br>Amount for 2019 |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2019 from Section C, line 6                                                                           |                             |                                         |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions. |                             |                                         |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                |                             |                                         |                                           |
| <b>a</b> From 2014                                                                                                                      |                             |                                         |                                           |
| <b>b</b> From 2015                                                                                                                      |                             |                                         |                                           |
| <b>c</b> From 2016                                                                                                                      |                             |                                         |                                           |
| <b>d</b> From 2017                                                                                                                      |                             |                                         |                                           |
| <b>e</b> From 2018                                                                                                                      |                             |                                         |                                           |
| <b>f</b> Total of lines 3a through e                                                                                                    |                             |                                         |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                   |                             |                                         |                                           |
| <b>h</b> Applied to 2019 distributable amount                                                                                           |                             |                                         |                                           |
| <b>i</b> Carryover from 2014 not applied (see instructions)                                                                             |                             |                                         |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                              |                             |                                         |                                           |
| <b>4</b> Distributions for 2019 from Section D, line 7:<br>\$                                                                           |                             |                                         |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                   |                             |                                         |                                           |
| <b>b</b> Applied to 2019 distributable amount                                                                                           |                             |                                         |                                           |

|                                                                                                                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                     |  |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |  |  |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |  |  |  |
| <b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                                             |  |  |  |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |  |  |  |
| <b>a</b> Excess from 2015                                                                                                                                                                |  |  |  |
| <b>b</b> Excess from 2016                                                                                                                                                                |  |  |  |
| <b>c</b> Excess from 2017                                                                                                                                                                |  |  |  |
| <b>d</b> Excess from 2018                                                                                                                                                                |  |  |  |
| <b>e</b> Excess from 2019                                                                                                                                                                |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

**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.)



932028 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 Schedule A (Form 990 or 990-EZ)

8

**Part VI Supplemental Information** (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

| (i) Name of supported organization    | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support | (vi) Amount of other<br>support |
|---------------------------------------|------------|------------------------------------------------------------------|-------------------------------------------------------------------|----|-----------------------------------|---------------------------------|
|                                       |            |                                                                  | Yes                                                               | No |                                   |                                 |
| UNIVERSITY OF<br>OKLAHOMA             | 73-6091755 | 6                                                                |                                                                   | X  | 4,316.                            |                                 |
| UNIVERSITY OF TULSA                   | 73-1252777 | 6                                                                |                                                                   | X  | 8,250.                            |                                 |
| LANGSTON UNIVERSITY                   | 11-3815948 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| NORTHEASTERN<br>OKLAHOMA A&M COLLEG   | 73-1209617 | 6                                                                |                                                                   | X  | 1,250.                            |                                 |
| HOWARD UNIVERSITY                     | 53-0204707 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
| ALABAMA A&M<br>UNIVERSITY             | 23-7067600 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
| BIOLA UNIVERSITY                      | 95-0549600 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| CHAPMAN UNIVERSITY                    | 95-1643992 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
| CLARY SAGE COLLEGE                    | 47-2654761 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| COFFEYVILLE<br>COMMUNITY COLLEGE      | 48-1039652 | 6                                                                |                                                                   | X  | 2,500.                            |                                 |
| OKLAHOMA CITY<br>UNIVERSITY           | 73-0579265 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
| RINGLING COLLEGE OF<br>ART AND DESIGN | 59-0637903 | 6                                                                |                                                                   | X  | 2,000.                            |                                 |
| SOUTHEASTERN<br>OKLAHOMA STATE        | 37-1785782 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
| TULSA PUBLIC<br>SCHOOLS               | 73-6021242 | 6                                                                |                                                                   | X  | 765.                              |                                 |
| UNIVERSITY OF<br>ARKANSAS             | 71-6056774 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| KANSAS CHRISTIAN<br>COLLEGE           | 48-0577656 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| WICHITA STATE<br>UNIVERSITY           | 48-6121167 | 6                                                                |                                                                   | X  | 1,000.                            |                                 |
| UNIVERSITY OF<br>SOUTHERN CA          | 95-4373622 | 6                                                                |                                                                   | X  | 1,500.                            |                                 |
|                                       |            |                                                                  |                                                                   |    |                                   |                                 |
|                                       |            |                                                                  |                                                                   |    |                                   |                                 |
|                                       |            |                                                                  |                                                                   |    |                                   |                                 |

|                     |  |  |  |  |         |  |
|---------------------|--|--|--|--|---------|--|
|                     |  |  |  |  |         |  |
|                     |  |  |  |  |         |  |
|                     |  |  |  |  |         |  |
|                     |  |  |  |  |         |  |
|                     |  |  |  |  |         |  |
|                     |  |  |  |  |         |  |
| Continuation Totals |  |  |  |  | 34,081. |  |

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization OKLAHOMA EDUCATIONAL MEMORIAL TRUST FDN

Employer identification number  
73-6097975

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance? ~~~~~ ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **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.

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| UNIVERSITY OF TULSA<br>800 S TUCKER DRIVE<br>TULSA, OK 74104 | 73-0579298     |                                        | 8,250.                          | 0.                                       |                                                              |                                              | SCHOLARSHIP GRANTS                        |
| TULSA COMMUNITY COLLEGE<br>901 S BOSTON<br>TULSA, OK 74119   | 23-7103807     |                                        | 21,850.                         | 0.                                       |                                                              |                                              | SCHOLARSHIP GRANTS                        |
|                                                              |                |                                        |                                 |                                          |                                                              |                                              |                                           |
|                                                              |                |                                        |                                 |                                          |                                                              |                                              |                                           |
|                                                              |                |                                        |                                 |                                          |                                                              |                                              |                                           |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_  
**3** Enter total number of other organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_

**Part III**

**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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                  |                                                       |                                       |
|                                 |                          |                          |                                  |                                                       |                                       |
|                                 |                          |                          |                                  |                                                       |                                       |
|                                 |                          |                          |                                  |                                                       |                                       |
|                                 |                          |                          |                                  |                                                       |                                       |
|                                 |                          |                          |                                  |                                                       |                                       |

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHEDULE I, PAGE I, LINE 2: TRUST ACCOUNTING RECORDS ARE MAINTAINED IN A

DEDICATED TRUST ACCOUNTING SYSTEM. REPORTS ARE REGULARLY OBTAINED FROM THIS

SYSTEM. CAPITAL ADVISORS HAS A DEDICATED ADMINISTRATIVE SERVICES GROUP

DESIGNATED AS THE NATIONAL CHARITABLE ACCOUNT ADMINISTRATION GROUP (NCAA).

ADMINISTRATORS IN THIS GROUP FOLLOW THE RULES AND REGULATIONS GOVERNING

CONTINUITY AND MAINTENANCE OF EXEMPT STATUS WHILE ALSO CARRYING OUT

INDIVIDUAL TRUSTOR INTENT. NCAA DUTIES INCLUDE ANNUAL TRUST REVIEW, ISSUING

REPORTS, IDENTIFYING CHARITABLE RECIPIENTS, RESEARCHING TAX STATUS OF



|                |                                 |
|----------------|---------------------------------|
| <b>Part IV</b> | <b>Supplemental Information</b> |
|----------------|---------------------------------|

POTENTIAL CHARITABLE RECIPIENTS, PROVIDING EXPENDITURE RESPONSIBILITY

REPORTS AS NEEDED AND MAKING NECESSARY INCOME DISTRIBUTIONS FROM EACH

TRUST. THIS TRUST IS SUPPORTED BY NCAA AS WELL AS INDIVIDUAL TRUST

ADMINISTRATORS.

932291  
04-01-19

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

Department of the Treasury  
Internal Revenue Service

**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.

| Attach to Form 990 or 990-EZ.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Schedule I (Form 990)

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization 1

OKLAHOMA EDUCATIONAL MEMORIAL TRUST FDN

Employer identification number

73-6097975

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADMISSION TO COLLEGE OR FOR CONTRIBUTIONS TO REGULARLY MAINTAINED

SCHOLARSHIP FUNDS OF OTHER FEDERAL TAX EXEMPT COLLEGES AND UNIVERSITIES

WITH AN EMPHASIS ON GRADUATES OF TULSA, OK PUBLIC SCHOOLS.

---

---

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

---

PUBLIC SCHOOLS.

---

---

FORM 990, PART VI, SECTION B, LINE 11B:

---

BOTH THE TRUSTEE AND THE BOARD REVIEW ALL UNDERLYING MONETARY AND FACTUAL

---

INFORMATION PRIOR TO THE IRS FORM 990 BEING FILED.

---

---

FORM 990, PART VI, SECTION C, LINE 19:

---

COPIES OF THE TAX RETURNS ARE AVAILABLE TO THE PUBLIC THROUGH SEVERAL

---

INTERNET WEBSITES SUCH AS GUIDESTAR AND UPON WRITTEN REQUEST.

---

---

CAPITAL ADVISORS MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH

THE TRUSTEES AND OTHER OFFICERS OF THE ORGANIZATION. THE GOVERNING

---

DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC, BUT HAVE BEEN GIVEN AND

---

ARE AVAILABLE TO ALL INTERESTED PARTIES SUCH AS BENEFICIARIES, TRUSTEES,

---

EXECUTORS, ETC. THE ORGANIZATION DOES HAVE A PUBLIC CONFLICT OF INTEREST

---

AND STATE LAW OF TRUSTEE POWERS ARE STRICTLY FOLLOWED. FINANCIAL STATEMENTS AND THE TAX RETURN ARE SENT TO THE BOARD OF TRUSTEES AND OFFICERS FOR

¥ If the organization does not have an office or place of business in the United States, check this box ~~~~~

¥ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | . If it is for part of the group, check this box | and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021** , to file the exempt organization return for

the organization named above. The extension is for the organization's return for:

| calendar year \_\_\_\_\_ or

| X tax year beginning **JUL 1, 2019** , and ending **JUN 30, 2020** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

923841 12-30-19

Form 512E  
2019



# Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

|                                                                 |                                                                                      |                                             |                                           |                                               |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <b>PART 1</b>                                                   | For the year January 1 - December 31, 2019, or other taxable year beginning: ending: | Place an 'X' if:                            |                                           |                                               |
|                                                                 | <b>7/1</b> , <b>2019</b> , <b>6/30</b> , <b>2020</b>                                 | <input type="checkbox"/> (1) Initial return | <input type="checkbox"/> (2) Final return | <input type="checkbox"/> (3) 512E-X on page 2 |
|                                                                 | Name of Organization                                                                 | Federal Employer Identification Number      |                                           |                                               |
|                                                                 | <b>Oklahoma Educational Memorial Trust</b>                                           | <b>73-6097975</b>                           |                                           |                                               |
| Address (number and street)                                     |                                                                                      | Date Qualified for Tax Exempt Status        |                                           |                                               |
| <b>2200 S Utica #150</b>                                        |                                                                                      |                                             |                                           |                                               |
| City, State or Province, Country and ZIP or Foreign Postal Code |                                                                                      | OFFICE USE ONLY                             |                                           |                                               |
| <b>Tulsa, OK 74114</b>                                          |                                                                                      |                                             |                                           |                                               |

**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

|                                                                                     | Total Federal | Allocable Oklahoma |
|-------------------------------------------------------------------------------------|---------------|--------------------|
| <b>A</b> Total unrelated trade or business income - applicable Federal Form(s) 990  |               |                    |
| <b>B</b> Total unrelated trade or business deductions - applicable Fed. Form(s) 990 |               |                    |
| <b>C</b> Unrelated business taxable income - Enter here and on line 1 below         |               |                    |

**INCOME SUBJECT TO TAX**

|   |                                                                                        |   |     |
|---|----------------------------------------------------------------------------------------|---|-----|
| 1 | Unrelated business taxable income - from statement above (allocable to Oklahoma) ..... | 1 | .00 |
| 2 | Other net income - enclose schedule .....                                              | 2 | .00 |
| 3 | Oklahoma Capital Gain deduction (provide Form 561-C) .....                             | 3 | .00 |
| 4 | Oklahoma taxable income (total of lines 1, 2 and 3) .....                              | 4 | .00 |

**TAX COMPUTATION**

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                       |                          |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|--------------------------|-----|
| 5                                                                                                                                                                                                                                                                                                                                                                                      | Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box.<br>If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box ..... |              | 5                                                                                     | <input type="checkbox"/> | .00 |
| 6                                                                                                                                                                                                                                                                                                                                                                                      | Less: Other Credits Form (total from Form 511CR) .....                                                                                                                                                                                                                                                                                                                           | 6            |                                                                                       | .00                      |     |
| 7                                                                                                                                                                                                                                                                                                                                                                                      | Balance of tax due (line 5 minus line 6, but not less than                                                                                                                                                                                                                                                                                                                       |              | <input type="checkbox"/>                                                              | .00                      |     |
| 8                                                                                                                                                                                                                                                                                                                                                                                      | zero).....                                                                                                                                                                                                                                                                                                                                                                       | 7            |                                                                                       | .00                      |     |
| 9                                                                                                                                                                                                                                                                                                                                                                                      | 2019 Oklahoma estimated tax and extension payments and prior year carryforward                                                                                                                                                                                                                                                                                                   |              |                                                                                       | .00                      |     |
| 10                                                                                                                                                                                                                                                                                                                                                                                     | .....                                                                                                                                                                                                                                                                                                                                                                            | 8            |                                                                                       | .00                      |     |
| 11                                                                                                                                                                                                                                                                                                                                                                                     | Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement) ..                                                                                                                                                                                                                                                                                 | 9            |                                                                                       |                          |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | Amount paid with original return and amount paid after it was filed (amended return only) .....                                                                                                                                                                                                                                                                                  | 10           |                                                                                       |                          |     |
| 13                                                                                                                                                                                                                                                                                                                                                                                     | Any refunds or overpayment applied (amended return only).....                                                                                                                                                                                                                                                                                                                    | 11           |                                                                                       |                          |     |
| 14                                                                                                                                                                                                                                                                                                                                                                                     | 12 Total of lines 8 through                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                       |                          |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | 11.....                                                                                                                                                                                                                                                                                                                                                                          | 12           |                                                                                       |                          |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | Overpayment (if line 12 is larger than line 7 enter amount overpaid) .....                                                                                                                                                                                                                                                                                                       | 13           |                                                                                       |                          |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | Amount of line 13 to be credited to 2020 estimated tax (original return only) .....                                                                                                                                                                                                                                                                                              | 14           |                                                                                       |                          |     |
| Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split. |                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                       |                          |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | Donations from your refund .....                                                                                                                                                                                                                                                                                                                                                 |              | <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ | .00                      |     |
| 15                                                                                                                                                                                                                                                                                                                                                                                     | .....                                                                                                                                                                                                                                                                                                                                                                            | 15           | <input type="checkbox"/>                                                              | .00                      |     |
| 17                                                                                                                                                                                                                                                                                                                                                                                     | 16 Add lines 14 and 15 and enter amount.....                                                                                                                                                                                                                                                                                                                                     | 16           |                                                                                       | .00                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                        | Amount to be refunded to you (line 13 minus line 16) .....                                                                                                                                                                                                                                                                                                                       | Refund .. 17 |                                                                                       | .00                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                       | ( ) .00                  |     |

**Direct Deposit Note:**

Is this refund going to or through an account that is located outside of the United States?

Yes

No

All refunds must be by direct deposit.

Deposit my refund in my:

checking account

savings account

See Direct Deposit Information on

page 4 for details.

Routing

Account

Number:

Number:

|    |                                                                                                                   |               |     |         |
|----|-------------------------------------------------------------------------------------------------------------------|---------------|-----|---------|
|    | Tax Due (if line 7 is larger than line                                                                            |               | .00 | .00     |
| 18 | 12 enter tax due) .....                                                                                           | Tax Due .. 18 | .00 | .00     |
| 19 | (a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3) 19a |               | .00 | .00     |
| 20 | (b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page                 |               | .00 | .00     |
| 21 | 3, #8) ..... 19b                                                                                                  |               | .00 | .00     |
| 22 | For delinquent payment, add penalty of 5% plus interest at 1.25% per month                                        |               | .00 | .00     |
|    | Underpayment of estimated tax interest                                                                            |               |     | .....20 |
|    | .....Annualized <input type="checkbox"/> ..21                                                                     |               |     |         |

**Total tax, penalty and interest due - Add lines 18-21; pay in full with return .....Balance Due ..22**

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

|                                  |              |      |                                                                                                                        |                                                      |                                   |      |
|----------------------------------|--------------|------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|------|
| Signature of Officer or Trustee  |              | Date | Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input type="checkbox"/> | Signature of Preparer                                |                                   | Date |
| Print Name <b>Rick Arrington</b> |              |      |                                                                                                                        | Printed Name of Preparer <b>Jay &amp; Associates</b> |                                   |      |
| Title <b>President</b>           | Phone Number |      |                                                                                                                        | Phone Number: <b>918-492-0106</b>                    | Preparer's PTIN: <b>P00437380</b> |      |





## Schedule 512E-X: Amended Return Schedule

**A** Did you file an amended Federal income tax return? ☐ Yes ☐ No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

**C** Explanation or Reason for Amended Return (Provide all necessary schedules):

### Instructions for filing an Amended Return

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 10. Enter any refund previously received or overpayment applied on line 11. Complete the Amended Return Schedule, Schedule 512E-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.

### General Instructions

- Every organization shall make a return for each year. 68 Oklahoma Statutes (OS) Section 2368.
- Parts 1 and the signature section must be completed by all organizations. If you were required to file an annual information return with the Internal Revenue Service, enclose a copy of the information return including any supporting schedules (e.g. Form 990, 990-EZ, 990-PF).
- Part 2 is to be completed by organizations who have unrelated trade or business income. If you were required to file an income tax return with the Internal Revenue Service, enclose a copy of the tax return including any supporting schedules (e.g. Form 990-T).
- Corporate returns shall be due no later than 30 days after the due date established under the Internal Revenue Code.
- Exempt Organizations are subject to tax on unrelated business income. 68 OS Sec. 2359.
- Investment income of Exempt Organizations subject to Federal Excise tax is not subject to Oklahoma Income Tax; however, any income subject to income tax under the Internal Revenue Code is subject to Oklahoma Income Tax.
- Complete the Oklahoma Statement of Unrelated Business Income and attach a schedule of any other taxable income.
- Total Unrelated Trade or Business Deductions includes the "specific deduction" allowed on the Federal return.
- If you do not have a Federal Employer Identification Number, you may obtain one by visiting the IRS website at [www.irs.gov](http://www.irs.gov).
- If you are a member, either directly or indirectly, of an electing pass-through entity (PTE) subtract Oklahoma income and add Oklahoma losses covered by the election pursuant to the provisions of the Pass-Through Entity Act of 2019. Attach a schedule listing the PTE, federal identification number, the year of the election, federal taxable income (loss) and Oklahoma taxable income (loss) that is covered by the election pursuant to this Act. Also attach a copy of the OTC acknowledgement letter received by the PTE. (68 O.S. §2355.1P-4).

#### Line 5 - TAX

The income tax rate is 6%.

Trust: If the exempt organization is a trust, the following rates apply. Enter a '1' in the box on Form 512-E, line 5.

| If taxable income is: | <u>At least</u> | - | <u>But less than</u> |                                        |
|-----------------------|-----------------|---|----------------------|----------------------------------------|
|                       | -0-             | - | 1,000                | Pay ..... 1/2 of 1% of Taxable Income  |
|                       | 1,000           | - | 2,500                | Pay ..... 5.00 + 1% over ..... 1,000   |
|                       | 2,500           | - | 3,750                | Pay ..... 20.00 + 2% over ..... 2,500  |
|                       | 3,750           | - | 4,900                | Pay ..... 45.00 + 3% over ..... 3,750  |
|                       | 4,900           | - | 7,200                | Pay ..... 79.50 + 4% over ..... 4,900  |
|                       | 7,200           |   | over                 | Pay ..... 171.50 + 5% over ..... 7,200 |



Recapture of the Oklahoma Affordable Housing Tax Credit:

If under IRC Section 42 a portion of any federal low-income housing credits taken on a qualified project is required to be recaptured during the first 10 years after a project is placed in service, the taxpayer claiming Oklahoma Affordable Housing Tax Credits with respect to such project shall also be required to recapture a portion of such credits. The amount of Oklahoma Affordable Housing Tax Credits subject to recapture is proportionally equal to the amount of federal low-income housing credits subject to recapture. Add the recaptured credit to the Oklahoma income tax and enter a "2" in the box on Form 512-E, line 5.

Making an Oklahoma installment payment pursuant to IRC Section 965(h):

If a taxpayer elected to make installment payments of tax due pursuant to the provisions of subsection (h) of Section 965 of the IRC, such election may also apply to the payment of Oklahoma income tax, attributable to the income upon which such installment payments are based. Add the installment payment to the Oklahoma income tax and enter a "3" in the box on Form 512-E, line 5.

Provide a schedule of the tax computation. 68 O.S. Sec. 2368(K)

Mail to: Oklahoma Tax Commission • P.O. Box 26800 • Oklahoma City, Oklahoma 73126-0800

## Donations from Refund

### 1 - Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children

You may donate from your tax refund to support programs for volunteers to act as Court Appointed Special Advocates for abused or neglected children. Donations will be placed in the Income Tax Checkoff Revolving Fund for Court Appointed Special Advocates. Monies will be expended by the Office of the Attorney General for the purpose of providing grants to the Oklahoma CASA Association.

### 2 - Indigent Veteran Burial Program

You may donate from your tax refund for the benefit of the Oklahoma Department of Veterans Affairs Indigent Veteran Burial Program. Monies will be expended by the Oklahoma Department of Veterans Affairs to provide reimbursement to a cemetery or funeral home for costs incurred burying an indigent veteran; provided, the maximum reimbursement shall not exceed \$500 per veteran. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Veterans Affairs, P.O. Box 53067, Oklahoma City, OK 73152.

### 3 - Support the Oklahoma General Revenue Fund

You may donate for the benefit of the General Revenue Fund of the State of Oklahoma. Appropriation of such funds will be subject to the provisions of Section 23 of Article X of the Oklahoma Constitution. Expenditures from the fund will be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

### 4 - Oklahoma Emergency Responders Assistance Program

You may donate from your tax refund for the benefit of the Oklahoma Emergency Responders Assistance Program. Monies will be expended by the Department of Public Safety for the purpose of providing grants to the Program for post critical incident care to all emergency first responders and their families who are experiencing emotional trauma. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Public Safety, Finance Department, Re: Oklahoma Emergency Responders Assistance Program, P.O. Box 11415, Oklahoma City, OK 73136-0415.

### 5 - Support of Folds of Honor Scholarship Program

You have the opportunity to donate from your tax refund to support the Folds of Honor Foundation. Folds of Honor is a 501(c)(3) charitable organization that provides scholarships for K through 12 and post-secondary education for children and spouses of military service men and women fallen or disabled while serving on active duty. If you are not receiving a refund, you may still donate to Folds of Honor. Mail your contribution to: Folds of Honor Foundation, 5800 North Patriot Drive, Owasso, OK 74055.

### 6 - Support the Wildlife Diversity Fund

Your donation will help conserve rare or declining fish and wildlife along with common species not hunted or fished. Donations to the Oklahoma Department of Wildlife Conservation's Wildlife Diversity program supports field surveys of animals considered to be of greatest conservation need, as well as educational wildlife programs for all Oklahomans. Tax deductible donations to the Wildlife Diversity Fund also can be made at [wildlifedepartment.com](http://wildlifedepartment.com) or by mail: P.O. Box 53465, Oklahoma City, Oklahoma 73152.

### 7 - Support of Programs for Regional Food Banks in Oklahoma

You may donate from your tax refund for the benefit of the Regional Food Bank of Oklahoma and the Community Food Bank of Eastern Oklahoma (Oklahoma Food Banks). The Oklahoma Food Banks are the largest hunger-relief organizations in the state – distributing food to charitable and faith-based feeding programs throughout all 77 counties in Oklahoma. Your donation will be used to help provide food to the more than 500,000 Oklahomans at risk of hunger on a daily basis. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Human Services, Revenue Processing Unit, Re: Programs for OK Food Banks, P.O. Box 248893, Oklahoma City, OK 73124.

### 8 - Public School Classroom Support Fund

Donations to the Public School Classroom Support Revolving Fund will be used by the State Board of Education to provide one or more grants annually to public school classroom teachers. Grants will be used by the classroom teacher for supplies, materials, or equipment

for the class or classes taught by the teacher. Grant applications will be considered on a statewide competitive basis. You may also mail a donation to: Oklahoma State Board of Education, Public School Classroom Support Fund, Office of the Comptroller, 2500 North Lincoln Boulevard, Room 415, Oklahoma City, OK 73105-4599.

**9 - Oklahoma Pet Overpopulation Fund**

You may donate from your tax refund for the benefit of the Oklahoma Pet Overpopulation Fund. Monies placed in this fund will be expended for the purpose of developing educational programs on pet overpopulation and for implementing spay/neuter efforts in this state. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Agriculture, Food and Forestry, Animal Industry Division, 2800 North Lincoln Blvd., Oklahoma City, OK 73105.

**10 - Support the Oklahoma AIDS Care Fund**

You may donate from your tax refund for the benefit of the Oklahoma AIDS Care Fund. Monies will be expended by the Department of Human Services for the purpose of providing grants to the Fund for purposes of emergency assistance, advocacy, education, prevention and collaboration with other entities. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Human Services, Revenue Processing Unit, Re: OK Aids Care Fund, P.O. Box 248893, Oklahoma City, OK 73124.

Complete the direct deposit section on the tax return to have the refund directly deposited into your account at a bank or financial institution. Refunds, with limited exceptions, must be made by direct deposit.

- 1** Place an 'X' in the appropriate box as to whether the refund will be going into a checking or savings account. Please keep in mind you will not receive notification of the deposit.
- 2** Fill out the routing number. The routing number must be nine digits. Using the sample check shown below, the routing number is 120120012. If the first two digits are not 01 through 12 or 21 through 32, the direct deposit will fail to process.
- 3** Enter your account number. The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank. On the sample check shown below, the account number is 2020268620.

**Please Note:** The OTC is not responsible if a financial institution refused a direct deposit. If a direct deposit is refused, a check will be issued to the address shown on the tax return.

**WARNING!** Due to electronic banking rules, the OTC will NOT allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution, you will be issued a paper check.

ABC Corporation  
123 Main Street  
Anyplace, OK 00000

1234  
15-0000/0000

PAY TO THE  
ORDER OF

\$

DOLLARS

ANYPLACE BANK  
Anyplace, OK 00000

For

120120012 : 2020268620

1234

Routing  
Number

Account  
Number

Note: The routing and account numbers may appear in different places on your check.