(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No 1545-0047 2019 Open to Public Inspection

A	For the	e 2019	calendar year, or tax year beginning,	2019, and ending			, 20
			C Name of organization		D Employerid	entifica	ation number
В ,	Check if a	pplicable	PAULINE MCFARLIN MEMORIAL TRUST 486005A	C5 WATE			
	Addre		Doing business as		73-62	0262	7
	_	change	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone n		
	Instial	return	P.O. BOX 1620		918 6	19-1	526
\vdash	Final	return/	City or town, state or province, country, and ZIP or foreign postal code				
Х	termi Amer	nded	TULSA, OK 74101-1620		G Gross receip	ts \$	31,084,265.
l P		n cation	F Name and address of principal officer		H(a) Is this a gr		
L	pend	ing	Traine and decrease of principal critical		subordinat	es?	
-	-				H(b) Are all subo		
<u> </u>		empt st	22 00 ((0)(0)	(a)(1) or 527			ist (see instructions)
<u>J</u>			N/A		H(c) Group exer		
K		of organ		L Year of	formation 1980 N	State	of legal domicile OK
P	art (mmary				
	1		describe the organization's mission or most significant activities.				
S		PRO'	VIDES DIRECT AND PERMANENT SUPPORT TO THE	<u>E NAMED BEN</u>	<u>EFICIARIES.</u>		
Governance]			STAIL	TE OFFI		
Ver	2	Check	this box if the organization discontinued its operations or dis	posed of Reference	1-25% of its net asse	ts.	
ලී	3	Numb	er of voting members of the governing body (Part VI, line 1a)		4.0.2024	3	2
	4	Numb	er of voting members of the governing body (Part VI, line 1a)	1b) <i>NOV</i> .	19 7051	4	1
ţ.	5	Total r	number of individuals employed in calendar year 2019 (Part V, line 2a)			5	NONE
Activities &	6	Total r	number of volunteers (estimate if necessary)	TPR '	BRANCH	6	NONE
Ą	7a		unrelated business revenue from Part VIII, column (FL line 12	 O	GDEN	7a	NONE
	1		nrelated business taxable income from Form 990-Thinks E. V	F.D l		7b	45,871.
				70	Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	21 85			
Ē	9		am service revenue (Part VIII, line 2g)	8-			
Revenue	10	Invest	mont income (Part VIII column (A) lines 3 4 and 3d)	1≝	6,385,	787	4,067,740.
æ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and Fe N,	UT: 1:	1,021,		510,416.
	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	7,406,		4,578,156.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		3,543,		3,545,379.
	14		its paid to or for members (Part IX, column (A), line 4)		2/242/		<u> </u>
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5		266,	201	260,419.
ses	15		ssional fundraising fees (Part IX, column (A), line 11e)		200,	771	200,413.
Expenses	104		fundraising expenses (Part IX, column (D), line 25)	NONE		<u>-</u>	
ŭ	17		-		59,	255	50,520.
	18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,870,		3,856,318.
	19		•		3,536,		721,838.
- S		neven	ue less expenses Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	Beginning of Current	-	End of Year
ts or	20	T-aal a			74,742,	_	
Net Asset Fund Balai	20 21		assets (Part X, line 16)			NONE	75,623,137.
tet/	21				74,742,		NONE
			sets or fund balances. Subtract line 21 from line 20		14, 142,	2221	<u>75,623,137</u> .
_	nt II		of perjury, I declare that I have examined this return, including accompanying s	schedules and statem	nents, and to the hest	of my k	nowledge and helief it is
tru	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on all information	of which preparer has	s any knowledge	JI 1117 K	
	Ī		α		111/	01/2	001
Sig	ın	<u>s</u>	Signa ure of o	-		J	021
He							
		_	BOKF, N.A., TRUSTEE, VICE PRESIDENT				
			Type preparer's name Preparer's signature	Date		T. T	TIN
Paid	i		Type property of the me	50.0	Check self-emplo	」"	
Pre	parer	-				Yeu	
Use	Only		sname -		Firm's EIN		
N.4 :	la .		saddress		Phone no.	<u> </u>	1 1, 1, 1,
_	<u> </u>		scuss this return with the preparer shown above? (see instructi	ons)	<u> </u>	• • •	· Yes X No
For	raper	work F	Reduction Act Notice, see the separate instructions.			17	Form 990 (2019)
JSA						15	1 451
	10 2 00		T 0000 11 /01 /0001 12 11 16	0.53.05			` ~
	B	KO581	7 9078 11/01/2021 13:41:16 48600	05AC5			2 S

	990 (2019) Page Z
Pari	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
Ę	ROVIDES DIRECT AND PERMANENT SUPPORT TO THE NAMED BENEFICIARIES.
_	
_	
	Did the organization undertake any significant program services during the year which were not listed on the
p	orior Form 990 or 990-EZ? Yes X No
	f "Yes," describe these new services on Schedule O.
3 [Old the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?Yes X No
	f "Yes," describe these changes on Schedule O.
е	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the he total expenses, and revenue, if any, for each program service reported.
4a ((Code:) (Expenses \$1,772,689. including grants of \$ 1,772,689.) (Revenue \$)
	INANCIAL SUPPORT TO HOLLAND HALL
-	INTRODUCTION DOLLOW IN HOLD IN
_	
_	
_	
-	
-	
_	
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F	Code: () (Expenses \$1,772,689. including grants of \$ 1,772,689.) (Revenue \$) INANCIAL SUPPORT TO UNIVERSITY OF TULSA
- - -	
4c ((Code:) (Expenses \$
-	
_	
-	
_	
_	
_	
_	
_	
4d O	Other program services (Describe on Schedule O.)
	Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$)

Part	IV Checklist of Required Schedules			-30 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ſ	
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ł	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 	-	Λ.
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Λ_
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI			v
L	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	-	<u> X</u>
D			v	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^ -	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			w
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-+	<u>X</u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ļ	v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	$-\!\!\!\!\!-\!\!\!\!\!\!\!+$	<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		-	**
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\dashv	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			••
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\dashv	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_ [ſ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)		V	B 1.
	many transfer and the control of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			.,
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	ł		
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X_
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization regulate, terminate, or dissolve and cease operations in test, complete Schedule IV, rait in Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J_		<u> </u>
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
- 1	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		İ	١
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		٠,	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	Щ_
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			
	Check it Schedule O contains a response of hote to any line in this rait v	•••	Yes	No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 '		1
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>
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Par	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	14,20,00	, î	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1815-14 1815-14 1815-14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,',', b, <u>, , , , , , , , , , , , , , , , , </u>	* 37.5	1,7,7,7
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account; or other financial account)?	4a	١ ،	Х
b	If "Yes," enter the name of the foreign country ▶	- 12,	1.16	, 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- '£, ,	4.67	1/17/1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).	1 2 3	1113 211	*
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3 , 3% , , , , , , , , , , , , , , , , ,	الله الله الله الله الله الله الله الله	****
a		7a		X
ь.	and services provided to the payor?	7b		
	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	7c		v
۔	required to file Form 8282?	1	1 , 3.	X
	If "Yes," indicate the number of Forms 8282 filed during the year			X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
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 8899 as required?	7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	¥, 1,	1 14 14 K
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
•	sponsoring organization have excess business holdings at any time during the year?	8	1 2 2	X
9	Sponsoring organizations maintaining donor advised funds.	-	للستلسك	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		, , , ,
10	Section 501(c)(7) organizations. Enter		, a	1 3
	Initiation fees and capital contributions included on Part VIII, line 12	, i i , , ,		- 33
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	£	ر الوطور	3 7
	Section 501(c)(12) organizations. Enter:	; ~~	143,171	
	Gross income from members or shareholders	, (<u>.</u>		4,1
b	Gross income from other sources (Do not net amounts due or paid to other sources	173. In.	العلم الأولادي. المراجع المراجع	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,, ~,	1 3 50 _{1 W}
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 = 1 = 1	, ,	,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		, 35	1.1.1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	, -	
	Note: See the instructions for additional information the organization must report on Schedule O.		4 , 3	
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			, , ,
	Enter the amount of reserves on hand	"1" i	,, r	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			الترب
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.	,11 "	"1 ~#1 &" ,	ं तं
		F	000	(2019)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			uons.
Secti	on A. Governing Body and Management	<u> </u>	• • •	14
<u>occi.</u>	On A. Governing Body and Management	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 2			
ıa	If there are material differences in voting rights among members of the governing body, or	1 1		
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1		
_	any other officer, director, trustee, or key employee?	2		X
3	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?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	_	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9	Х	
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	}		ľ
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	ĺĺ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u></u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Secti	on 5	01(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	finter	est p	olicy
	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 record	s 🕨		
	BOKF, N.A. TEL: (918) 293-7567		000	
JSA 9E1042	dba BANK OF OKLAHOMA	Form	330	(2019)

orm 990 (20	19)										Page 7
David V/II	Componention	٦š	Officers	Directors	Tructooc	V ₀ ,	Employees	Highost	Companyated	Employees	

Independent Contractors

Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do n box, office or direct	ot ch	Pos eck ss pe	c) ition more rson irecto	-	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	ě	stee			rsated				
(1) FREDERIC DORWART INDIVIDUAL TRUSTEE (2) BANK OF OKLAHOMA, N. A. (BOK)	40.00	_ X						11,439.	48,561.	NONE
CORPORATE TRUSTEE (3)	40.00		Х					248,980.	NONE	NON!
(4)										
(5)										
(6)				_		-		,		
(7)										
(8)										
(9)										
(10)										
(11)			:							
(13)				_	i					
(14)										

Form 990 (2019)

JSA

8

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	oloy			nd Hi	igh	est Compensate	d Employees (c	ontinue	d)	Page 8
(A) Name and title	(B) Average hours per week (list any	box, office	unle:	Pos neck ss pe d a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amo of other compensation		r tion
	hours for related organizations below dotted line)	directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	1	om the nization organi	n and
(15)							-					
(16)												
(17)												
(18)												
(19)			_									
(20)					-							
(21)												
(22)							ı					
(23)						_						 .
(24)							!				-	
(25)												
1b Subtotal					 	 	> >	260,419.	48,561.			NONI
d Total (add lines 1b and 1c)	ot limited to						who			_		INOINI
3 Did the organization list any former of								-	· ·	3	Yes	No X
 employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the organization and related organizations gundividual	sum of re reater thar	portal	ole 50,0	con	npe	nsatio f "Ye	n a s,"	and other compen complete Schedi	sation from the	4		X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mper	isati	ion	fro	m any	ur ur	nrelated organizatı		5		X
Section B. Independent Contractors												
Complete this table for your five high compensation from the organization. Report												
(A) Name and business add	ess	_						(B) Description of sen	vices	(C) Compens	ation	
							L					
	<u>-</u> _	_								 .		
Total number of independent contractors received more than \$100,000 of compensati		_				ited t		those listed abo	ve) who		000	L company

		2019)		·				Page 9
Par	t VII	Statement of Rever Check if Schedule O co		nse or note to a	inv line in this Part !	v/III		
		Conduct in desiredatic of the	,	ise of note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Membership dues Fundraising events	1b					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contributions, gifts, and similar amounts not include	grants,	,				
Contribu	g		ded in 1g					
Service nue	2a b			Business Code	13 y 3 L U T T T T T T T T T T T T T T T T T T	The same of the sa	42-0 (VAL AN 1/1/20 48-93 32) mm/g _	E TA MORNING MENTAL TIME
Program Service Revenue	d e f	All other program service rev				5, 25, 3 (194 h 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	్ఖు. కృ. కృ. కి.మీ. ఆచర్ మ	gipijas yl gagi 1 Parisha
	3 4	Investment income (included other similar amounts)	ding dividends,	ınterest, and	1,333,596.	3 (\$ 6,3)		1,333,596
•	5 6a	Royalties	•	•	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b d	Loss rental expensos 6b Rental income or (loss) 6c Net rental income or (loss)			Star A. Tank Start Company of the start of t	1	Andrew Control of the	on an inter and ordinary annual and
	7a	Gross amount from sales of assets other than inventory 7a	(i) Securities 29240253	. (u) Other				
Revenue	b c	Less cost or other basis and sales expenses 7b Gain or (loss) 7c	26506109 2,734,144					
Other R	8a		l -		2,734,144.			2,734,144
	b c 9a	Less direct expenses Net income or (loss) from fu Gross income from	ndraising events					
	b c 10a	c Net income or (loss) from gaming activities						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b c	returns and allowances Less cost of goods sold Net income or (loss) from sal		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	The state of the s	The state of the s	
Miscellaneous Revenue	11a b	PARTNERSHIP INCOME	<u> </u>	Business Code 523000	510,416.	$\frac{1^{2n}}{p^{2n}} \frac{s^2}{s^2} + \frac{s^2}{s^2} + \frac{1}{s^2} \frac{s^2}{s^2} + \frac{1}{s$		510,416
		All other revenue Total. Add lines 11a-11d .	<u> </u>			A man or respectively of the state of the st	And the second s	Tanada
ISA	12 ′	Total revenue. See instructio	<u>ns</u>	<u> ▶</u>	4,578,156.	L <u>-</u>		<u>4,578,15</u> 6

Part ² IX Statement of Functional Expense	es			
Section 501(c)(3) and 501(c)(4) organizations mu	ust complete all colum	ns All other organizati	ions must complete co	lumn (A).
Check if Schedule O contains a resp	onse or note to any lir	ne 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			British to the state of the sta	
and domestic governments See Part IV, line 21	3,545,379	3,545,379.		
2 Grants and other assistance to domestic				
ındıvıduals. See Part IV, line 22			1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Lander Control
3 Grants and other assistance to foreign	Ì			
organizations, foreign governments, and foreign				K
individuals. See Part IV, lines 15 and 16			ing with the second sec	
• 4 Benefits paid to or for members			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Compensation of current officers, directors,				
trustees, and key employees	260,419		260,419.	
6 Compensation not included above to disqualified	ļ		j]
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages			· · · · · ·	
8 Pension plan accruals and contributions (include	1			ĺ
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	_ 	<u> </u>		<u> </u>
10 Payroll taxes		·		
11 Fees for services (nonemployees).				
a Management				
b Legal	181		181.	
c Accounting	5,600.		5,600.	
d Lobbying	<u> </u>		21 2	
e Professional fundraising services See Part IV, line 17.		A Stanton A Sola	$\frac{1}{r} = \frac{32}{4} \frac{52}{4} \frac{52}{4} \frac{3}{4} = \frac{1}{12} \frac{3}{4} = \frac{1}{12} \frac{1}{12} \frac{3}{4} = \frac{1}{12} 3$	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion		•		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
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	i unh			
24 Other expenses Itemize expenses not covered	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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)	ر الله الله الله الله الله الله الله الل		The state of the state of	A Marie Town Street, Marie Control of the Control o
a				
b				
c				
d			•	
e All other expenses	44,739.		44,739.	
25 Total functional expenses Add lines 1 through 24e	3,856,318.	3,545,379.	310,939.	NON
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				

following SOP 98-2 (ASC 958-720)

_	n 990 (:				Page 11
Pa	irt X				
		Check if Schedule O contains a response or note to any line in this P	'art X		<u></u>
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	982.	1	204.
	2	Savings and temporary cash investments		2	3,271,583.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	1 1 3 3 3 3 3 1 1 1 1 2 2 3 1 4 1 1 1 1 2 1 3 1 4 1 1 1 1 2 1 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 5 5 A	الرابا والأمهوا أرابك مشري
	•	trustee, key employee, creator or founder, substantial contributor, or 35%		F	
		controlled entity or family member of any of these persons		5	AND THE PARTY OF T
	6	Loans and other receivables from other disqualified persons (as defined		} , k, s.	
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	A h construction of the second
10	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other	*********	1 125 K's 3 13 K N	A THE RESERVE OF THE PARTY OF T
	104	basis. Complete Part VI of Schedule D 10a			
	h	Less. accumulated depreciation 10b	defection of the second	10c	
	11	Investments - publicly traded securities	53,410,799.	11	52,803,238.
	12	Investments - other securities. See Part IV, line 11		12	19,548,112.
	13	Investments - program-related. See Part IV, line 11		13	= <u>-,</u> ,
	14	Intangible assets	-	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	74,742,335.	16	75,623,137.
_	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
"	22	Loans and other payables to any current or former officer, director,	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11-,',	(1.5 to 1.5 to 1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		,	
ij		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE		NONE
		Organizations that follow FASB ASC 958, check here ▶	1 - k - 2 k - 3 k - k - 1 k - 2 k -	, , , , , , , , , , , , , , , , , , ,	31 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nce.		and complete lines 27, 28, 32, and 33.	and the same of th	-	1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
ala	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions	73 3 3 3 3 3	28	lyndra giral giral
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.	was before a management to the management and the m		
0	29	Capital stock or trust principal, or current funds	74,742,334.	29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	1.	31	75,623,137.
<u>e</u>	32	Total net assets or fund balances	74,742,335.	32	75,623,137.
	33	Total liabilities and net assets/fund balances	74,742,335.	33	75,623,137.

Form **990** (2019)

Form 99	0 (2019)			Pa	ge IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	<u>. X </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>578,:</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	<u>856,3</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		721,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,	742,	
5	Net unrealized gains (losses) on investments	5		124,	<u> 578.</u>
6	Donated services and use of facilities	6	_		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		34,	<u> 286.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	75,	<u>623, </u>	<u> 137.</u>
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u>.</u>		Щ.
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	pıled	or		
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			_	
b	Were the organization's financial statements audited by an independent accountant?		2t	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove				
	the audit, review, or compilation of its financial statements and selection of an independent accountary			-	1
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	on		1
	Schedule O.			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t			v
	Single Audit Act and OMB Circular A-1337		<u>3</u> 8	-	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .	<u> 3t</u>	m 990	(2015)
			For	m コゴリ	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs gov/Form990for instructions and the latest information.

Inspection

OMB No 1545-0047

Nam	lame of the organization Employer identification number						
PA	ULINE MCFARLIN MEMORIA	AL TRUST 486	005AC5			73-6	5202627
Pa	rt I Reason for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	art.) See instructions	S
The	organization is not a private four	ndation because it	is: (For lines 1 through	1 12, che	eck only	one box.)	
1	A church, convention of ch	urches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii).	. (Attach Schedule E (Form 99	0 or 990	O-EZ).)	
3	A hospital or a cooperative	hospital service or	ganization described	ın sectio	n 170(b))(1)(A)(iii).	
4	A medical research organiz	ation operated in o	conjunction with a hos	pital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and si						
5	An organization operated		a college or universit	y owner	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local government	=					
7	An organization that norm	-	•	pport fr	om a go	vernmental unit or fr	om the general public
_	described in section 170(b						
8	A community trust describe						
9	An agricultural research org	=					-
	or university or a non-land-ç	grant college of ag	riculture (see instruction	ons). Ent	er the na	ame, city, and state of	the college or
10	university:	11			f=====================================		
10	An organization that norma receipts from activities relassupport from gross investmacquired by the organization	ted to its exempt for ent income and ur	unctions - subject to c orelated business taxa	ertain ex ble incor	ceptions me (less	, and (2) no more tha section 511 tax) from	n 331/3% of its
11	An organization organized a	•		· ·			
12	X An organization organized		•				
	of one or more publicly su						
	Check the box in lines 12a t	_				•	
а		· · · · · · · · · · · · · · · · · · ·		-			
	the supported organization		-		jority of	tne directors or truste	es of the
b	supporting organization. \ Type II. A supporting org	•			with ito	cupported organizati	on/a) by bouing
U	control or management of					- · · ·	
	organization(s). You must	,	•	30111	c persor	is that control of that	age the supported
С				ted in co	onnectio	n with, and functional	Ilv integrated with.
	its supported organization						,,
d	. [77]		· ·				ted organization(s)
	that is not functionally int	egrated. The organ	nization generally mus	t satisfy	a distribi	ution requirement and	an attentiveness
	requirement (see instructi	ons). You must co	mplete Part IV, Secti	ons A aı	nd D, and	d Part V.	
е	Check this box if the orga	nization received a	written determination	n from th	ne IRS th	at it is a Type I, Type I	I, Type III
	functionally integrated, or		, .	_	-		
f	Enter the number of supported						<u>2</u>
<u>g</u>	Provide the following informati						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
(A)	SEE PART VI						
(B)							
(C)							
(D) ——							
(E)							
Tota	al						
			L				L

	~
ane.	_

Schedule A (Form 990 or 990-EZ) 2019						Pa
Part II Support Schedule for Org (Complete only if you checke Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
Section A. Public Support						N/A
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total

<u> Jeci</u>	ion A. Fublic Support						11/11
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				
	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3	7 E B	,	******	2 1 2 13 5	ا ای چار د	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	[has] [n] [s] [has] [s] [h]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[] [] [] [] [] [] [] [] [] []	张门联的原始的	
Sect	ion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			~
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	2 2 2 2 2 2 2			H PATE ALE		
12	Gross receipts from related activities, etc. (s					12	·,
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	· · · · · · · <u>·</u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sect	ion C. Computation of Public Sup			•		44	
14	Public support percentage for 2019 (I	ine 6, column (f) divided by line	11, column (f)).		14	%
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	<u> </u>
16a	331/3% support test - 2019. If the or						heck this
_	box and stop here. The organization of	jualifies as a pul	olicly supported	organization.			►
b	331/3% support test - 2018. If the or						
17-	this box and stop here. The organization 10%-facts-and-circumstances test -						
1/a							
	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						
ь	10%-facts-and-circumstances test -						
,	15 is 10% or more, and if the org						
	Explain in Part VI how the organizati						
	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						
_						Schedule A (Form 99	

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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.)

Sect	ion A. Public Support						N/A
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						1
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .	· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the			}	ļ	j	1
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the						
	organization without charge					ļ	<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			!			
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)				<u> </u>	<u>L.—</u> —	<u> </u>
	ion B. Total Support			1			
alen	dar year (or fiscal year beginning in)	(a) 201 <u>5</u>	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b				 	 	
11	Net income from unrelated business		-				
• •	activities not included in line 10b, whether			١.			
	or not the business is regularly carried on						
• •	·ſ		·		 		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 				
	and 12.)				ĺ		[
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd. third. fourth	or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop here .	-			-		
Sect	ion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Sched	ule A, Part III, Iir	ne 15			16	%
	ion D. Computation of Investment						
	Investment income percentage for 2019 (lin			13. column (f))		17	%
	Investment income percentage from 2018 S		•			18	%
	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2018. If the orga		-			-	
-	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization d		•	-			. —
<u> </u>	The state of the s			.,,,		Cabadula A /Farm	

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 Organization	S
--	---

	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	4 4 4 4 4	X	The state of the s
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	7.7.7.2	X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	٠ <u>.</u>	X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	7, 7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	*
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ر از	2542-3
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		1 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section .170(c)(2)(B) purposes.	4c	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	, ii, ",	1, 5, 7
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	- '	21 - 3
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		, ','' , '	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1,72		alian.
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		**************************************	1
7		6 *;;;*	x ¹	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7)) S 	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	أنتث	<u>X</u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes;" provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	# 3 1 1 # 3 1 3 % 4 1	X
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	HOLANDO.	X
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	; 3; 4: ; ; 3; 4: ; ; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1;	X
b	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.)			**************************************

	le A (Form 990 or 990-EZ) 2019	Pag	je 5
Part	Supporting Organizations (continued)	- I.	_
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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?	3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	VO.
c	A family member of a person described in (a) above? 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.	11b	X X X
Secti	on B. Type I Supporting Organizations N/A		_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes	No.
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	A MANAGET TAKE
Section	on C. Type II Supporting Organizations N/A		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes N	10
Section	on D. All Type III Supporting Organizations		_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	Yes N	lo
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	7, s	Total at the methods
Section	on E. Type III Functionally Integrated Supporting Organizations N/A	•	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below 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		
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	lo
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Francisco Control
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . 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? <i>Provide details in Part VI.</i>	3a	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	, ,

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedu	Schedule A (Form 990 or 990-EZ) 2019 Page 7						
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		<u> </u>	Current Year			
1_	Amounts paid to supported organizations to accomplish ex		·	3,545,379.			
2	Amounts paid to perform activity that directly furthers exer	ted ,	,				
	organizations, in excess of income from activity	·					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·				
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			3,545,379.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			3,545,379.			
9 -	Distributable amount for 2019 from Section C, line 6			2,802,403.			
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		1.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2,802,403.			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.	The state of the s					
_3	Excess distributions carryover, if any, to 2019	The " " " " " " " " " " " " " " " " " " "	Sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1)、(1)、(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
a	From 2014 NONE	$\left\{ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\frac{(1/n)^{1/2}}{(1-n)^{1/2}} = \frac{(1/n)^{1/2}}{(1-n)^{1/2}} \frac{(1/n)^{1/2}}{(1-n)^{1/2}$	3.25 F. 1.15 A.15 1.35 1.35 1.35 1.35 1.35 1.35 1.35 1			
b	From 2015 NONE	Part of the state					
С	From 2016 NONE	Jan Jan Land Control of the Control	1				
d	From 2017 521,845.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 4 4 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
е_	From 2018 3,543,451.	$\sum_{j=1}^{k} \omega_{j}^{j}(j) = -\frac{1}{2} \frac{1}{4} \frac{2}{2} \frac{p_{j}^{j}}{p_{j}^{j}} + \frac{1}{2} \frac{2}{2} \frac{1}{2} \frac{1}{4} \frac{1}{4} \frac{1}{2} \frac{1}{4} \frac{1}{4$					
f	Total of lines 3a through e	4,065,296.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
g_	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠,	The state of the s			
<u>h</u>	Applied to 2019 distributable amount	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1, 12 1, 13	2,802,403.			
_ <u>i</u>	Carryover from 2014 not applied (see instructions)		12 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1,262,893.	3 - 13 - 14 - 1 - 14 - 1 - 14 - 1 - 14 - 1 - 1	1 - 1 - 2 - 3 - 4 - 1 - 1 - 1 - 3 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
4 .	Distributions for 2019 from						
	Section D, line 7 \$ 3,545,379.		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a_	Applied to underdistributions of prior years	$ \begin{cases} \frac{1}{2} \frac{1}{n} & \frac{1}{n} \frac{1}{n} \frac{1}{n} = \frac{1}{n} \frac{1}{$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b_	Applied to 2019 distributable amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ab			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4.	3,545,379.	墨马蓬克斯克纳克克				
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result		•				
	greater than zero, explain in Part VI. See instructions.	The state of the s	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of the s			
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.	7 (\$ 0 () () () () () () () () () (The second of th	5,5 s j 1 1 1 1 7 25 3 5 5 15 15 1 1 1 1 1 1			
7	Excess distributions carryover to 2020. Add lines 3j	4 000 070					
-	and 4c.	4,808,272.	Control of the contro	* 11 77 10 11 12 13 13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			
8	Breakdown of line 7:	1 "32 3 32" a 1 1 " " a 1 3 " a 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The second of th				
_ <u>a</u>	Excess from 2015		, × 1,1,1	8 (2 (1798) TO AM (2 188 7) 1 M			
<u>b</u>	Excess from 2016		100 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
c _	Excess from 2017	The state of the s	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1 30 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
d_	Excess from 2018 1,262,893 .						
e_	Excess from 2019 3,545,379.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 14 14 14 2 2 2 2 1 1 1 1 1 1 2 2 2 2 1 1 1 1	15 1 15 15 15 15 15 15 15 15 15 15 15 15			

Schedule A (Form 990 or 990-EZ) 2019

The officers, directors, and trustees of the supported organizations h ave a significant voice in the investment policies of the supporting o
ave a significant voice in the investment policies of the supporting o
rganization through annual meetings and regular communications regardi
ng the supporting organization's investments and plans for distributio
ns.
SECTION D, LINE 2
The trustees are on the Board of Tulsa University. The organization ma
intains a close and continuous working relationship with Holland Hall
through frequent meeting regarding distributions received from the tru
st. In addition, monthly statements are provided regarding the transac
tions in the trust.
Part V Section D Line 8
See Attached

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,

age 8

3,545,378.

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NONE

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART I (q) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: HOLLAND HALL EIN: 73-0527459 TYPE OF ORGANIZATION FROM PART I: 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES NAME OF SUPPORTED ORGANIZATION: UNIVERSITY OF TULSA EIN: 73-0579298 TYPE OF ORGANIZATION FROM PART I: 5 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 1,772,689.

TOTAL SUPPORT:

TOTAL OTHER SUPPORT:

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs gov/Form990for instructions and the latest information. Open to Public Inspection

Name	of the organization		Employer identification number
PAU	LINE MCFARLIN MEMORIAL TRUST 4860	05AC5	73-6202627
Pa	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds of	or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
9	funds are the organization's property, subject to the		
c	Did the organization inform all grantees, donors, a		
6	only for charitable purposes and not for the bene-		
	conferring impermissible private benefit?		
Do			
Pa	t II Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the		
1	_ 		of a historically important land area
	Preservation of land for public use (for example		of a certified historic structure
	Protection of natural habitat	Freservation	TOTA CERTITIES THISTOTIC STRUCTURE
_	Preservation of open space	ald a supplified appropriation contribution i	in the form of a concentation
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		<u>2b</u>
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (d		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	
	and section $170(h)(4)(B)(u)^{7}$		
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue an	id expense statement and
	balance sheet, and include, if applicable, the text of		cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ts held for public exhibition, education to its financial statements that describes	these items.
b	If the organization elected, as permitted under F.		
D	art, historical treasures, or other similar assets he	ld for public exhibition, education, or re	esearch in furtherance of public service,
	provide the following amounts relating to these ite	ms:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of a	rt, historical treasures, or other similar	r assets for financial gain, provide the
_	following amounts required to be reported under F		- · · ·
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	Panaguark Reduction Act Notice see the Instructions for		

Sche	dule D (Form 990) 2019									Page 2
Pa	rt III Organizations Maintainir	ng Collections o	f Art, Histo	rical Tre	easures,	or Other	Similar A	Assets (d	continue	
. 3	Using the organization's acquisition									
	collection items (check all that appl				•		J	_		
а	Public exhibition		a [Loan	or exchai	nge progra	m			
b	Scholarly research		e	Other						
C	Preservation for future genera	ations	_	_						
4	Provide a description of the organ		ns and expl	ain how	they furt	ther the or	ganization	's exemp	t purpose	ın Part
	XIII.									
5	During the year, did the organization	n solicit or receive	donations	of art, hist	torical tre	easures, or	other sımı	lar		
	assets to be sold to raise funds rath-	er than to be mair	ntained as pa	art of the	organiza	tion's colle	ction?	[Yes	No
Pa	rt IV Escrow and Custodial Ar	rangements.				·	_			
	Complete if the organizat	ion answered "Y	es" on Fori	m 990, F	Part IV, I	ıne 9, or ı	reported a	ın amour	nt on Fo	rm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee								_	
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the foll	lowing tal	ble:					
								Amount		
C	Beginning balance				[1c	_			
d	Additions during the year				[1d				
е	Distributions during the year					1e			**	
f	Ending balance					1f				
	Did the organization include an amo								Yes	∐_ No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the exp	olanation	has beer	provided	on Part XII	<u> </u>	<u> </u>	
Pa	rt V Endowment Funds.		·		5 IV 1	40				
	Complete if the organizati				-		T			
	-	(a) Current year	(b) Pric	or year	(c) Iwo	years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				-		<u> </u>		-	
b	Contributions		_		 		 			
C	Net investment earnings, gains,									
	and losses		-		 _	_	 			_
	Grants or scholarships			_	 		 			
е	Other expenditures for facilities									
	and programs		<u> </u>		 		 			
f					 		 			_
g	End of year balance L		<u> </u>		<u> </u>					
2 a	Provide the estimated percentage o Board designated or quasi-endowment			(line 1g,	column	(a)) held as	3.			
a	Permanent endowment	%	 ′°							
·	The percentages on lines 2a, 2b, an	*-	100%							
3a	Are there endowment funds not in t	·		tion that	are held	and admin	istered for	the		
-	organization by.	and possession of	ine organiza		0.0	0.10 00	1010100 101		Y	'es No
	(i) Unrelated organizations								3a(i)	_
	(ii) Related organizations								3a(ii)	_
b	-								3b	
4	Describe in Part XIII the intended us	_								
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organizati									
	Description of property		or other basis estment)		or other bas other)		cumulated reciation	(d	l) Book valu	16
1a	Land		· · ·	1						
b	Buildings									
C	Leasehold improvements									
d	Equipment									
	Other									
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	///	200 0	V 1	/D1 !:	40.1				

Schedule D (Form 990) 2019

Page 3

Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial derivatives		COST	
(2) Closely held equity interests		COST	
(3) Other			
(A) CHAPMAN HEDGED LLC	5,471,801.	COST	
(B) PRIVATE EQUITY	7,315,399.	COST	
(C) CHAPMAN REAL ASSETS LLC	6,760,873.	COST	
(D) CHAPMAN OPPORTUNISTIC LLC	39.	COST	_
(E)			
(F) (G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	19,548,112		
Part VIII Investments - Program Related.	17,340,112	<u> </u>	
Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on
la)		Cost of the of-year marke	
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total (Column(b) must equal Form 990, Part X, col (B) line 13).			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	scription		(b) Book value
(1)	<u> </u>		
(2)			<u>-</u>
(3)			
(4)		<u>'</u>	
(5)			
(6)			
(7)			- .
(8)			
(9)	. 45.1		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
line 25.	una af habile	· · · · · · · · · · · · · · · · · · ·	/LA David and a
<u> </u>	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(4)		-	
		•	
(5) (6)			
TO I			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8)			at reports the

Schedu Part	ie D (Form 990) 2019 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur		Page
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	п.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_
- а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	11	
e	Add lines 2a through 2d	2e	•
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
_	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
4	Total expenses and losses per audited financial statements	1	
1			 -
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities]]	
a	Donate Control and Cooperation Control	1 1	
b	Thoryear adjustments	1 1	
C .	Other leases in the contract of the contract o	†	
d	Other (Describe in Fart XIII.)	2e	
е	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	·
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
:; Pari	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; I XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
			-
			
		•	

Schedule D (1 0)	m 990) 2019	<u> </u>		Page 5
Part~XIII	Supplemental Information (continued)			
<u></u>				
				
		<u></u>	 _	
	· · · · · · · · · · · · · · · · · · ·			
		 -		
				
				
				
	<u></u>			

			<u></u>	
				
				

Employer identification number 73-6202627 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990for the latest information. ▶ Attach to Form 990. PAULINE MCFARLIN MEMORIAL TRUST 486005AC5 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

2 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

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.
--

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 1						<u>.</u>	
(2)							
(3)							
(4)							
(5)							
(9)							
(7)						1: -: -: -: -:	
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	government o	rganizations list	organizations listed in the line 1 table			A : : : : : : : : : : : : : : : : : : :	2
3 Enter total number of other organizations listed in the lir	ed in the line	1 table	ne 1 table			•	
For Paperwork Reduction Act Notice, see the Instructions for Form	ons for Form 9	990.				Sche	Schedule I (Form 990) (2019)

9E1288 1 000 JSA

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance THIS ENTITY WORKS CLOSELY WITH THE ORGANIZATIONS IT SUPPORTS. THUS IT IS CONSTANTLY AWARE OF THE USE OF GRANT FUNDS (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2019) N/APart III ~ ო 4 വ 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990for the latest information.

Open to Public Inspection

OMB No 1545-0047

PAULINE MCFARLIN MEMORIAL TRUST 486005AC5	73-6202627
ADDITIONAL TEXT TO BE ADDED TO SCHEDULE R ENTRY FOR BOK.	
INSTITUTIONAL TRUSTEE ALSO SERVES AS SOLE TRUSTEE ON APPROXI	IMATELY
40 CHARITABLE TRUSTS UNRELATED TO THIS FILING ORGANIZATION.	
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	/IEW
PREPARED INTERNALLY AND REVIEWED JOINTLY BY TRUSTEES.	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 9	
FREDERIC DORWART 124 E 4TH ST TULSA, OK 74103	
FORM 990, PAGE 6, PART VI, LINE 15a	
THERE ARE NO EMPLOYEES COMPENSATED. THE ONLY COMPENSATION F	FROM THE
ENTITY IS THE INSTITUTIONAL AND INDIVIDUAL TRUSTEE FEES.	
FORM 990, PAGE 6, PART VI, LINE 18	
THE ORGANIZATION MAKES ITS FORMS 990 AND 990-T AVAILABLE TO	THE
PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE CARE OF BA	ANK OF
OKLAHOMA, N.A.	
FORM 990, PAGE 6, PART VI, LINE 19	
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF	
INTERESTPOLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC	C UPON
REQUEST AT THE ORGANIZATION'S OFFICE CARE OF BANK OF OKLAHO	DMA, N.A.
FORM 990, PAGE 7, PART VII, SECTION A	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PAULINE MCFARLIN MEMORIAL TRUST 486005AC5	Employer identification number 73 - 6202627
BANK OF OKLAHOMA - 40 HOURS PER WEEK. FREDERIC DORWART 40 H	OURS PER
WEEK IN CONJUNCTION WITH STAFF MEMBERS	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
UNREALIZED GAINS & LOSSES FROM PASS-THROUGH ENTITIES AND NO	N-TAXABLE
INCOME (MUNICIPAL INTEREST & PRINCIPAL DISTRIBUTIONS)	
	-
·	
· ·	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury

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2

3

3

9

(9)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Go to www irs.gov/Form990for instructions and the latest information. ► Attach to Form 990.

No 1545-0047	2019	en to Public
OMB No	2	Open

Employer identification number 73-6202627

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity PAULINE MCFARLIN MEMORIAL TRUST 486005AC5 Part 11 Part |

(g) Section 512(b)(13) controlled entity? S Yes (f) Direct controlling Public charity status (if section 501(c)(3)) • (d)
Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT € 2 (2) 9 S (3)

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

Schedule R (Form 990) 2019

Schedule R (Fr	Schedule R (Form 990) 2019 Part III Identification of Related Organizations Taxable abecause it had one or more related organizations	ted Organizations	Taxable		vip. Complete artnership du	e if the	organization s tax year.	is a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	" on Forr	1 990, Part IV, 73-	rt IV, line 34, 73-6202627		Page 2
Nar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	ant aated, d, rrom 3r	(f) Share of total income	(g) Share of end-of- year assets	(h Duspropor allocati	Code V - amount in of Schedu (Form 10	General or managing partner?		(k) Percentage ownership
E									Yes		Xes L	9	
(2)												ļ	
(3)													
(4)									_				
(2)													
(9)												<u> </u>	
(7)					:								
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations d one or more rela	s Taxable ated organ	as a Corporat nizations treate	ion or Trust.	. Compl	ete if the org	lanization answ g the tax year.	ered "Ye	s" on Form 99	0, Part	۱۷,	
	(a) Name, address, and EIN of related organization	a) I of related organization		(b) Primary activity	(c) Ctivity Legal domicile (state or foreign country)		(d) Direct controlling entity (((e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		Percentage Section 512(b)(13) connership controlled entity?	(I) Section (12(b)(13) controlled entity?
												٦	Yes No
(1)													
(2)													
(3)						_					_		-

Schedule R (Form 990) 2019 **4** (2) (9)

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

N. 4. C			Yes No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s)	more related organizations listed in Parts II-IV?	ed in Parts II-IV?	
g Sale of assets to related organization(s)			1
k Lease of facilities, equipment, or other assets from related organization(s)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 p Reimbursement paid to related organization(s) for expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete (a) Name of related organization	this line, including (b) Transaction	covered relationships and transaction thresholds. (c) Amount involved Method of detern	action thresholds. (d) Method of determining
(1)	type (a-s)		amount involved
(2)			
(4)			
(6) Asu		ď	Schedule R (Form 990) 2019
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2587 9078 11/01/2021	34		

Page 4

Schedule R (Form 990) 2019

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

73-6202627

(k) Percentage ownership Schedule R (Form 990) 2019 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (J) General or 1 managing partner? Yes No (ı)
Code V - UBI
amount ın box 20
of Schedule K-1
(Form 1065) (h) Disproportionate allocations? å Yes (g) Share of end-of-year assets (f) Share of total income Predominant Are all partners income (related, section from tax under percentant ax under sections 512-514) Yes No (c)
Legal domicile
(state or foreign
country) (b) Primary activity (a) Name, address, and EIN of entity 8 2 10 (12) (13) (14) (15) (16) 3 3 9 (7) 6 2 Ξ

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Schedule R (Fo	rm 990) 2019	Page 5
Part VII	Supplemental Information	
rait VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	 	
		
	<u> </u>	
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Schedule R (Form 990) 2019

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990

Name of entity: JA & LETA CHAPMAN TRUST GENERAL

Name of entity continued: 48-6001A-C-4

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6113144
Primary Activity: SUPPORT CHARITIES

Legal domicile state:OK

Exempt code section:501(C)(3)
Public charity status:509(A)(3)
Direct controlling entity:N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: JA & LETA CHAPMAN CHARITABLE TRUST

Name of entity continued: 48-6002-AC-2

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6112228
Primary Activity: SUPPORT CHARITIES

Legal domicile state: OK

Exempt code section:501(C)(3)
Public charity status:509(A)(3)

Direct controlling entity:N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: CHAPMAN, LETA MCFARLIN MEMORIAL TRUST

Name of entity continued: 48-6003-AC-0

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6187204 Primary Activity: SUPPORT CHARITIES

Legal domicile state:OK

Exempt code section:501(C)(3)
Public charity status:509(A)(3)

Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: COWLES MEMORIAL TRUST Name of entity continued: 48-6004-AC-8

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6198782

Primary Activity: SUPPORT CHARITIES

Legal domicile state:OK

Exempt code section:501(C)(3)
Public charity status:509(A)(3)

Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: JAMES A & LETA CHAPMAN TESTAMENTARY TRUST

Name of entity continued: 48-6006-AC-3

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6113144

Schedule R (Form 990) 2019

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990 (Cont'd) ______

Primary Activity: SUPPORT CHARITITES

Legal domicile state:OK Exempt code section:501(C)(3) Public charity status:509(A)(3) Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: MCFARLIN, IDA M MEMORIAL TRUST

Name of entity continued: 48-6010-AC-5

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6090485 Primary Activity: SUPPORT CHARITIES

Legal domicile state:OK Exempt code section: 501(C)(3) Public charity status: 509(A)(3) Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: MCFARLIN, R M & IDA M MEMORIAL TRUST

Name of entity continued: 48-6011-AC-3

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6111733 Primary Activity: SUPPORT CHARITIES Legal domicile state:OK

Exempt code section:501(C)(3) Public charity status: 509(A)(3) Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: CHAPMAN ENDOWMENT TRUST Name of entity continued: 48-6012-AC-1

Address of Entity: PO BOX 1620, TULSA, OK 74101-1620

Employer ID Number: 73-6109142 Primary Activity: SUPPORT CHARITIES Legal domicile state:OK Exempt code section:501(C)(3)

Public charity status: 509(A)(3) Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No

Name of entity: HOLLAND HALL

Address of Entity: 5666 EAST 81ST STREET, TULSA, OK 74137

Employer ID Number: 73-0527459 Primary Activity: SCHOOL

Exempt code section:501(C)(3)

Sec. 512(b)(13) Controlled Entity: No

Name of entity: UNIVERSITY OF TULSA

Address of Entity: 800 S TUCKER DRIVE, TULSA, OK 74104

Schedule R (Form 990) 2019

73-6202627

Schedule R (Form 990) 2019

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990 (Cont'd)

Employer ID Number: 73-0579298

Primary Activity: SCHOOL

Exempt code section:501(C)(3)

Sec. 512(b)(13) Controlled Entity: No