Name of organization (2019 en to Public Inspection for 1(c/x3) Organizations Only ir identification number east trust, see ons) -1463569
Procedentary year 2019 or other tax year beginning	r identification number ees' trust, see ons)
Department of the Trasaury Internal Revenus Service A Check box if and Check box if address changed B Exempt under section X 501(cgn3) 408(e) 220(e) 408A 530(a) 529(a) C Book whot ell alleasets at end of year 200 on the section of the formation of the organization of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. The Inter the number of the organization is a subsidiary in an affiliated group or a parent-subsidiary controlled group? The fact of the service and dentifying number of the parent corporation. The Line The Dors profit in the blank space at the end of the parent corporation. The Son of the service of the parent corporation. The Corporation of the service of the parent corporation. The Books are in care of ▶ THE ORGANIZATION The Gordan of the service of the parent corporation. The Gordan of the service of the parent corporation. The Books are in care of ▶ THE ORGANIZATION The Gordan of the parent corporation. The Gordan of the gordan of the parent corporation. The Gordan of	r identification number ees' trust, see ons)
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	r identification number ees' trust, see ons)
Name of organization (ees' trust, see ons)
B Exempt under section	•
X 501(cm3) 108(e) 220(e) 109	
408(e) 220(e) 1996 63 0 5 WATERFORD BOULEVARD, SUITE 35 0 1408	d business activity code
City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73118 Celeok value of all assests at end of the province of the province of the province of the company of the province of the pr	ructions)
C Book value of all assets at end of of page 7 and 1989 F Group exemption number (See instructions.)	
at end of year 208 , 366 , 903 . G Check organization type ▶ X 501(c) corporation	90
208, 366, 903. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	
trade or business here INVESTMENTS describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of THE ORGANIZATION Telephone number (405) Part I Unrelated Trade or Business Income (A) Income (B) Expenses b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annurties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I)	Other trust
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business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	
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10 Exploited exempt activity income (Schedule I)	ÚZN
	-20
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule)	Ü
13 Total. Combine lines 3 through 12 13 39, 442.	39,442.
Part Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	,
(Deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts 18 Interest (attach schedule) (see instructions) SEE STATEMENT 16 18	4,830.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	492.
19 Taxes and licenses 20 Depreciation (attach Form 4562) 20 Legislation (attach Form 4562)	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	
22 Depletion 22	
23 Contributions to deferred compensation plans	
24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) 25	
26 Excess readership costs (Schedule J) 26	
27 Other deductions (attach schedule) SEE STATEMENT 17 27	4,527.
28 Total deductions. Add lines 14 through 27	9,849.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29,593.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	Λ
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31	$\frac{0.}{29,593.}$
	Form 990-T (2019)

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1 Inventory at beginning of year 2 Purchases 2 To Gest of goods sold. Subtract line 6 from the 5. Enter here and in Part I, line 2 (attach schedule) 4a Additional section 263A costs (attach schedule) 4b property produced or acquired for resale) apply to 15. Total Add lines 1 through 4b 5 property produced or acquired for resale) apply to 15. Total Add lines 1 through 4b 5 property and Personal Property Leased With Real Property) (See instructions) 1. Description of property (1) (2) (3) (4) 7 compressed property in the precentage of rest if operating property in more than 65%) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A						
3 Cost of labor 4 A Additional section 263A costs (attack schedule) 4 B Duther rules of section 263A (with respect to property and Personal Property produced or acquired for resale) apply to the organization? 5 Total Add lines 1 through 40 5 Description of property (see instructions) 1. Description of property (a) From precondit property in more fluing (b) From real and personal property (the personal property (the personal property in more fluing) (c) Cost and total so of columns 2(a) and 2(b). Enter here and in Part I, in e.g. column (b) (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and in Part I, in e.g. column (b) (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and in Part I, in e.g. column (b) (d) Cost an according to the property of the personal property (the personal property (the personal property (the personal property (the personal property exceeded 50 for or or in the rest is based on profit or incomes) (e) Total income. Add totals of columns 2(a) and 2(b). Enter here and in Part I, in e.g. column (b) (f) Total income. Add totals of columns 2(a) and 2(b). Enter here and in Part I, in e.g. column (b) (g) Cost an according to the property personal property (b) (g) Cost an according to the personal property (b) (g) Cost an according to the personal property (b) (b) Column (c) (g) Cost an according to the personal property (c) (g) Cost an according to the personal property (c) (g) Cost and the personal property (c) (g) Cost an according to the personal property (c) (g) Cost an according to the personal property (c) (g) Cost and personal property (c) (g) Cost an according to the personal property (c) (g) Cost an according to the personal property (c) (g) Cost and personal	1 Inventory at beginning of year	_1		6	Inventory at end of year	ar	<u> </u>	6			
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Schedule 1 - Interest, F	Tilliuliic.	s, i ioyan	iico, aii	u Hents	11011100	III OIIC	a Organiza	100110	(See ins	Structions	>)
				Exempt	Controlled O	rganızatı	ons		-		
1. Name of controlled organizat	aon	2. Em identifi num	cation		related income a instructions)			includ	Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)	-										
(3)											
(4)								†	_		
Nonexempt Controlled Organi	zations			·					_		
7. Taxable Income	8. Net ur	nrelated incom		9. Total	of specified payr made	nents	10. Part of colu in the controll gros	mn 9 that ing organ s income	ization's		ductions directly connected income in column 10
(1)		-									
(2)					-						
											
(3)	 										
(4)				-			Add colur Enter here and Ine 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investme	nt Incon	oo of a S	ection	501/6)/7	(A) (A) or (-	17) Ora	ranization		<u> </u>		
(see instr		ne or a s	ection	50 I(C)(7), (9), or (17) Org	garrization				
··	ription of incor	ne		-	2. Amount of	ıncome	3. Deduction directly connected (attach schedule)	ected	4. Set-	asıdes chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							(21.2511 551151	,,			(45. 5 p.35 55. 1)
(O)											
					-						
(3)					 						
Totals				•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv		g Income	***************************************		1130	
Description of exploited activity	2. G unrelated income trade or b	business a from	directly of with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity is not unrela- business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)		Ì									
(3)	1							-			T
(4)	·	İ									
,	Enter here page 1, line 10,	Part I,	page 1	re and on I, Part I, col (B)						E IT	Enter here and on page 1, Part II, line 25
Totals -	<u> </u>	0.		0.		34 1	A CONTRACTOR	COMM	ni da	1	0.
Schedule J - Advertisir											
Partil Income From I	Periodic	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					444		§				
(2)							X.				
(3)	- -						% 				
	-		\dashv								
(4)					XCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		///				THE TRAINS WAS TO LINE
Totals (carry to Part II, line (5))	•	(). <u> </u>	0				-			0.
											Form 990-T (2019)

Form 990-T (2019) 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		Direct	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circul		adership osts	7. Excess readers costs (column 6 mi column 5, but not m then column 4)	nus nore
(1)										
(2)										
(3)										
(4)							T i			
Totals from Part I		0.		0.	70.7		C.			0.
		Enter here and on page 1, Part I, line 11, col (A)	page	nere and on a 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	▶	0.1		0.						0.

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 (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 15
DESCRIPTION	NET INCOME OR (LOSS)
BLACK MESA III, LP - NET RENTAL REAL ESTATE INCOME	10,572.
BLACK MESA III, LP - INTEREST INCOME	158.
BLACK MESA III, LP - OTHER INCOME (LOSS)	-2,533.
BRICKTOWN 2010, LLC - NET RENTAL REAL ESTATE INCOME	11,599.
BRICKTOWN 2010, LLC - DIVIDEND INCOME CHESAPEAKE INVESTMENTS III LP - ORDINARY BUSINESS INCOME	306.
(LOSS)	-395.
CHESAPEAKE INVESTMENTS III LP - NET RENTAL REAL ESTATE	0.0
INCOME	-29.
CHESAPEAKE INVESTMENTS IV LP - ORDINARY BUSINESS INCOME	789.
(LOSS) CHESAPEAKE INVESTMENTS IV LP - NET RENTAL REAL ESTATE	789.
INCOME	-3,048.
CIMARRON HEALTHCARE OPPORTUNITIES, LP - ORDINARY BUSINESS	-3,040.
INCOME (LOSS)	2,532.
CIMARRON PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	3,246.
CIMARRON VISTA LP - ORDINARY BUSINESS INCOME (LOSS)	3,417.
ENERGY AND MINERALS GROUP FUND II LP - ORDINARY BUSINESS	3,22.
INCOME (LOSS)	106,938.
ENERGY AND MINERALS GROUP FUND II LP - OTHER PORTFOLIO	
INCOME (LOSS)	-8,374.
JUNIPER NOLANA, LLC - NET RENTAL REAL ESTATE INCOME	-6,769.
JUNIPER SHARYLAND, LTD - NET RENTAL REAL ESTATE INCOME	-33,475.
JUNIPER WACO HOLDINGS, LTD - NET RENTAL REAL ESTATE INCOME	-20,595.
TRITOWER FINANCIAL GROUP, LLC - NET RENTAL REAL ESTATE	22 124
INCOME	-23,124.
IRONSIDES CO-INVESTMENT FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	13,560.
IRONSIDES CO-INVESTMENT FUND III, LP - NET RENTAL REAL	13,300.
ESTATE INCOME	16.
IRONSIDES CO-INVESTMENT FUND III, LP - INTEREST INCOME	2.
IRONSIDES CO-INVESTMENT FUND III, LP - OTHER PORTFOLIO	
INCOME (LOSS)	-1.
IRONSIDES CO-INVESTMENT FUND III, LP - OTHER INCOME (LOSS)	-4,368.
JVM MULTI-FAMILY PREMIER FUND, LLC - NET RENTAL REAL	
ESTATE INCOME	-13,121.
JVM MULTI-FAMILY PREMIER FUND, LLC - INTEREST INCOME	-29.
CIMARRON ENERGY SPECTRUM, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-7,720.
JUNIPER EVANGELINE, LTD - NET RENTAL REAL ESTATE INCOME	-3,353. -10,970
JUNIPER SUMMERHILL, LTD - NET RENTAL REAL ESTATE INCOME JUNIPER LAKE CHARLES, LTD - NET RENTAL REAL ESTATE INCOME	-10,970. -25,426.
JVM MULTI-FAMILY PREMIER FUND II, LLC - NET RENTAL REAL	-25,420.
ESTATE INCOME	-29,385.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - ORDINARY	47,303.
BUSINESS INCOME (LOSS)	-16,878.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - NET RENTAL REAL	_0,0,0
ESTATE INCOME	70.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - INTEREST INCOME	44.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - ROYALTIES	130.
IRONSIDES DIRECT INVESTMENT FUND IV, LP - OTHER PORTFOLIO	
INCOME (LOSS)	-9.

E.L. AND THELMA GAYLORD FOUNDATION	73-1463569
IRONSIDES DIRECT INVESTMENT FUND IV, LP - OTHER INCOME (LOSS)	-5,151.
HEADLANDS CAPITAL SECONDARY FUND II, LP - ORDINARY	82.
BUSINESS INCOME (LOSS) KAYNE NEWROAD VENTURES FUND II, LP - ORDINARY BUSINESS	
INCOME (LOSS) KAYNE NEWROAD VENTURES FUND II, LP - INTEREST INCOME	1,399. 181.
KAYNE NEWROAD VENTURES FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	2,207.
IRONSIDES PARTNERSHIP FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	5,199.
IRONSIDES PARTNERSHIP FUND IV, LP - NET RENTAL REAL ESTATE INCOME	2.
IRONSIDES PARTNERSHIP FUND IV, LP - INTEREST INCOME	312.
	403.
IRONSIDES PARTNERSHIP FUND IV, LP - DIVIDEND INCOME	
IRONSIDES PARTNERSHIP FUND IV, LP - ROYALTIES	. 1.
IRONSIDES PARTNERSHIP FUND IV, LP - OTHER PORTFOLIO INCOME	
(LOSS)	561.
IRONSIDES PARTNERSHIP FUND IV, LP - OTHER INCOME (LOSS)	-3,797.
EXPEDITION CO-INVESTMENT PARTNERS I - ORDINARY BUSINESS	
INCOME (LOSS)	-30,318.
EXPEDITION CO-INVESTMENT PARTNERS I - NET RENTAL REAL	
ESTATE INCOME	-118,088.
PASSIVE LOSS CARRYFORWARD FROM 2018 - SEE 8810 FOR DETAIL	•
- OTHER INCOME (LO	-1,167,912.
PASSIVE LOSS CARRYFORWARD TO 2020 - SEE 8810 FOR DETAIL -	1,10,,512
	872,867.
OTHER INCOME (LOSS	872,807.
JVM MULTI FAMILY PREMIER FUND III, LLC - NET RENTAL REAL	06.600
ESTATE INCOME	-26,600.
JVM MULTI; FAMILY PREMIER FUND III, LLC - INTEREST INCOME	294.
JVM MULTI FAMILY PREMIER FUND III, LLC - OTHER INCOME	
(LOSS)	-976 .
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-525,557.
FORM 000 M INTERECT DATE	STATEMENT 16
FORM 990-T INTEREST PAID	STATEMENT 16
DESCRIPTION	AMOUNT
FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP	26.
FROM PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND II, LP	55.
FROM PASSTHROUGH - IRONSIDES PARTNERSHIP FUND IV, LP	1,172.
FROM PASSTHROUGH - JVM MULTI FAMILY PREMIER FUND II, LLC	3,577.
FROM FADDIINGUGH - UVM MUHIT FRAMILIT FRAMILIK FUND II, BIIC.	3,3,7,
MOMNT MO BODM 000 DACE 1 T.TME 19	4,830.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	4,030.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		4,527.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	4,527.

FORM 990-T	CONTRIBUTIONS	STATEMENT 18
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND III, LP - CONTRIBUTION	N/A _.	2.
PASSTHROUGH - IRONSIDES CO-INVESTMENT FUND IV, LP - CONTRIBUTION	N/A	5.
PASSTHROUGH - IRONSIDES PARTNERSHIP FUND IV, LP - CONTRIBUTION	N/A	24.
PASSTHROUGH - KAYNE NEWROAD VENTURES FUND II	N/A	9,347.
TOTAL TO FORM 990-T, PAGE 2, I	LINE 34	9,378.

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	19
	CONTRIBUTIONS SUBJECT TO 100% I	LIMIT LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTYEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	rions		
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	9,378		
	RIBUTIONS AVAILABLE	9,378 18,103	_	
EXCESS 100	TRIBUTIONS S CONTRIBUTIONS CONTRIBUTIONS	0 0 0	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		- 9,	378
TOTAL CONT	RIBUTION DEDUCTION		9,	378

Employer identification number

1

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning ______, and end

➤ 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).

Open to Public Inspection for

	E.L. AND THELMA GAYLORD	FOU	NDATI	ON	73-14	6356	59
U	nrelated Business Activity Code (see instructions) > 90009						
D	escribe the unrelated trade or business INVESTMEN	r II	NGL	ENERGY	PARTNERS	, LP	(PTP)
Par	पाइं Unrelated Trade or Business Income		(A) I	ncome	(B) Expense	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	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					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 20	5		-461	•		-461.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					<u> </u>
8	Interest, annuities, royalties, and rents from a controlled						
	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					
12	Other income (See instructions, attach schedule)	12			The state	352 ·	
13	Total. Combine lines 3 through 12	13		-461	•		-461.
Pär	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income	ons f come	or limitat :.)	tions on d	eductions.) (Dec	duction	ns must be
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			1 1		19	
20	Depreciation (attach Form 4562)			20 .		<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on return			21a		21b	
22	Depletion .					22	
23	Contributions to deferred compensation plans					23	
24 .	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	*** ** <u>*</u>
26	Excess readership costs (Schedule J)		~	ama	messesses 01	26	0.6
27	Other deductions (attach schedule)		S	EE STA	TEMENT 21	27	96.
28	Total deductions. Add lines 14 through 27				40	28	96.
29	Unrelated business taxable income before net operating loss deduc				ne 13	29	-557.
30	Deduction for net operating loss arising in tax years beginning on or instructions)	r after	January 1,	2018 (see	STMT 22		0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29					31	-557.

FORM 990-T (M) INC	OME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 20
DESCRIPTION			NET INCOME OR (LOSS)
NGL ENERGY PARTNERS, LP PTP (LOSS)	- ORDINARY BUSIN	ESS INCOME	-461
TOTAL INCLUDED ON SCHEDULE	-461.		
FORM 990-T (M)	OTHER DEDUCT	IONS	STATEMENT 21
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			96
TOTAL TO SCHEDULE M, PART I	I, LINE 27		, 96
SCHEDULE M NE	T OPERATING LOSS	DEDUCTION	STATEMENT 22
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 1,059.		1,059.	1,059.
NOL CARRYOVER AVAILABLE THIS	S YEAR	1,059.	1,059.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY 9

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and endin

► 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).

Open to Public Inspection for 50 (c)(3) Organizations Only

Name	of the organization E.L. AND THELMA GAYLORD	FOI	- INDATTON	Employer (del 73-14		
	Jurelated Business Activity Code (see instructions) ► 90009		<u> </u>			
	Describe the unrelated trade or business INVESTMEN		N TALLGRASS	ENERGY PAI	RTNE	RS, LP (
	Unrelated Trade or Business Income		(A) Income	(B) Expense		(C) Net
1 a	Gross receipts or sales			u de la companya de l	-	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3		NF SEE		
4 a	Capital gain net income (attach Schedule D)	4a	152,529.			152,529.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	•			
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	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				·
12	Other income (See instructions, attach schedule)	12		1. 1.2. 11. 2.3.3.3		
13	Total. Combine lines 3 through 12	13	152,529.			152,529.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions f	for limitations on de e.)	ductions.) (Dec	ductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	<u> </u>
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1		19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	,	21b	
22	Depletion .				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs			•	24	
25	Excess exempt expenses (Schedule I)		•		25	
26	Excess readership costs (Schedule J)				26	0.5
27	Other deductions (attach schedule)		SEE STAT	TEMENT 23	27	96.
28	Total deductions. Add lines 14 through 27		•		28	96.
29	Unrelated business taxable income before net operating loss deduced			e 13	29	152,433.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see			

Unrelated business taxable income Subtract line 30 from line 29

E.L. AND THELMA GAYLORD FOUNDATION

on fi

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 23
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		96.
TOTAL TO SCHEDULE M, PART I	I, LINE 27	96.

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.

Name

الكلف

Employer identification number

E.L. AND THELMA GAYLORD FOUNDATION					73-1463569			
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?					► Yes X No			
If "Yes," attach Form 8949 and see its instruc-	ctions for additional require	ements for reporting you	ur gain or loss					
Partil Short-Term Capital Gai	ns and Losses (See	instructions.)						
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	or loss from Form(s) 894	(g) Adjustments to gain or loss from Form(s) 8949,				
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (c) 	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
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			ſi.					
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 Box C checked					-5,209.			
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4				
5 Short-term capital gain or (loss) from like-kind	l exchanges from Form 8824			5				
6 Unused capital loss carryover (attach computa	tion)			6	()			
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	h		7	-5,209.			
Part II Long-Term Capital Gair	ns and Losses (See i	nstructions)						
See instructions for how to figure the amounts to enter on the lines below.	(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			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (9)	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								
Form(s) 8949 with Box F checked					42,854.			
11 Enter gain from Form 4797, line 7 or 9				11	527,354.			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12				
13 Long-term capital gain or (loss) from like-kind				13				
14 Capital gain distributions	-			14				
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	570,208.			
Part III Summary of Parts I and			•					
16 Enter excess of net short-term capital gain (lin		l loss (line 15)		16				
17 Net capital gain. Enter excess of net long-term			ne 7)	17	564,999.			
18 Add lines 16 and 17. Enter here and on Form		•	•	18	564,999.			

Note: If losses exceed gains, see Capital Losses in the instructions.

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

Name(s) shown on return

Social security number or taxpayer identification no.

E.L. AND THELM	A GAYLOR	D FOUNDA'	rion			73-1	463569
Before you check Box A, B, or C below statement will have the same information broker, and may even tell you which be	ow, see whether ation as Form 10: boy to check	you received an 99-B Either will	y Form(s) 1099-B show whether you	or substitute staten ur basis (usually you	nent(s) from r cost) wa	m your broker A su s reported to the IF	bstitute SS by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	enerally short-term (see	nstruction	ns) For long-term	
transactions, see page 2 Note: You may aggregate al							flustments or
codes are required Enter the	totals directly on	Schedule D, line 1a	a, you aren't required	d to report these trans	actions on l	Form 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than will							each applicable box.
(A) Short-term transactions rep	ported on Form(s	s) 1099-B showin	ig basis was repo	rted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rej	ported on Form(s	s) 1099-B showir	ig basis wasn't r	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-	В		T		
1 (a)	(b)	(c)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	Adjustme loss. f v	nt, if any, to gain or ou enter an amount	(h)
Description of property (Example 100 sh XYZ Co)	Date acquired	Date sold or disposed of (Mo, day, yr)			ın column	ı (g), enter a code ın	Gain or (loss). Subtract column (e)
(Example 100 St X12 CO)	(Mo , day, yr)). See instructions.	from column (d) &
		(inio , day, y.)			(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
CIMARRON	ļ	_					
HEALTHCARE				<u> </u>	<u> </u>		
OPPORTUNITIES, LP				_	ļ		98.
CIMARRON PARTNERS				-	<u> </u>		<u> </u>
LP	ļ					<u> </u>	<u> </u>
CIMARRON VISTA LP							59.
CIMARRON ENERGY						 	4 150
SPECTRUM, LP						 -	<4,159.>
IRONSIDES FIRM	· · · · · · · · · · · · · · · · · · ·	<u> </u>			_		
PARTNERSHIP FUND	ļ			-	ļ	 	<333.>
IV, LP			 	-			<333.>
				-		· · · · - · · ·	
	 -						
	-	 -				<u> </u>	
· · · · · · · · · · · · · · · · · · ·							
				 			
				ļ			
<u> </u>				 			
2 Totals. Add the amounts in colun							
negative amounts) Enter each to		-]	
Schedule D, line 1b (if Box A abo	ve is checked), I	ine 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

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 Before you check Box D, E, or F 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 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 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 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 forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (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 Adjustment, if any, to gain or loss. If you enter an amount (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or ın column (g), enter a code ın (sales price) hasis. 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) see Column (e) In combine the result Amount of adjustment Code(s) the instructions with column (g) CIMARRON HEALTHCARE OPPORTUNITIES, LP CIMARRON PARTNERS LP CIMARRON VISTA LP IRONSIDES CO-INVESTMENT FUND 24,035. III, LP JVM MULTI-FAMILY PREMIER FUND, LLC <1,207 CIMARRON ENERGY <5,231. SPECTRUM, LP IRONSIDES DIRECT INVESTMENT FUND IV, LP HEADLANDS CAPITAL SECONDARY FUND II 3. LP KAYNE NEWROAD VENTURES FUND II, 18,066. IRONSIDES PARTNERSHIP FUND 7,251. 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 8b (If Box D above is checked), line 9 (if Box E 42,854.

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

above is checked), or line 10 (if Box F above is checked)

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 GA	YLORD FOUNDATI	ON		<u> 73-</u>	1463569
Did the corporation dispose of any investme		► Yes No			
If "Yes," attach Form 8949 and see its instru			ur gain or loss		<u> </u>
Rart Mark Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, colùmn (g	0.000000000	combine the result with column (g)
1a 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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 Box C checked					
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	•			6	(
7 Net short-term capital gain or (loss). Combin				7_	
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gain	n	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and 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					150 500
Form(s) 8949 with Box F checked					152,529.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	150 500
15 Net long-term capital gain or (loss). Combine		n h		15	152,529.
Partill Summary of Parts I and	3 II				<u> </u>
16 Enter excess of net short-term capital gain (lii				46	1
	, -			16	150 500
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (li	ne 7)	17	152,529.
 17 Net capital gain. Enter excess of net long-tern 18 Add lines 16 and 17. Enter here and on Form Note: If losses exceed gains, see Capital Los 	n capital gain (line 15) over net 1120, page 1, line 8, or the pro	short-term capital loss (li	ne 7)		152,529. 152,529.

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						73-1	463569
Before you check Box D, E, or F bell statement will have the same inform broker and may even tell you which	atıon as Form 10	you received any 99-B Either will	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	bstitute SS by your
Part II Long-Term. Transacti		al assets you held r	more than 1 year are	generally long-term (s	see instruction	ns) For short-term t	ransactions,
Note: You may aggregate a codes are required. Enter the	e totals directly on S	Schedule D, line 8a	a, yoù aren't required	I to report these trans	actions on Fo	rm 8949 (see instru	ctions)
You must check Box D, E, or F below.							sach applicable box
(D) Long-term transactions re	ported on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note abov	ve)	
(E) Long-term transactions rep	oorted on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3	,	,		_ .
1 (a) Description of property (Example 100 sh XYZ Co)	(a) (b) (c) (d) (e) Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (g).						(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
TALLGRASS ENERGY							
PARTNERS, LP PTP							152,529.
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2 Totals. Add the amounts in colur	nns (d), (e), (g), ar	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	de on your					
Schedule D, line 8b (if Box D abo	ove is checked), I	ine 9 (if Box E		[[[ĺ	
above is checked), or line 10 (if E	ox F above is ch	ecked)					<u> 152,529.</u>

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.