4		EXT	ENDED TO	IVOM C	EMBE	R 15,	2019_		_		
Form 990-T	E	Exempt Org						ax Re	turn	\	OMB No 1545-0687
i di Tanananan			(and proxy	tax und	er se	ction 603	3(e))				2010
	For ca	For calendar year 2018 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.						-	2018		
Department of the Treasury Internal Revenue Service	│ ▶	► Go to v Do not enter SSN nu	-)1(c)(3).	9 5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization	(Check bo	x if name c	hanged	and see instr	uctions.)				yer identification number lyees' trust, see tions)
B Exempt under section	Print	E.L. AND	CHELMA G	AYLORI	D FO	UNDAT	ON			73	3-1463569
X 501(c)(3)	or	Number, street, and								E Unrelat	ted business activity code structions)
408(e)220(e)	Туре	6305 WATE	RFORD BO	ULEVA	RD,	SUITE	350			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
408A 530(a) 529(a)		City or town, state or OKLAHOMA				n postal code				5259	90
C Book value of all assets at end of year		F Group exemption r			>						
207,788,3						150	1(c) trust		401(a)		Other trust
H Enter the number of the	-		or businesses.	>	3			the only (or			
trade or business here describe the first in the b				omolete Da	rto I on			, complete P			
business, then complete			evious semence, c	Julipiete Fa	11151411	u II, compiete	a Scrieuuii	s IVI IUI Gacii	audition	ai liaus l	н
I During the tax year, was			an affiliated grou	p or a parer	nt-subsi	diary controll	ed group?		▶ [Yes	X No
If "Yes," enter the name a							•				
J The books are in care of	▶ .	THE ORGANI	ZATION				Teleph	one number	▶ (405)	
Part Unrelated		de or Business	Income			(A) Inc	ome	(B) E	xpenses	LESPONDERO A	(C) Net
1a Gross receipts or sale			\dashv								
b Less returns and allow		A lun 7)	c Balance	>	1c 2			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7		SECTION OF SECTION AND ADDRESS OF A
2 Cost of goods sold (S3 Gross profit. Subtract		•			3				7.00	*	1,6 8 (34) Land 1 18 7 37 10 1
4a Capital gain net incon					4a	593	,760.	400 M		85.7%)	593,760.
b Net gain (loss) (Form			orm 4797)		4b			· 450		建筑	
c Capital loss deduction					4c			1386133	<u> </u>	T. Fig.	
		ship or an S corporatio	n (attach statemei	nt)	5_	-567	<u>,764.</u>	} ∜∜S∄	TM'	L'3%	-567,764.
6 Rent income (Schedu					6						
7 Unrelated debt-financ		•	lad areasization	(C-1-4-1- D	8			 			
·		nd rents from a control on 501(c)(7), (9), or (1			9			1			
10 Exploited exempt acti			, organization (o	'cilobalo a)	10					 	
11 Advertising income (S	•	, ,			11						
12 Other income (See in:	struction	ns; attach schedule)			12			HE CONTRACTOR	1		
13 Total. Combine lines					13		<u>,996.</u>	<u> </u>			25,996.
Rart II Deductio	ons No contribu	ot Taken Elsewi utions, deductions n	1ere (See insti lust be directly	ructions fo connected	or limita I with t	ations on de he unrelated	ductions) I business	s income)			
14 Compensation of off	icers, di	rectors, and trustees (chedule REC	EIVE	D	7				14	
15 Salaries and wages						ပ္က				15	
16 Repairs and mainten	nance		E NOV	2 5 20°	19	Š 				16 17	
17 Bad debts18 Interest (attach sche	2) (alube	· ee instructions)	NON S	<i>D</i> 0 20	'	SEE	STA	PEMENT	14	18	1,357.
19 Taxes and licenses	iddio) (3	oc man donona)		IENI I	iΤ	=				19	
	ons (Se	e instructions for limita		ELLM	NT.	1. SEI	STA!	PEMENT	15	20	167.
21 Depreciation (attach	Form 4	562)					21				
22 Less depreciation cla	aimed oi	n Schedule A and elsev	vhere on return				22a			22b	
23 Depletion										23	
24 Contributions to defe		mpensation plans								24	
25 Employee benefit pro 26 Excess exempt expe		chedule I\								26	
27 Excess readership of	•	•								27	
28 Other deductions (at		•			-	SEI	STA:	PEMENT	16	28	1,918.
29 Total deductions. A										29	3,442.
<u>~~</u>		ncome before net oper								30	22,554.
ω .	-	loss arising in tax year		after Janua	ry 1, 20	118 (see instru	ictions)			31	22 554
		ncome. Subtract line 3		A*						32	22,554. Form 990-T (2018)
823701 01-09-19 LHA FO	or Papei	rwork Reduction Act N	otice, see instruc	TIONS.	_					,	(2018)

Form 990-1	(2018) E.L. AND THELMA GAYLORD FOUNDATION		73-14	63569	Page 2
Part I	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	26,756.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions) S'	TMT 18	35	14,852.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	m of			
	lines 33 and 34			36	11,904.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	11,904.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	16.			
	enter the smaller of zero or line 36	•		38	10,904.
Pärt I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	2,290.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	n line 38 from:	•	2.7	<u> </u>
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)		_	42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	2,290.
Part \					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		6280	
_	Other credits (see instructions)	45b		\dashv	
b	General business credit. Attach Form 3800	45c			
C	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
4		430]	_	45e	
	Total credits. Add lines 45a through 45d			46	2,290.
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	e Cothor	(attach schedule)		2,200.
47		io Ottlet	(aπach schedule)	48	2,290.
48	Total tax. Add lines 46 and 47 (see instructions)				0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	en. 1	12,835	49	<u> </u>
50 a	Payments: A 2017 overpayment credited to 2018	50a	12,033		
b	2018 estimated tax payments	50b			
C	Tax deposited with Form 8868	50c		\dashv	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		-	
	Backup withholding (see instructions)	50e		-	
	Credit for small employer health insurance premiums (attach Form 8941)	_50f	•		
9	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g			12 025
51	Total payments. Add lines 50a through 50g			51	12,835.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	10 545
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	-A- -		54	10,545.
55 Deid'\			funded >	55	0.
Part \					1, 1,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		9		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country			
	here >				<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a fo	reign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	ements, and to the has any knowledg	pest of my know e	edge and belie	ī, iī is true,
Here	I hi ti a formal 1 11 12 10 >		ſ	May the IRS dis	scuss this return with
Here	Husting 4 Clevet 11-13-19 TRUSTEE				own below (see
	Signature of officer Date Title			instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	e	Check	if PTIN	
Paid	W. Lyndd Rackey		self- employe		
Prepa		/12/19			0234298
Use C	Inly Firm's name ► HOGANTAYLOR LLP		Firm's EIN	<u>≻ 73</u> -	-1413977
	1225 N BROADWAY AVENUE, SUITE 2	300			
	Firm's address ► OKLAHOMA CITY, OK 73103		Phone no.		8-2020
823711 01	09-19			F	orm 990-T (2018)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation > N/A				_
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6	
2 Purchases	2	-] 7	Cost of goods sold. St	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs				ine 2		Ĺ	7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to	Yes No	0
Other costs (attach schedule)	4b		╛	property produced or a	acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?		11101 5 15		
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	.ease	d With Heal Prope	erty)	
								_
Description of property								
(1)								
(2)							. <u> </u>	
(3)								
(4)								
		ed or accrued				3(a) Deductions directly of	connected with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	or rent for	personai	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) and	d 2(b) (attach schedule)	
(1)				·				
(2)								
(3)								
(4)								
Total	0.	Total			0.	<u> </u>		
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0	١.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
			2	2. Gross income from		3. Deductions directly conn- to debt-finance	ected with or allocable ad property	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	-	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	s
(1)				%				
(2)				%_				
(3)				%				
(4)				%				
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0.	. 0	١.
Total dividends-received deductions	cluded in column	18		_		•	0	١.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Enter here and on

page 1, Part I, line 10, col (B)

0.

Enter here and on

page 1, Part I, line 10, col (A)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)							
Totals (carry to Part II, line (5))	▶	0.	0.				0.

Enter here and

on page 1, Part II, line 26

0.

Totals

Form 990-T (2018) E.L. AND THELMA GAYLORD FOUNDATION 73-14635

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
Fotals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		#I-		Enter here and on page 1, Part II, line 27

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T CONTRIBU	UTIONS SUMMARY	STA	TEMENT 17
QUALIFIED CONTRIBUTIONS SUBJECT TO) 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CO FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	ONTRIBUTIONS 21		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTION	DNS	21 146	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUS	STED	167 687	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		0 0 0	
ALLOWABLE CONTRIBUTIONS DEDUCTION			167
TOTAL CONTRIBUTION DEDUCTION			167

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 18
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	14,852.	0.	14,852.	14,852.
NOL CARRYO	VER AVAILABLE THIS	YEAR	14,852.	14,852.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 13
DESCRIPTION	NET INCOME OR (LOSS)
BLACK MESA III, LP - NET RENTAL REAL ESTATE INCOME	-5,970.
BLACK MESA III, LP - INTEREST INCOME	108.
BLACK MESA III, LP - OTHER INCOME (LOSS)	-2,033.
BRICKTOWN 2010, LLC - NET RENTAL REAL ESTATE INCOME	8,558.
BRICKTOWN 2010, LLC - DIVIDEND INCOME	213.
CHESAPEAKE INVESTMENTS III LP - ORDINARY BUSINESS INCOME	
(LOSS)	-185.
CHESAPEAKE INVESTMENTS III LP - NET RENTAL REAL ESTATE	22 176
INCOME	-22,176.
CHESAPEAKE INVESTMENTS IV LP - ORDINARY BUSINESS INCOME	9,407.
(LOSS) CHESAPEAKE INVESTMENTS IV LP - NET RENTAL REAL ESTATE	3,407.
INCOME	-34,124.
CIMARRON HEALTHCARE OPPORTUNITIES, LP - ORDINARY BUSINESS	34,124.
INCOME (LOSS)	3,291.
CIMARRON PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-1,956.
	82.
ENERGY AND MINERALS GROUP FUND II LP - ORDINARY BUSINESS	
INCOME (LOSS)	29,457.
ENERGY AND MINERALS GROUP FUND II LP - OTHER PORTFOLIO	
INCOME (LOSS)	-8,056.
THE HUMPHREY FUND, LLC - ORDINARY BUSINESS INCOME (LOSS)	-12,764.
JUNIPER GARLAND, LLC - NET RENTAL REAL ESTATE INCOME	-2,643.
JUNIPER NOLANA, LLC - NET RENTAL REAL ESTATE INCOME	-9,632.
JUNIPER SHARYLAND, LTD - NET RENTAL REAL ESTATE INCOME	-20,812.
JUNIPER WACO HOLDINGS, LTD - NET RENTAL REAL ESTATE INCOME	-1,019.
TRITOWER FINANCIAL GROUP, LLC - NET RENTAL REAL ESTATE	F 000
INCOME	-5,220.
IRONSIDES CO-INVESTMENT FUND III, LP - ORDINARY BUSINESS	0 403
INCOME (LOSS)	-9,493.
IRONSIDES CO-INVESTMENT FUND III, LP - NET RENTAL REAL	38.
ESTATE INCOME IRONSIDES CO-INVESTMENT FUND III, LP - INTEREST INCOME	2.
IRONSIDES CO-INVESTMENT FUND III, LP - DIVIDEND INCOME	42.
IRONSIDES CO-INVESTMENT FUND III, LP - OTHER PORTFOLIO	
INCOME (LOSS)	-5.
IRONSIDES CO-INVESTMENT FUND III, LP - OTHER INCOME (LOSS)	-10,519.
JVM MULTI-FAMILY PREMIER FUND, LLC - NET RENTAL REAL	·
ESTATE INCOME	-16,088.
JVM MULTI-FAMILY PREMIER FUND, LLC - INTEREST INCOME	21.
CIMARRON ENERGY SPECTRUM, LP - ORDINARY BUSINESS INCOME	
(LOSS)	17,733.
JUNIPER EVANGELINE, LTD - NET RENTAL REAL ESTATE INCOME	-6,297.
JUNIPER SUMMERHILL, LTD - NET RENTAL REAL ESTATE INCOME	-4,482.
JUNIPER PORTLAND, LTD - NET RENTAL REAL ESTATE INCOME	-15,718.
JUNIPER LAKE CHARLES, LTD - NET RENTAL REAL ESTATE INCOME	-5,592.
JVM MULTI-FAMILY PREMIER FUND II, LLC - NET RENTAL REAL	20 501
ESTATE INCOME	-30,521.
JVM MULTI-FAMILY PREMIER FUND II, LLC - INTEREST INCOME	396.
JVM MULTI-FAMILY PREMIER FUND II, LLC - OTHER INCOME	-4,117.
(LOSS)	-4,11/.

E.L. AND THELMA GAYLORD FOUNDATION	73-1463569
IRONSIDES DIRECT INVESTMENT FUND IV, LP - ORDINARY	-10,886.
BUSINESS INCOME (LOSS) IRONSIDES DIRECT INVESTMENT FUND IV, LP - NET RENTAL REAL	-10,000.
ESTATE INCOME	42.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - INTEREST INCOME	47.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - ROYALTIES	1.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - OTHER PORTFOLIO	
INCOME (LOSS)	-1.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - OTHER INCOME	
(LOSS)	-13,447.
HEADLANDS CAPITAL SECONDARY FUND II, LP - ORDINARY	
BUSINESS INCOME (LOSS)	-4,015.
HEADLANDS CAPITAL SECONDARY FUND II, LP - NET RENTAL REAL	
ESTATE INCOME	7.
HEADLANDS CAPITAL SECONDARY FUND II, LP - INTEREST INCOME	1.
HEADLANDS CAPITAL SECONDARY FUND II, LP - OTHER INCOME	
(LOSS)	-162.
KAYNE NEWROAD VENTURES FUND II, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-6,463.
KAYNE NEWROAD VENTURES FUND II, LP - INTEREST INCOME	117.
IRONSIDES PARTNERSHIP FUND IV, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-1,641.
IRONSIDES PARTNERSHIP FUND IV, LP - NET RENTAL REAL ESTATE	_
INCOME	2.
IRONSIDES PARTNERSHIP FUND IV, LP - INTEREST INCOME	69.
IRONSIDES PARTNERSHIP FUND IV, LP - DIVIDEND INCOME	178.
IRONSIDES PARTNERSHIP FUND IV, LP - ROYALTIES	2.
IRONSIDES PARTNERSHIP FUND IV, LP - OTHER PORTFOLIO INCOME	2 516
(LOSS)	-3,516.
EXPEDITION CO-INVESTMENT PARTNERS I - NET RENTAL REAL	-45,209.
ESTATE INCOME	-45,209. -1.
EXPEDITION CO-INVESTMENT PARTNERS I - OTHER INCOME (LOSS) PASSIVE LOSS CARRYFORWARD FROM 2017 - SEE 8810 FOR DETAIL	-1.
- OTHER INCOME (LO	-1,490,725.
PASSIVE LOSS CARRYFORWARD TO 2019 - SEE 8810 FOR DETAIL -	-1,490,723:
OTHER INCOME (LOSS	1,167,910.
OTHER INCOME (LOSS	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-567,764.
FORM 990-T INTEREST PAID	STATEMENT 14
DESCRIPTION	AMOUNT
FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP	43.
FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP	69.
FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, EP FROM PASSTHROUGH - IRONSIDES PARTNERSHIP FUND IV, LP	1,245.
LVOM LYSSIUVOORU - IVONSIDES LYVINEVSUIL LOND IA' DE	1,243.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	1,357.

73-1463569

FORM 990-T	CONTRIBUTIONS	STATEMENT 15
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP - CONTRIBUTION	N/A	134.
PASSTHROUGH - JVM MULTI-FAMILY PREMIER FUND, LLC - CONTRIBUTION	N/A	1.
PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND IV, LP - CONTRIBUTION	N/A	5.
PASSTHROUGH - IRONSIDES PARTNERSHIP FUND IV, LP - CONTRIBUTION	N/A	6.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 20	146.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,918.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	1,918.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	'Y	8
OMB No	1545-0	687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Employer identification number Name of the organization E.L. AND THELMA GAYLORD FOUNDATION 73-1463569 900099 Unrelated business activity code (see instructions) ▶ INVESTMENT IN NGL ENERGY PARTNERS, LP (PTP) Describe the unrelated trade or business Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1 a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 19 -1,018.-1,018.5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 -1,018.-1,018. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions,

deductions must be directly connected with the unrelated business income.)

		T	1
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 20	28	41.
29	Total deductions. Add lines 14 through 28	29	41.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,059.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-1,059.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION		NET INCOME OR (LOSS)
NGL ENERGY PARTNERS, (LOSS) - PRIOR YEAR CARRYOV	-467. -551.	
TOTAL INCLUDED ON SO	-1,018.	
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 20
DESCRIPTION		AMOUNT
TAX PREPARATION FEES	3	41.
TOTAL TO SCHEDULE M,	, PART II, LINE 28	41.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

E	N	Τ.	T	Τ.	X		:

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning ________, and ending ________, and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for a 501(c)(3) Organizations Only

Employer identification number

E.L. AND THELMA GAYLORD FOUNDATION 73-146						69
	Inrelated business activity code (see instructions) > 90009	9				
	escribe the unrelated trade or business INVESTMEN	T I	N TALLGRASS	ENERGY PAR	RTNE	RS, LP (
(Pai	t 🕅 Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				and the second s
2	Cost of goods sold (Schedule A, line 7)	2		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
3	Gross profit Subtract line 2 from line 1c	3		3.00	4430	
4 a	Capital gain net income (attach Schedule D)	4a			\$ 6	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			(2.20 (F)	
С	Capital loss deduction for trusts	4c			2007	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 21	5_	4,243.			4,243.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled			i		
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11			Charattadans	
12	Other income (See instructions, attach schedule)	12			FEE.	1 010
<u>13</u>	Total. Combine lines 3 through 12	13	4,243.	L		4,243.
Pa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)	ons t Inrela	ted business incon	ne.)	ерт т	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1 (20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs		·		25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		ርምው ሪ መአበ	ייבאבאייי סס	27 28	41.
28	Other deductions (attach schedule) SEE STATEMENT 22					41.
29	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					4,202.
30				t 13	30	7,202.
					31	
32	Instructions) Unrelated business taxable income Subtract line 31 from line 30				32	4,202.
<u> </u>	Chicated business taxable income Subtract line of from line ou					

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 21
DESCRIPTION		NET INCOME OR (LOSS)
INCOME (LOSS)	RTNERS, LP PTP - ORDINARY BUSINESS VER LOSSES - OTHER INCOME (LOSS)	4,771. -528.
TOTAL INCLUDED ON S	CHEDULE M, PART I, LINE 5	4,243.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 22
DESCRIPTION		AMOUNT
TAX PREPARATION FEE	s	41.
TOTAL TO SCHEDULE M	, PART II, LINE 28	41.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

	E.L. AND THELMA GAYLORD FOUNDATION				73-1463569			
1	Part Short-Term Capital Ga	ins and Losses (See	instructions)					
to	e instructions for how to figure the amounts enter on the lines below. Is form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	n 19, 3)	(h) Gain or (loss). Subtract column (a) from column (d) and combine the result with column (g)		
18	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked							
2	Totals for all transactions reported on	.,						
	Form(s) 8949 with Box B checked							
3	Totals for all transactions reported on			-				
_	Form(s) 8949 with Bax C checked					-1,720.		
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5			
6	Unused capital loss carryover (attach computa	ation)			6	()		
7.	Net short-term capital gain or (loss). Combin				7	-1,720.		
_	Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)					
to e	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19,	(h) Gain or (loss). Subtract column (e) from column (d) and		
rou	nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	0	combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b	Totals for all transactions reported on							
	Form(s) 8949 with Box D checked							
9	Totals for all transactions reported on							
	Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on					24 500		
	Form(s) 8949 with Box F checked					34,582.		
	Enter gain from Form 4797, line 7 or 9		_		11	560,898.		
	Long-term capital gain from installment sales	•	(12			
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13			
	Capital gain distributions		- L		14	595,480.		
WWW	Net long-term capital gain or (loss). Combine		<u> </u>		15	393,400.		
			Lloce (line 15)		16			
	 Enter excess of net short-term capital gain (lir Net capital gain. Enter excess of net long-term 		•	ine 7)	16 17	593,760.		
	Add lines 16 and 17. Enter here and on Form		·	ing 7)	18	593,760.		
10	Note: If losses exceed gains, see Capital loss		יאים וווופ טוו טנוופו ופנטוווט.		10	333,700.		
	MULE, II IUSSES EXCEEU GAIRIS, SEE CAPITAI IOSS	รง แกนเซาแรน นินินินินินิ						

· 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2018

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

E.L. AND THELMA GAYLORD FOUNDATION 73-1463569 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (e) (h) (d) (a) (b) (c) loss. If you enter an amount Proceeds Gain or (loss). Cost or other Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) **(g)** Amount of adjustment **(f)** combine the result see Column (e) In Code(s) with column (g) the instructions CIMARRON HEALTHCARE 3,207. OPPORTUNITIES, LP CIMARRON PARTNERS 697 LP CIMARRON VISTA LP <2,840. CIMARRON ENERGY <2,824. SPECTRUM, LP IRONSIDES PARTNERSHIP FUND 40. IV. LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

<1,720.>

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

E.L. AND THELMA GAYLORD FOUNDATION

73-1463569

statement will have the same informa	ation as Form 109	you received any 99-B Either will s	show whether you	or substitute statem ir basis (usually you	eni(s) iron r cost) was	reported to the IF	astitute AS by your			
broker and may even tell you which b										
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1										
Note: You may aggregate all	long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS	and for which no adj	ustments or			
codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box.										
If you have more long-term transactions than will	fit on this page for one	or more of the boxes	, complete as many forn	ns with the same box ched	ked as you n	ed	Out., applicable 2012			
(D) Long-term transactions rep	orted on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note abo	ove)				
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS										
X (F) Long-term transactions not	reported to you	on Form 1099-B	}							
(a) (b) (c) (d) (e) Adjustment, if any, to gain or (b)										
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).			
(Example 100 sh. XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the). See instructions.	Subtract column (e) from column (d) &			
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	combine the result			
				the instructions	Code(s)	Amount of adjustment	with column (g)			
CIMARRON										
HEALTHCARE			_							
OPPORTUNITIES, LP							9,234.			
CIMARRON PARTNERS										
LP		-					1,042.			
CIMARRON VISTA LP							359.			
IRONSIDES										
CO-INVESTMENT FUND							,			
III, LP							12,390.			
CIMARRON ENERGY										
SPECTRUM, LP							<443.>			
IRONSIDES DIRECT				Ì						
INVESTMENT FUND					Ī					
IV, LP							2,242.			
HEADLANDS CAPITAL										
SECONDARY FUND II,										
LP							7.			
IRONSIDES										
PARTNERSHIP FUND										
IV, LP	1.1						9,751.			
				1						
				1						
				1			_			
				1						
			 	+		 				

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

34,582.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment