

	-		** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	" 9	90	C .		2023
Depa	rtment	of the Treasury		•	Open to Public
Interi	nal Reve	nue Service	,		Inspection
					tion number
D (pplicab	la.	•	D Employer identifica	
	Nome Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundational Do not enter social security numbers on this form as it may be made public. To the 2023 Calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 Descent Descent Security of the social security numbers on this form as it may be made public. To the 2023 Calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 Descent Security of the social security numbers on this form as it may be made public. To the 2023 Calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 Descent Security of the social security numbers on this form as it may be made public. To the 2023 Calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 Descent Security of the social security numbers of the social security numbers of the social security numbers and steed (or P.0. box if mail is not delivered to street address) 100 NORTH UNIVERSITY DRIVE Descent memory of the social security numbers of the social security numbers of the social security numbers of the social social province, country, and 2IP or foreign postal code EDMOND, OK 73034 Descent memory of the social socis social social social social social social social soc				
		Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Do in enter social sectivity numbers on this form as it may be made public. Co to www.ira.gov/Form900 for instructions and the latest information. Dom Statestics 2023 0 e 2023 calendar year, or tax year beginning UNI STATESTTY OF CENTRAL OKLAHOMA FOUNDATION Doing business as Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and address of principal officer. ALLEN WRIGHT SAME AS C ABOVE D street address in the street address in the street address in the street address in the street in the str			
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_	ated	City or to		G Gross receipts \$	10,586,820.
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	tion				
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	1	-	e the organization's mission or most significant activities: FUNDING O	F COLLEGE SCHO	DLARSHIPS
S	·				
1 Briefly describe the organization's mission or most significant activities: AND SUPPORT OF UNIVERSITY PROGRAMS. FUNDING OF COLLEGE SCHOLARSHIPS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)					ts.
Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)					50
es 8	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		•
vitio	6	Total number	of volunteers (estimate if necessary)		
Acti					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
		O set its times			
an					
ven		0			
Re					
					9,581,830.
				9,713,588.	
	14	Benefits paid t		0.	
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		
nse	16a	Professional fu	SITY OF CENTRAL OKLAHOMA 73-6108032 Istreet (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Atte or province, country, and ZIP or foreign postal code 6 crossreceipts \$ 10,586,8: , OK 73034 Hail Is this a group return ddress of principal officer: ALLEN WRIGHT For subordinates' // Ves \$ C ABOVE H(b) Are all subordinates included? Ves \$ 0510(13) 501(c) (insert no.) 4947(a)(1) or \$ NTRALCONNECTION.ORG H(c) Group exemption number Corporation Trust Association 0 the organization discontinue di soperations or disposed of more than 25% of its net assets. members of the governing body (Part VI, line 1a) 3 order toting members of the governing body (Part VI, line 1a) 4 olividuals employed in calendar year 2023 (Part V, line 2a) 5 oluverse (setimate if necessary) 5 siness taxable income from Form 990-T, Part I, line 11 9, 713, 397. 0. 71, 127, 681. 3, 223, 61 1 tylic column (A), lines 3, 4, and 70) 1, 127, 681. 3, 223, 61 1 tylic column (A), lines 3, 62, app. 6 9, 713, 588. 2, 953, 01 or members (Par	0.	
xpe	b			Jum of Organization Exempt From Income Tax OMB R0 18450047 n 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation). Demonstrate Security numbers on this form as it may be made public. Go to www.irs.gov/Form900 for instructions and the latest information. Demologitation (Control	
ш	17				
		Revenue less			
ts o		Tatal agasta (F	—		
18 Total expenses. Add line 19 Revenue less expenses. 19 Revenue less expenses. 10 Total assets (Part X, line 11 Total liabilities (Part X, line 11 Total assets or fund balar					
Net ,	22				
Und	er pen	-		nents, and to the best of my k	nowledge and belief, it is

Sign	Signature of officer		Date
Here	ALLEN WRIGHT, PRESIDENT		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JENNIFER LINDSTROM	JENNIFER LINDSTROM	05/13/25 self-employed P02083973
Preparer	Firm's name ARLEDGE & ASSOCIA	TES, P.C.	Firm's EIN 73-1185089
Use Only	Firm's address 832 NW 70TH ST		
	OKLAHOMA CITY, OK	73116	Phone no. $405 - 348 - 0615$
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-21-23	Form 990 (2023)

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

Form **990** (2023)

orm	UNIVERSITY OF CENTRAL OKLAHOMA 990 (2023) FOUNDATION 73-6108032 Page
_	t III 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:
	FUNDING OF COLLEGE SCHOLARSHIPS AND SUPPORT OF UNIVERSITY PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
}	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.
Ļ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
a	(Code:) (Expenses \$4,370,839. including grants of \$2,953,075.) (Revenue \$60,636.
	PROVIDE GIFTS, SCHOLARSHIPS, AND ORGANIZATIONAL SUPPORT TO THE
	UNIVERSITY OF CENTRAL OKLAHOMA AND ITS STUDENTS.
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
с	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,370,839.
е	Total program service expenses 4,370,839. Form 990 (20

FOUNDATION

Part IV Checklist of Required Schedules

Form 990 (2023)

			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	X	
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		~
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/1		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	
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332003 12-21-23

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Form 990 (2023) FOUNDATION
Part IV Checklist of Required Schedules (continued)

73-6108032	Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	054		x
06	Schedule L, Part I	25b		
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 23
50	Nates All Forms 200 filese are required to complete Cohordula O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , ,	<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27		_	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)
	4			

	990 (2023) FOUNDATION 73-6108	032	P	_{age} 5
Par	t V 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 Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	37	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
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 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	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			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(0000)
332005	12-21-23	Form	220	(2023)

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332005 12-21-23

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FOUNDATION

Form 990 (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	50			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	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 read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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	/ befoi	e filing the form?	11a	Х	
b	Describe on 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 con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAK, AR, CA, FL, G					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d finan	cial	
	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 boo	ks an	d records			
	THE ORGANIZATION - 405-974-2770					
	100 NORTH UNIVERSITY DRIVE, EDMOND, OK7303412-21-23SEE SCHEDULE O FOR FULL LIST OF STATES			F .	000	(0000)
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	390	(2023)
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UNIVERSITY OF	CENTRAL	OKLAHOMA
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Form 990 (2		73-61
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

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(12) ALEXIS LOPRESTO 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (13) ANCEL AIRINGTON 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) ANDY MACAULAY 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (15) ANN BENJAMIN 1.00 X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0.	(11) SHEILA STINSON	1.00									
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(15) ANN BENJAMIN 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) BRIAN DOWNS 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) CANDACE HOBBS 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.	(14) ANDY MACAULAY	1.00									
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1:00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) CANDACE HOBBS 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.	(15) ANN BENJAMIN	1.00									
TRUSTEE X 0. <th< td=""><td>TRUSTEE</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	TRUSTEE		Х						0.	0.	0.
(17) CANDACE HOBBS 1.00 X 0. <td>(16) BRIAN DOWNS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) BRIAN DOWNS	1.00									
TRUSTEE X 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
	(17) CANDACE HOBBS	1.00								_	_
	TRUSTEE		Х						0.	0.	0. Form 990 (2023)

332007 12-21-23

Form **990** (2023)

FOUNDATION

Form 990 (2023) FOUNDATI	ON								73-6108	032	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)		,					(D)	(E)		=)
Name and title	Average hours per week	er (do not check more that box, unless person is b					n an	Reportable compensation from	Reportable compensation from related	Estin amou	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compe from organ	nsation 1 the ization elated
(18) CARLOS EVANS TRUSTEE	1.00	x						0.	0.		0.
(19) CASEY MOORE TRUSTEE	1.00	x						0.	0.		0.
(20) CYNTHIA QUICK BLACK TRUSTEE	1.00	x						0.	0.		0.
(21) DAVIS PURYEAR TRUSTEE	1.00	x						0.	0.		0.
(22) DENNIS MOUTRAY TRUSTEE	1.00	x						0.	0.		0.
(23) DERREK BELASE TRUSTEE	1.00	x						0.	0.		0.
(24) ERIC RUSSELL TRUSTEE	1.00	x						0.	0.		0.
(25) HEIDI RUSSELL TRUSTEE	1.00	x						0.	0.		0.
(26) JEANETTE NANCE TRUSTEE	1.00	x						0.	0.		0.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but in the second s	II, Section A		· · · · · · · · ·	<u></u>				0.0.0.	0. 0. 0.		0.0.
compensation from the organization										Y	0 es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•	•			•			3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," cor	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services	5	X
Section B. Independent Contractors 1 Complete this table for your five highest complete the	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ition from	
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin T		ear.	(0)	
(A) Name and business	s address	NC	ONE	2				(B) Description of s	ervices ((C) Compensa	ation
							_				
2 Total number of independent contractors (including but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organ SEE PART VII, SECTIO	ization				0)				Form 99	0 (2023)

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

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FOUNDATION

Form 990

Part VII Section A. Officers, Directors,		nplo	yee			ighe	est (· ,	()
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(c	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	_	Key employee	Highest com pensated em ployee	ar	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key ei	Highe	Former			
(27) JEFF COIL TRUSTEE	1.00	x						0.	0.	0
(28) JENNIFER SANCHEZ TRUSTEE	1.00	x						0.	0.	0
(29) JOHN BOBB-SEMPLE	1.00									
IRUSTEE (30) JONI MCCLAIN	1.00	X			_			0.	0.	0
IRUSTEE (31) KATE O'NEILL RAUBER	1.00	х						0.	0.	0
TRUSTEE		x						0.	0.	0
(32) KEVIN HILL TRUSTEE	1.00	x						0.	0.	0
(33) LEE BEASLEY	1.00				_				•	0
IRUSTEE		х						0.	0.	0
(34) MARILYN DAVIDSON	1.00							0	0	
TRUSTEE	1.00	Х			-+			0.	0.	0
(35) MARK HOLLAND TRUSTEE	1.00	x						0.	0.	0
(36) MATT BLUBAUGH TRUSTEE	1.00	x						0.	0.	0
(37) MEGAN WESTBROOK	1.00									
TRUSTEE		Х						0.	0.	0
(38) MIKE KLOIBER TRUSTEE	1.00	x						0.	0.	0
(39) MIKE STEFFEN	1.00									
TRUSTEE (40) PAIGE SHEPHERD	1.00	Х			_			0.	0.	0
TRUSTEE		х						0.	0.	0
(41) PATRICK MOK	1.00								0	0
TRUSTEE	1.00	Х			_			0.	0.	0
(42) PEGGY GEIB TRUSTEE	1.00	x						0.	0.	0
(43) SCOTT WAUGH	1.00									
	1 00	Х						0.	0.	0
(44) SHANE PATE TRUSTEE	1.00	x						0.	0.	0
(45) SHEELY DOUGLAS	1.00							•	•	0
TRUSTEE		x						0.	0.	0
(46) SHERRY BEASLEY	1.00									
TRUSTEE		х						0.	0.	0

332201 04-01-23

UNIVERSITY	OF	CENTRAL	OKLAHOMA
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Form 990 FOUNDATI	73-6108032									
Part VII Section A. Officers, Directors, Tru	Compensated Employe	es (continued)								
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				y)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) STACY BOZARTH TRUSTEE	1.00	x						0.	0.	0.
(48) TAMMY ALGER	1.00									
TRUSTEE		Х						0.	0.	0.
(49) TOM THOMPSON TRUSTEE	1.00	x						0.	0.	0.
(50) WILL GATTENBY TRUSTEE	1.00	x						0.	0.	0.
(51) VICTORIA CALDWELL TRUSTEE	1.00	x						0.	0.	0.
(52) DARREN HELM	0.00							0.	0.	0.
EMERITUS TRUSTEE		Х						0.	0.	0.
(53) GERRY PINKSTON	0.00									•
EMERITUS TRUSTEE		Х						0.	0.	0.
(54) JOSH MOORE EMERITUS TRUSTEE	0.00	x						0.	0.	0.
(55) KEITH KERSTEN	0.00	Δ						0.	0.	0.
EMERITUS TRUSTEE	0.00	x						0.	0.	0.
(56) LARRY WESTMORELAND	0.00							0	0	0
EMERITUS TRUSTEE	0.00	Х						0.	0.	0.
(57) RUTH BOSS EMERITUS TRUSTEE	0.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c										
Total to Fart VII, OccuoITA, IIIe To	<u></u>	1								

332201 04-01-23

UNIVERSITY OF CEN	TRAL OKLAHOMA
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			FOUNDATION				73-6108	032 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n G			Fundraising events 1c					
ar A			Related organizations 1d					
s, G			Government grants (contributions) 1e					
ri Si		f	All other contributions, gifts, grants, and					
ibui			similar amounts not included above 1f	6,297,374.				
d tr		g	Noncash contributions included in lines 1a-1f	20,671.				
<u>0</u> 6		h	Total. Add lines 1a-1f		6,297,374.			
				Business Code				
e	2	а	JAZZ LAB RENTAL	900099	60,636.	60,636.		
Program Service Revenue		b						
n S /eni		с						
grai Be		d						
ro		e						
-			All other program service revenue Total. Add lines 2a-2f		60,636.			
	3		Investment income (including dividends, intere					
	Ŭ		other similar amounts)		1,805,554.		33,676.	1771878.
	4		Income from investment of tax-exempt bond p		, ,		, ,	
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,423,256.					
		b	Less: cost or other basis					
anu			and sales expenses					
evenue		С	Gain or (loss)					
Re			Net gain or (loss)		1,418,266.			1418266.
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	٥		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	9	a	Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold)				
			Net income or (loss) from sales of inventory					
"				Business Code				
e ous	11	а						
Miscellaneous Revenue		b						
cell Seve		С					ļ	ļ
Nis B			All other revenue					
_			Total. Add lines 11a-11d		0 504 005	<u> </u>	22.675	24.0.04.4.4
	12		Total revenue. See instructions		9,581,830.	60,636.	33,676.	3190144.
33200	9 12	-21-	23					Form 990 (2023)

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UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,953,075.	2,953,075.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0 1	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management	33,825.		33,825.	
b		40,350.		40,350.	
C L	9 F	40,550.		40,550.	
d	, , , , , , , , , , , , , , , , , , ,				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	7,824.	7,548.	276.	
g		7,0240	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2700	
y	column (A), amount, list line 11g expenses on Sch 0.)	1,159,783.	512,872.	567,437.	79,474
12	Advertising and promotion	197,320.	48,561.	148,759.	, , , , , , , , ,
13	Office expenses	396,139.	259,870.	136,269.	
14	Information technology	117,315.	13,275.	104,040.	
15	Royalties				
16	Occupancy				
17	Travel	263,806.	226,352.	37,454.	
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	617.		617.	
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	38,840.		38,840.	
3	Insurance	6,449.	100.	6,349.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	TAX EXPENSE	1,858.		1,858.	
b	EXHIBITIONS, SHOWS, SPE	268,839.	164,108.	104,731.	
с	ATHLETIC UNIFORMS	141,822.	139,260.	2,562.	
d	PUBLIC SERVICE	108,842.	8,750.	100,092.	
е	All other expenses	60,209.	37,068.	23,141.	
5	Total functional expenses. Add lines 1 through 24e	5,796,913.	4,370,839.	1,346,600.	79,474
6	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 if following SOP 98-2 (ASC 958-720)				Form 990 (202

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Form 990 (2023)

Part IX Statement of Functional Expenses

UNIVERSITY	OF	CENTRAL	OKLAHOMA
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	FOUNDATION	
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	990 (/ t X	2023) FOUNDATION				73-	6108032 Page 11
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			209,344.	1	372,489.
	2	Savings and temporary cash investments	3,934,595.	2	13,600,472.		
	3	Pledges and grants receivable, net			1,050,684.	3	1,307,533.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				-	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	-	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	—		Γ		9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,222,671.			
	b		10b	884,380.	377,131.	10c	338,291.
	11	Investments - publicly traded securities			51,221,357.	11	46,332,887.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		E C		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			318,772.	15	346,309.
	16	Total assets. Add lines 1 through 15 (must equa			57,111,883.	16	62,297,981.
	17	Accounts payable and accrued expenses			1,771,878.	17	1,873,900.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			197,057.	20	136,679.
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D	2,997,882.	21	2,360,800.
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, page	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			4 0.00 010	25	4 201 200
	26	Total liabilities. Add lines 17 through 25			4,966,817.	26	4,371,379.
s		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			6 264 045		
alar	27			······	<u>6,364,045.</u> 45,781,021.	27	5,500,705. 52,425,897.
dB	28	Net assets with donor restrictions	45,781,021.	28	52,425,897.		
'n		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances	00	and complete lines 29 through 33.		00			
sts	29 20	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
∋tA	31	Retained earnings, endowment, accumulated inc		F	52,145,066.	31	57,926,602.
ž	32 22	Total net assets or fund balances			57,111,883.	32 33	62,297,981.
	33	Total liabilities and net assets/fund balances			57,111,003.	აა	Form 990 (2023

Form 990 (2023)

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Form	990 (2023) FOUNDATION	73-0	5108032	Page 12					
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI			X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>9,581</u> 5,796	<u>,830.</u>					
2									
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,145	-					
5	Net unrealized gains (losses) on investments	5	2,013	,455.					
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	-16	,836.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	57,926	,602.					
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form 990 (2023)

332012 12-21-23

SCHE	CHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047
(Form 9	90)			•					2022
				nization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
Department of Internal Reve	of the Treasury nue Service		At	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public Inspection
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization UNIVERSITY OF CENTRAL OKLAHOMA Employed							Employer	identification number	
	3-6108032								
Part I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1	A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school dese	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ı 990).)				
3	•	•		anization described in se			•		
4		-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
- 🔽	city, and state		with a banafit of a cal	llege or university owned			verementel	ait describe	
5 X			Complete Part II.)	liege of university owned	or operation	eu by a go	vernmentalu	nit describe	
6				nental unit described in	section 17	70(b)(1)(A)	(v)		
7	-		0	ntial part of its support fr			.,	ne general r	oublic described in
	0		omplete Part II.)		on a gore			ie general j	
8	-			(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	or
	university:								
10	0			than 33 1/3% of its supp				•	•
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	itter June 30, 1975.
11			mplete Part III.)	ively to test for public saf	otv Soo	section 50)Q(a)(4)		
12	•	-	-	ively for the benefit of, to	•			rry out the	purposes of one or
	•	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	oy its supp	ported org	anization(s), ty	pically by	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b			-	or controlled in connect			-		-
		0		anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	oorted
•	¬ ~	. ,	t complete Part IV,	g organization operated i		ion with a	and functional	lu intograto	d with
с	••	-	• • • •). You must complete F				ly integrate	a with,
d		•	.,.	porting organization operation			-	ted organiz	zation(s)
	_ ,,	-	• •	ation generally must sati				0	()
	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this	box if the orga	anization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·
_	er the number of		•						
	vide the followi (i) Name of suppo	<u> </u>	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))	165				
Total									

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

73-6108032 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4735581.	4274564.	18726950.	5718397.	6297374.	39752866.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots	1351614.	1256844.		1501354.	1588617.	7044634.	
4	Total. Add lines 1 through 3	6087195.	5531408.	20073155.	7219751.	7885991.	46797500.	
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)						8190554.	
	Public support. Subtract line 5 from line 4.						38606946.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	6087195.	5531408.	20073155.	7219751.	7885991.	46797500.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	946,783.	840,169.	1257060.	1471265.	1805554.	6320831.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	25,133.	76,990.	28,460.	37,808.	33,676.	202,067.	
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						53320398.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
_	organization, check this box and stop							
	ction C. Computation of Publi		-					
	Public support percentage for 2023 (I			column (f))		14	72.41 %	
	Public support percentage from 2022					15	72.12 %	
16 a	33 1/3% support test - 2023. If the o	•		-	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies		-					
k	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check the	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			•		VI how the organiz	zation	
	meets the facts-and-circumstances te	-		• • • •	-			
k	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
	organization meets the facts-and-circu		•		• •			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 166, 17a, or 17b	, check this box a			
	Schedule A (Form 990) 2023							

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Schedule A (Form 990) 2023

Part II

UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

Schedule A (Form 990) 2023 FOUNDATION 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.)

Sec	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	·	•		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	inization,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2023 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022		1			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did 1	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did 1	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organiz	ation
20	Private foundation. If the organization						
33202	23 12-21-23					Sche	dule A (Form 990) 2023

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UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

1

Yes No

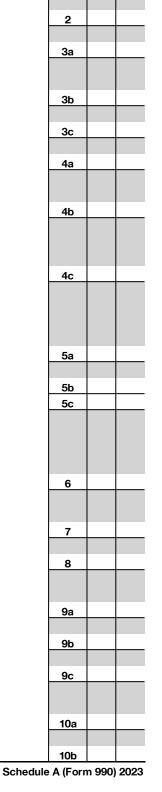
Schedule A (Form 990) 2023 FOUI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Sche	edule A (Form 990) 2023 FOUNDATION	73-610803	2 ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off 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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- Activities Test. Answer lines 2a and 2b below. 2
- a 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.
- b Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

21460513 251366 7573

	UNIVERSITY OF CENTRAL O	KLAHO	MA	
Sche	edule A (Form 990) 2023 FOUNDATION			73-6108032 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	-
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

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UNIVERSITY OF CENTRAL OKLAHOMA FOINDATION

Sche Par	dule A (Form 990) 2023 FOUNDATION t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orac	nizatione / /		3-6108032 Page 7
		allo Supporting Orga	nizations (continu	<i>iea)</i>	Ourse and Manage
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	o of our ported or appizations		2 3	
3	Administrative expenses paid to accomplish exempt purpose	is of supported organizations		3 4	
4	Amounts paid to acquire exempt-use assets	Dort VI		4 5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		- 1	
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

		UNIVERSITY	OF	CENTRAL	OKLAHOMA	
Schedule A	(Form 990) 2023	FOUNDATION				73-6108032 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, 5a, 0 ines 2 and 3; Part IV, 5	6, 9a, 1 Sectior	9b, 9c, 11a, 11b n E, lines 1c, 2a,	o, and 11c; Part I , 2b, 3a, and 3b;	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	· · ·					
332028 12-21-2	23					Schedule A (Form 990) 2023

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Sch	nedule	of C	ontrib	outor	S

PUBLIC DISCLOSURE COPY

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

73-6108032

11			
UNIVERSITY	OF	CENTRAL	OKLAHOMA

	FOUNDATION					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	1047 (a)(1) parameter an existence twentied as a private foundation					

_ 4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2023)			age 2			
Name of or	rganization RSITY OF CENTRAL OKLAHOMA	Employer identification number					
	INDATION 73-610						
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contributio	on			
		\$200,0	Person X Payroll Noncash (Complete Part II for noncash contributions	S.)			
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contributio	on			
2		\$1,000,0	Person X Payroll Noncash (Complete Part II for noncash contributions	s.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns Type of contributio				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions	s.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns Type of contributio	n			
		\$	Person Payroll OCOMUNICATION CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTIONS				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contributio	on			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No	(b) Name address and $\mathbf{ZP} + \mathbf{A}$	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	S	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)				

Schedule B (Form 990) (2023)

323452 12-26-23

	B (Form 990) (2023) rganization		Page 3 Employer identification number
UNIVE	RSITY OF CENTRAL OKLAHOMA		
FOUND			73-6108032
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	ł.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

323453 12-26-23

21460513 251366 7573

Schedule I	B (Form 990) (2023)				Page 4
Name of o	organization				Employer identification number
	RSITY OF CENTRAL OKLAHO	AM			
FOUND					73-6108032
Part III	from any one contributor. Complete columns (a)	through (e) and the following lin	e entry. For orc	anizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	0 or less for the	year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	r		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
Part I					
		(e) Transfer o	of gift		
			-		
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	ansferor to transferee
(a) No.			T		
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
Part I					
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	ansferor to transferee
(a) No.			[
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	of gift		
·	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
		[
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	of gift		
	Tuesday of a second state		-	lationalia - 12	
	Transferee's name, address, a	na ZIP + 4	Re	elationship of tra	ansferor to transferee
		_			
		-			
323454 12-26	6-23				Schedule B (Form 990) (2023)

21460513 251366 7573

SC	CHEDULE D Supplemental Financial Statements					
	Form 990) 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.					
	ment of the Treasury	A	ttach to Form 990.		Open to Public Inspection	
	nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. me of the organization UNIVERSITY OF CENTRAL OKLAHOMA Employer in					
Inalli	FOUNDATION 7					
Par		ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·			
			(a) Donor advised funds	(b) Funds an	d other accounts	
1		nd of year				
2		f contributions to (during year)				
3 4		f grants from (during year)				
4 5		t end of year	writing that the assets held in donor advised	funds		
Ŭ	-		exclusive legal control?		Yes No	
6			dvisors in writing that grant funds can be use			
	•	c	r donor advisor, or for any other purpose con			
	impermissible priva	ate benefit?	-	-	Yes No	
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
		of land for public use (for example, recrea		, ,		
		f natural habitat	Preservation of a c	certified historic	structure	
•		of open space				
2	day of the tax year	.	ied conservation contribution in the form of a		asement on the last at the End of the Tax Year	
-						
a b						
c	•	vation easements on a certified historic structure	ucture included on line 2a			
d		vation easements included on line 2c acqu				
-		-	·····	2d		
3			eased, extinguished, or terminated by the org		g the tax	
	year					
4	Number of states v	where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
		orcement of the conservation easements if				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements	3 during the year	
-						
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
8	 Boes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 					
0					Yes No	
9						
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
		ounting for conservation easements.	5			
Par	t III Organiza	ations Maintaining Collections of	[•] Art, Historical Treasures, or Othe	er Similar Ase	sets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet w	vorks	
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furth	erance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
			exhibition, education, or research in furthera	ance of public se	rvice,	
	•	ng amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1					
0	.,		asuras, or other similar assots for financial or			
2			asures, or other similar assets for financial ga	an, provide		
-	-	unts required to be reported under FASB A	SC 958 relating to these items:	¢		
	Assets included in			_		
		eduction Act Notice, see the Instructions		····· +	dule D (Form 990) 2023	
	09-28-23			00.10		
_ 0 _ 0 0 0	#		27			

21460513 251366 7573

		ITY OF CENT	TRAL OKLAH	OMA					
	dule D (Form 990) 2023 FOUNDAT		<u></u>						Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	Similar As	ssets	(continu	ied)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	X Public exhibition	d	Loan or exc	hange program	n				
b	X Scholarly research	е	Other						
с	c Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	how they further the	he organization	n's exempt	t purpose ir	Part X	Ш.	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes	X No
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par		U				,	,	
1 a	Is the organization an agent, trustee, custodi	an. or other intermed	liarv for contributior	ns or other ass	ets not inc	cluded			
	on Form 990, Part X?		•					Yes	XNo
h	If "Yes," explain the arrangement in Part XIII						. —		
			lowing table.					Amount	
~	Beginning balance					1c			
						1d			
	Additions during the year								
-	Distributions during the year					1e			
t On	Ending balance					<u>1f</u>	X	Vee	
	Did the organization include an amount on Fo								└── No │X
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if							<u></u>	
I UI		(a) Current year	(b) Prior year	(c) Two years		Three years	back		ware back
	De sinsis e of combolis	39496555.	34830647.			(d) Three years back (e) Four years back			
	Beginning of year balance					<u>31434762.</u> <u>31405419.</u> 2,628,952. 1,101,065.			
	Contributions	1,699,243.	3,263,643.						L01,065.
	Net investment earnings, gains, and losses	4,707,957.	3,502,981.			6,636,			364,646.
	Grants or scholarships	798,392.	2,100,716.	1,551,	,994.	1,341,	953.	1,4	136,368.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	45105363.	39496555.	34830	0647.	39358	150.	31	L434762.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	l)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administere	d for the			_	
	organization by:							Y	res No
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or o		t or other		umulated		d) Book	value
		basis (investr	• •	(other)	.,	eciation		aj Book	Value
19	Land		,	50,000.	- 1- 1 -			50	,000.
				51,836.	86	5,145			,691.
	Buildings		<u> </u>			,,,,,,,	•	200	,
	Leasehold improvements		1	.9,235.	1	9,235			0.
	Equipment		600.	.,2,5,		., 4., 5	•	1	,600.
	Other								,291.
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X, line 10c, column</u>	(<u>B))</u>				220	,471.

Schedule D (Form 990) 2023

UNIVERSITY	OF	CENTRAL	OKLAHOMA
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Schedule D (Form 990) 2023 FOUNDATION Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
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.

1.	(a) Description of liability	(b) Book value
(1) F	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (C	olumn (b) must equal Form 990, Part X, line 25, col. (B))	

I otal. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

ided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

	UNIVERSITY OF CENTRAL OKLAH	OMA			
Sche	dule D (Form 990) 2023 FOUNDATION			73-	6108032 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,167,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,013,455.		
b	Donated services and use of facilities	2b	1,588,617.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,602,072.
3	Subtract line 2e from line 1			3	9,564,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	16,836.		
С	Add lines 4a and 4b			4c	16,836.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,581,830.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,385,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4 - 5 6 6 4 -		
а	Donated services and use of facilities	2a	1,588,617.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,588,617.
3	Subtract line 2e from line 1			3	5,796,913.
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			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,796,913.
Pa	t XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE FOUNDATION MAINTAINS VARIOUS COLLECTIONS OF AFRICAN ART, CRYSTALS,
ARTIFACTS, MEMORABILIA, AND SIMILAR ASSETS. THESE COLLECTIONS ARE
MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND FURTHERANCE OF
PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN. THESE ASSETS ARE PROTECTED,
KEPT UNENCUMBERED, CARED FOR, AND PRESERVED BY THE UNIVERSITY. AS A MATTER
OF POLICY, THE PROCEEDS OF ITEMS IN THE COLLECTIONS THAT ARE SOLD ARE USED
TO ACQUIRE OTHER ITEMS FOR COLLECTION. THE FOUNDATION DOES NOT INCLUDE
EITHER THE COST OR THE VALUE OF ITS COLLECTIONS IN THE STATEMENT OF
FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS
REVENUES IN THE STATEMENT OF ACTIVITIES.

30

332054 09-28-23

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

Schedule D (Form 990) 2023

CUSTODIAL LIABILITIES REPRESENT ASSETS HELD ON BEHALF OF THE UNIVERSITY OF CENTRAL OKLAHOMA ALUMNI ASSOCIATION (THE ALUMNI ASSOCIATION) AND OTHER CAMPUS ORGANIZATIONS FOR WHICH THE FOUNDATION ACTS AS A CUSTODIAN. THE ASSETS HELD ARE INVESTED, AND INVESTMENT INCOME, DISTRIBUTIONS AND OTHER REVENUES AND EXPENSES OF THESE FUNDS INCREASE AND/OR DECREASE THE CARRYING VALUE OF THE ASSET AND CUSTODIAL FUNDS LIABILITY. FOR FINANCIAL REPORTING PURPOSES, DISTRIBUTIONS FROM THE CUSTODIAL FUNDS AND CONTRIBUTIONS TO THE CUSTODIAL FUNDS ARE NOT INCLUDED IN THE EXPENSES AND REVENUE OF THE UNIVERSITY. THE RELATED ASSETS ARE DISTRIBUTABLE TO THE ORGANIZATIONS UPON REQUEST.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 500 INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY. THE ENDOWMENT ASSETS ARE INVESTED WITH THE PRIMARY OBJECTIVE OF REALIZING APPRECIATION ON INVESTMENT VALUES AND THE SECONDARY GOAL OF PROVIDING CURRENT INCOME TO SUPPORT UNIVERSITY PROGRAMS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS ACTIVITIES. AS SUCH, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO TAX Schedule D (Form 990) 2023

UNIVERSITY OF CENTRAL OKLAHOMA Schedule D (Form 990) 2023 FOUNDATION 73-6108032 Page 5 Part XIII Supplemental Information (continued)
UNDER SECTION 511(A) TO THE EXTENT IT HAS UNRELATED BUSINESS TAXABLE
INCOME. THE ORGANIZATION HAS NO MATERIAL UNRELATED BUSINESS TAXABLE INCOME
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023. THE FOUNDATION WOULD RECOGNIZE
FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS
AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED. FEDERAL AND STATE INCOME TAX STATUTES DICTATE THAT TAX RETURNS
FILED IN ANY OF THE PREVIOUS THREE REPORTING PERIODS REMAIN OPEN TO
EXAMINATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTEREST 16,836.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)								
		Compl	2023					
Department of the Treasury Internal Revenue Service	epartment of the Treasury Attach to Form 990.							
Name of the organization	UNIVERSIT FOUNDATIO		RAL OKLAHOM	A				Employer identification number $73 - 6108032$
Part I General Infor	rmation on Grants a	nd Assistance						
criteria used to awa	rd the grants or assis	stance?	amount of the grants oring the use of grant					on 🔀 Yes 🗌 No
			ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addre or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRA 100 N. UNIVERSITY DE EDMOND, OK 73034		73-1353314	501(C)(3)	1425906.	0.			UNIVERSITY SUPPORT
UNIVERSITY OF CENTRA 100 N. UNIVERSITY DE EDMOND, OK 73034		73-1353314	501(C)(3)	1527169.	0.			SCHOLARSHIPS
,								
2 Enter total number of	of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				

3 Enter total number of other organizations listed in the line 1 table

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

UNIVERSITY OF CEN	TRAL OKLAHOMA
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Schedule I (Form 990) 2023

FOUNDATION

73-6108032

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SCHOLARSHIPS AND GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS OF THE

FOUNDATION. SCHOLARSHIPS AND GRANTS ARE PAID DIRECTLY TO THE UNIVERSITY

OF CENTRAL OKLAHOMA FOR ITS STUDENT SCHOLARSHIPS AND OPERATIONS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNIVERSITY OF CENTRAL OKLAHOMA



Employer identification number 73-6108032

FORM 990, PART VI, SECTION A, LINE 2:

FOUNDATION

BOARD MEMBERS WILLIAM LEE BEASLEY AND SHERRY BEASLEY HAVE A FAMILIAL

RELATIONSHIP. BOARD MEMBERS ANN BENJAMIN AND STACY BOZARTH ALSO HAVE A

FAMILIAL RELATIONSHIP.

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

FINANCE DIRECTOR AND PRESIDENT REVIEW AND CONSULT WITH TAX

ACCOUNTANTS/ADVISORS. ONCE THIS GROUP IS SATISFIED WITH THE RETURN IT IS

CIRCULATED ELECTRONICALLY TO THE FULL BOARD FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND OTHER APPLICABLE MEMBERS OR EMPLOYEES ARE REQUIRED TO

DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO THEIR ADHERENCE TO

THE POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AR, CA, FL, GA, KY, MD, MA, MN, MS, NH, NM, NY, NC, OR, PA, TN, UT, WV, WI

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION

35

WEBSITE OR UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 512,872.

Schedule O (Form 990) 2023

21460513 251366 7573

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Page Employer identification numbe 73-6108032
MANAGEMENT AND GENERAL EXPENSES	567,437.
FUNDRAISING EXPENSES	79,474.
TOTAL EXPENSES	1,159,783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,159,783.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST	-16,836.

Form 8879-TE	* * * *	IRS E-file Signature for a Tax Exen	EABLE COPY ***** Authorization	ļ	OMB No. 1545-0047
		r 2023, or fiscal year beginning JUL 1		20 24	0000
	i ol odiolidal you	Do not send to the IRS. Kee		_ ,	2023
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE			
Name of filer UNIVE	RSITY OF	CENTRAL OKLAHOMA		EIN or SSN	
FOUND				73-61	L08032
		ALLEN WRIGHT			
	,	PRESIDENT			
Part I Type o	f Return and	Return Information			
Form 5330 filers may en or 10a below, and the ar whichever is applicable, than one line in Part I.	ter dollars and ce nount on that line blank (do not ent	u are using this Form 8879-TE and enterents. For all other forms, enter whole doll e for the return being filed with this form ter -0-). But, if you entered -0- on the retu	lars only. If you check the box or was blank, then leave line 1b, 2 rn, then enter -0- on the applicat	n line 1a, 2a, 2 b, 3b, 4b, 5b ble line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check	_	b Total revenue, if any (Form 99			
2a Form 990-EZ cl		b Total revenue, if any (Form 99			
3a Form 1120-POL		b Total tax (Form 1120-POL, lin			
4a Form 990-PF cl		b Tax based on investment inc			4b
5a Form 8868 chee	-	b Balance due (Form 8868, line	3c)		5b
6a Form 990-T che		b Total tax (Form 990-T, Part III,	line 4)		6b 0,802.
7a Form 4720 chee	_	b Total tax (Form 4720, Part III,			
8a Form 5227 chee	_	b FMV of assets at end of tax y			
9a Form 5330 cheo	r	b Tax due (Form 5330, Part II, li			
10a Form 8038-CP		<u>b</u> Amount of credit payment re nature Authorization of Office			10b
		X I am an officer of the above entity	·		
complete. I further decla intermediate service pro acknowledgement of rec of any refund. If applicate entry to the financial insti- financial institution to de later than 2 business day payment of taxes to reco personal identification no PIN: check one box ont X I authorize A as my signatu with a state ag on the return's As an officer or return. If I have IRS Fed/State Signature of officer or person sut	re that the amound vider, transmitter wider, transmitter eipt or reason for let, I authorize the itution account in bit the entry to the serve confidential in umber (PIN) as m y RLEDGE & re on the tax year gency(ies) regulat a disclosure conserve r person subject e indicated within program, I will er sect to tax * *	to tax with respect to the entity, I will er a this return that a copy of the return is b nter my PIN on the return's disclosure co ** THIS IS NOT A FIL: athentication	on the copy of the electronic retu- send the return to the IRS and the eason for any delay in processing icial Agent to initiate an electron for payment of the federal taxes it contact the U.S. Treasury Fina the financial institutions involve is and resolve issues related to the if applicable, the consent to electron e indicated within this return that the program, I also authorize the a other my PIN as my signature on the being filed with a state agency(ie: consent screen.	rin. I consent o receive from g the return or ic funds witho o owed on this ncial Agent at d in the proce he payment. I ctronic funds to enter my F a copy of the forementioned he tax year 20	to allow my the IRS (a) an refund, and (c) the date frawal (direct debit) return, and the 1-888-353-4537 no sissing of the electronic have selected a withdrawal. PIN 08032 Enter five numbers, but do not enter all zeros e return is being filed d ERO to enter my PIN 023 electronically filed tharities as part of the
ERO's EFIN/PIN. Enter	your six-digit elec	ctronic filing identification			
number (EFIN) followed I	by your five-digit s	self-selected PIN.	7332496300 Do not enter all zero		
-	-	ny PIN, which is my signature on the 202 the requirements of Pub. 4163, Modern	-		
ERO's signature			Date05	5/13/25	
		ERO Must Retain This Form			
		t Submit This Form to the IRS	Unless Requested To Do	50	- 0070 TC
For Privacy Act and Pa	perwork Reduct	ion Act Notice, see instructions.			Form 8879-TE (2023)
LHA 302521 01-05-24		37			

2023.05070 UNIVERSITY OF CENTRAL OKL 7573___1

	EXTENDED TO MAY 1		
Form 990-T	Exempt Organization Busines		OMB No. 1545-0047
	(and proxy tax under sec		0000
	For calendar year 2023 or other tax year beginning JUL 1, 202		2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instruction Do not enter SSN numbers on this form as it may be made		Open to Public Inspection for
A Check box if	Name of organization (Check box if name changed a		501(c)(3) Organizations Only Employer identification number
address changed.	UNIVERSITY OF CENTRAL OKLA		
B Exempt under section	Print FOUNDATION		73-6108032
X 501(c)(3)	_or Number, street, and room or suite no. If a P.O. box, see ins	tructions.	Group exemption number (see instructions)
408(e) 220(e)	Type 100 NORTH UNIVERSITY DRIVE		(see instructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign	postal code	
529(a) 529A	EDMOND, OK 73034	F	Check box if
	C Book value of all assets at end of year	62,297,981.	an amended return.
G Check organization	rpe X 501(c) corporation 501(c) trust 4	01(a) trust Other trust S	State college/university
	6417(d)(1)(A) Applicable entity		
H Check if filing only to			amount from Form 3800
-	rganization filing a consolidated return with a 501(c)(2) titleh		<u>1</u>
			Yes X No
	vas the corporation a subsidiary in an affiliated group or a pane and identifying number of the parent corporation	arent-subsidiary controlled group?	Yes X No
L The books are in car		Telephone number 40)5-974-2770
	elated Business Taxable Income		55 574 2776
1 Total of unrelated	business taxable income computed from all unrelated trade	s or businesses (see instructions)	1 33,682.
		· · · · · F	2
3 Add lines 1 and 2		Γ	3 33,682.
4 Charitable contril	utions (see instructions for limitation rules) STMT 3	STMT 4	4 6.
5 Total unrelated b	siness taxable income before net operating losses. Subtrac	t line 4 from line 3	5 33,676.
6 Deduction for net	operating loss. See instructions		6
7 Total of unrelated	business taxable income before specific deduction and sec	tion 199A deduction.	
Subtract line 6 fro			7 33,676.
	(generally \$1,000, but see instructions for exceptions) \dots		8 1,000.
	99A deduction. See instructions		9
	Add lines 8 and 9		10 1,000.
11 Unrelated busin Part II Tax Com	ss taxable income. Subtract line 10 from line 7. If line 10 is utation	greater than line 7, enter zero	11 32,676.
	attention (0.21) attention attention (0.21) attention (0.21) attention (0.21) attention (0.21) attention (0.21)		1 6,862.
	trust rates. See instructions for tax computation. Income t	E E E E E E E E E E E E E E E E E E E	
		041)	2
	tructions		3
	s. See instructions		4
	m tax		5
	iant facility income. See instructions		6
	through 6 to line 1 or 2, whichever applies		7 6,862.
	Payments		
	(corporations attach Form 1118; trusts attach Form 1116)		
b Other credits (see	· · · · · · · · · · · · · · · · · · ·		
	credit. Attach Form 3800 (see instructions)		
	r minimum tax (attach Form 8801 or 8827)		4
			<u>1e</u> 2 6,862.
2 Subtract line 1e f 3a Amount due from	om Part II, line 7		2 6,862.
b Amount due from	E 0011		
c Amount due from			
d Amount due from			
	e (see instructions)		
	e. Add lines 3a through 3e		3f 0.
	es 2 and 3f (see instructions).		
	iter tax amount here	-	4 6,862.
	x liability paid from Form 965-A, Part II, column (k)		5 0.
LHA For Paperwork R	duction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)
	38		

38 2023.05070 UNIVERSITY OF CENTRAL OKL 7573___1

Form 9	<u>90-T</u> (2023)				F	² age 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	6a	6,463.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b				
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Elective payment election amount from Form 3800	6g				
h	Payment from Form 2439	6h				
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j		······	7	6,4	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		13.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	ST	ATEMENT 5	9	4	12.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	tion (se	e instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signat	ure or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name o	of the foreign country			
	here				_	X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, o	or transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year				_	
4	Enter available pre-2018 NOL carryovers here \$ Do not	t include a	any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	uction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201		,			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the tax	year. See instructions.		_	
	Business Activity Code	Av	ailable post-2017 NOL	carryover	_	
		\$			_	
		\$				
		\$			_	
		\$				
6 a	Reserved for future use					
b	Reserved for future use					
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th					wledge	and belief, it is	s true,	
Here	Cignature of officer	Data	PRESIDENT			the pr	the IRS discuss	below (see	_
	Signature of officer	Date	Title			instru	ictions)?	Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid					self-employe	d			
Preparer	JENNIFER LINDSTROM	JENNIFER LI	INDSTROM	05/13/25			P0208	33973	5
Use Only		SSOCIATES, E	°.C.		Firm's EIN		73-11	L8508	9
	832 NW 70	TH ST							
	Firm's address OKLAHOMA	СІТҮ, ОК 731	16		Phone no.	40	5-348-	-0615	
								000 T	(

Form 990-T (2023)

323711 11-20-23

73-6108032

FORM 990-T	L	ATE PAYMENT]	NTEREST		STA	TEMENT 1	-
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTERES	Ъ
TAX DUE	11/15/24	399.	399.				4.
INTEREST RATE CHANGE DATE FILED	12/31/24 05/15/25	0.	403. 414.) 135	1	.1.
TOTAL LATE PAYMENT IN	TEREST					1	.5.
FORM 990-T	LA'	TE PAYMENT PI	NALTY		STA	TEMENT 2	 2
DESCRIPTION	DAT	E AMOUNI	BALANC	E MC	ONTHS	PENALTY	
TAX DUE DATE FILED	11/15, 05/15,		399.	399. 399.	6	1	2.
TOTAL LATE PAYMENT PE	NALTY				-	1	2.
FORM 990-T		CONTRIBUTION	IS		STA	TEMENT 3	}
DESCRIPTION/KIND OF P	ROPERTY	METHOD USED	TO DETERMINE	FMV		AMOUNT	
CHARITABLE CONTRIBUTI CARLYLE CGI AIV, LP	ONS -	N/A					6.
TOTAL TO FORM 990-T,	PART I, LI	NE 4					6.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	4
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022		
TOTAL CAR TOTAL CUR	RYOVER RENT YEAR 10% CONTRIBUTIONS 6		
	TRIBUTIONS AVAILABLE6NCOME LIMITATION AS ADJUSTED3,268		
EXCESS 10	NTRIBUTIONS00% CONTRIBUTIONS0ESS CONTRIBUTIONS0		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		6
TOTAL CON	TRIBUTION DEDUCTION		6

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 5
TAX FROM FORM 990-T, F	PART IV	399.
UNDERPAYMENT PENALTY		13.
LATE PAYMENT INTERES	5T	15.
LATE PAYMENT PENALTY		12.
TOTAL AMOUNT DUE		439.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

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

A	Name of the organization UNIVERSITY OF C FOUNDATION	ENTRAL OKLAHOMA	В	Employer identifi $73 - 61080$		numbei	
с	Unrelated business activity code (see instructions)	523000	D	Sequence:	1	of	1

Describe the unrelated trade or business INVESTMENTS - FORMS 1065 K-1

Εĺ	Describe the unrelated trade or business INVESTMENTS	– F(<u>DRMS 1065 K-1</u>		
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	98.		98.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 6	5	33,584.		33,584.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	33,682.		33,682.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		 1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		 6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		 9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)		 16	33,682.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	33,682.
For I	Paperwork Reduction Act Notice, see instructions.		Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

	ıle A (Form 990-T) 2023				Page 2
Part		hod of inventory valuation	on		r ugo r
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter I				Yes No
Part	Do the rules of section 263A (with respect to property) Rent Income (From Real Property and				
1	Description of property (property street address, city, s	•	•		
•					
	в				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c, columns A Deductions directly connected with the income in lines 2a and 2b (attach statement)				
	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, i	ine 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, i	ine 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a becker	nter here and on Part I, i	ine 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a bescription of debt-financed property (street address, or a bescription of debt-financed property (street address, or bescription of debt-financed property (street address))	nter here and on Part I, i	ine 6, column (B)	istructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A B	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). Ch	ine 6, column (B)	istructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement)	A	ine 6, column (B)	istructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	ine 6, column (B)	istructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A %	B B B B B B B B B B B B B B C C C C C C	C	0. D
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A %	B B B B B B B B B B B B B B C C C C C C	C	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B	A A A A A A A A A A A A A A A A A A A	ine 6, column (B) Peck if a dual-use. See in B B (A) (A) (A) (A) (A) (A) (A) (A) (A)	C	0. D 9 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A A A A A A A A A A A A A A A A A A	ine 6, column (B) Peck if a dual-use. See in B B (A) (A) (A) (A) (A) (A) (A) (A) (A)	C	0. D 9 0.

44 2023.05070 UNIVERSITY OF CENTRAL OKL 7573___1

Calaad												1
Part	ule A (Form 990-T) 2023	, uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)		Page 3
		-					Exempt Control	,		,		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	1	al of specified	5. Pa	art of colur	mn 4	6. Ded	uctions directly
	organization		identification	incon	ne (loss)	payr	nents made		s included olling orga		con	nected with
			number	(see ins	structions)				s gross inc		incom	ne in column 5
(1)												
(2)												
(3)												
(4)												
	. T aurah la la anga			-	Controlled O	-					Dealers	
('. Taxable Income		Net unrelated come (loss)		otal of specif yments mad		10. Part of that is inc	luded	in the	11.		tions directly cted with
			ee instructions)				controlling organization's gross income			income in column 10		
(1)												
(2)												
(3)												
(4)												
							Add colum					ins 6 and 11.
							Enter here line 8, c		,			and on Part I, olumn (B).
-											,	. ,
Totals Part	VII Invoctmont I	Incomo	of a Section 50	1(0)(7) (0) or (17)	Orga			0.			0.
1 011		cription of i			2. Amou		3. Deduction		ructions)	asides	5 T	otal deductions
	1. 2000				incon		directly conne (attach stater	ected	(attach st		nt) ai	nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							dd amounts in olumn 5. Enter
					here and o							e and on Part I,
T					line 9, colu	mn (A).					line	e 9, column (B).
Totals Part	VIII Exploited E	xempt A	ctivity Income	. Other T	l Than Adve		a Income (see ing	structions)			0.
1	Description of exploite		,	,				000 110				
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or	more periodicals on	a consolidated bas	sis.	
	A 🛄					
	в					
	c 🖂					
	D					
Enter	amounts for each periodical listed above in the	correspor	ndina column			
Linton		ooncopor	A	В	С	D
2	Gross advertising income		A		v	
2	Add columns A through D. Enter here and on		a 11. aalumn (A)			0.
_	Add columns A through D. Enter here and on	r Fart I, III				
a	B					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	n Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter -0- on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		he line 8a columns t	otal or -0- here and	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instruct	ions)			

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
ALPHAKEYS MILLENNIUM FUND II, LLC - ORDINARY BUSINESS INCOME (LOSS) ALPHAKEYS MILLENNIUM FUND II, LLC - INTEREST INCOME ALPHAKEYS MILLENNIUM FUND II, LLC - DIVIDEND INCOME ALPHAKEYS MILLENNIUM FUND II, LLC - OTHER INCOME (LOSS) CARLYLE CGI AIV, LP - ORDINARY BUSINESS INCOME (LOSS) CARLYLE CGI AIV, LP - DIVIDEND INCOME	-60,936. 106,865. 13,000. -7,361. -18,022. 38.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	33,584.

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

	73-6	108032
opportunity fund during the tax year?		Yes

Did the corporation dispose of any investmer If "Yes," attach Form 8949 and see its instruc					Yes X No	
Part I Short-Term Capital Gai	•		•			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales	from Form 6252 line 26 or 22	,		4		
5 Short-term capital gain or (loss) from like-kind				4 5		
6 Unused capital loss carryover (attach computa				6	()	
7 Net short-term capital gain or (loss). Combine				7	<u>/</u>	
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		I	
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked					94.	
11 Enter gain from Form 4797, line 7 or 9				11	4.	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12		
13 Long-term capital gain or (loss) from like-kind				13		
14 Capital gain distributions	-			14		
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	۱h		15	98.	
Part III Summary of Parts I and	1					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16		
17 Net capital gain. Enter excess of net long-term				17 18	<u>98.</u> 98.	
18 Add lines 16 and 17. Enter here and on Form	Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949 (2023)				Attachn	nent Sequen	nce No. 12A	Page 2	
Name(s) shown on return. Name an UNIVERSITY OF			o. not required if			Social secur taxpayer ide	ity number or ntification no.	
FOUNDATION							108032	
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	box to check.							
Part II Long-Term. Transact see page 1.	ions involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	is). For short-term t	ransactions,	
Note: You may aggregate a codes are required. Enter th You must check Box D, E, or F below.	ne totals directly on \$	Schedule D, line 8a	; you aren't required	to report these trans	actions on Foi	rm 8949 (see instru	ctions).	
If you have more long-term transactions than wi					-			
(D) Long-term transactions re	ported on Form(s) 1099-B showing	g basis wasn't re	-	Note abov	(e)		
X (F) Long-term transactions no 1 (a)	(b)		(d)	(e)	Adiustment.	, if any, to gain or	(h)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the Note below and	loss. If you in column (g	g), enter a code in See instructions .	Gain or (loss). Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
ALPHAKEYS								
MILLENNIUM FUND								
II, LLC							94.	С
2 Totals. Add the amounts in colu negative amounts). Enter each to Schedule D, line 8b (if Box D ab	otal here and inclu	ude on your						
above is checked), or line 10 (if							94.	
Note: If you checked Box D above	but the basis repo	orted to the IRS					, and enter an	
adjustment in column (g) to correct	the basis. See C	<i>olumn (g)</i> in the s	separate instructi	ons for how to figur	e the amour	nt of the adjustm	ent.	

Form 479	7
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Departme Internal R	ent of the Treasury levenue Service	Go	to www.irs.gov		your tax return. instructions and t	the latest informa	tion.		Attachment Sequence No. 27
Name(s)) shown on return							Ide	ntifying number
UNIV	/ERSITY OF	CENTRAL	OKLAHOMA	A					
FOU	NDATION								73-6108032
1a E	nter the gross proce	eds from sales o	or exchanges rep	orted to you for	2023 on Form(s) 1	099-B or 1099-S			
(o	r substitute stateme	ent) that you are	including on line	2, 10, or 20				1a	
b Ei	nter the total amour	nt of gain that yo	u are including o	n lines 2, 10, an	d 24 due to the pa	rtial dispositions o	f		
Μ	ACRS assets							1b	
c Ei	nter the total amour						CRS		
	ssets							1c	
Part					e or Business a		y Convers	sions	From Other
	Than Casu	alty or Theft	-Most Prope	rty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	n	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CARI	LYLE CGI A	IV. LP							4.
		/							
3 G	ain, if any, from For	m 4684. line 39	1		•	I		3	
	ection 1231 gain fro							4	
	ection 1231 gain or							5	
	ain, if any, from line						Г	6	
7 C	ombine lines 2 throu	ugh 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	4.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.								
fro 12	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.								
8 N	onrecaptured net se	ection 1231 loss	es from prior yea	rs. See instructi	ons		[8	
lir	ubtract line 8 from li ne 9 is more than ze apital gain on the So	ro, enter the am	ount from line 8 (on line 12 below	and enter the gair		ong-term	9	4.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on	lines 11 thr	rough 16 (inclu	de property held 1	year or less):				
11	Loss, if any, from line 7	11	()					
12	2 Gain, if any, from line 7 or amount from line 8, if applicable								
13									
14									
15									
16									
17									
18	For all except individual returns, enter the a	mount from	n line 17 on the	appropriate line o	f your return and s	kip lines			
	a and b below. For individual returns, comp	lete lines a	and b below.						
а	If the loss on line 11 includes a loss from Fo	orm 4684, li	ne 35, column	(b)(ii), enter that pa	art of the loss here	. Enter the			
	loss from income-producing property on Sc	hedule A (F	orm 1040), line	16. (Do not includ	de any loss on pro	perty used			
	as an employee.) Identify as from "Form 479	97, line 18a	." See instructi	ons			18a		
b	Redetermine the gain or (loss) on line 17 ex	cluding the	loss, if any, on	line 18a. Enter he	re and on Schedu	e 1			
	(Form 1040), Part I, line 4								
LH	A For Paperwork Reduction Act Notice,	see separa	ate instruction	S.				Form 4797 (202	23)

318011 12-27-23

Form 4797 (2023) FOUNDATION

(a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (b) Date according (c), day,					(c) Date sold (mo., day, yr.)
Α					
В					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
D Gross sales price (Note: See line 1a before completing.)	20				
Cost or other basis plus expense of sale	21				
2 Depreciation (or depletion) allowed or allowable	22				
Adjusted basis. Subtract line 22 from line 21	23				
1 Total gain. Subtract line 23 from line 20	24				
5 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
	255				
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
${\bf a}$ Additional depreciation after 1975. See instructions \dots	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the smaller of line 24 or 27b	27c				
 8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a				
b Enter the smaller of line 24 or 28a	28b				
9 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions	29b				
ummary of Part III Gains. Complete property of	olumns	A through D through	n line 29b before going	g to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24		3	0
1 Add property columns A through D, lines 25b, 26g,	27c 28	n and 29h. Enter be	re and on line 13	3	1
				·····	•
2 Subtract line 31 from line 30. Enter the portion from	C I				
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Sectio	ons 179	and 280F(b)(2)	When Business	Use Drops to 50	2)% or Less
(see instructions)					
				(a) Section 179	(b) Section 280F(b)(2)

			(a) Section 179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				Farm 4797 (0000)

318012	12-27-23		

Form **4797** (2023)

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

FOUNDATION	73-6108032				
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes X No				
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.					
Daut L Chart Town Conital Cains and Langes Assate Hold One Veer or Lang					

Part I Short-Term Capital Gai	ins and Losses - Ass	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.					
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach compute	,			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	<u>e lines 1a through 6 in columr</u>	1 h	- <u>A</u> <u>X</u>	7	
	ns and Losses - Ass	ets Heig wore Thar	n One Tear		<i>"</i>
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					94.
11 Enter gain from Form 4797, line 7 or 9				11	4.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-king				13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	nh		15	98.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	98.
18 Add lines 16 and 17. Enter here and on Form				18	98.
Note: If losses exceed gains, see Capital Los				_	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949 (2023) Name(s) shown on return. Name and	SSN or taxpave	er identification n	o not required if		nent Sequen	ICE NO. 12A	Page 2 ity number or
	UNIVERSITY OF CENTRAL OKLAHOMA taxpayer identification no.						
FOUNDATION							108032
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109 box to check.	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was r	our broker. A sure reported to the IF	bstitute IS by your
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,
Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. (e totals directly on S	Schedule D, line 8a	; you aren't required	to report these trans	actions on Fo	rm 8949 (see instru	ctions).
If you have more long-term transactions than will	fit on this page for one	e or more of the boxes,	complete as many forr	ns with the same box chee	ked as you need	d.	
(D) Long-term transactions rep	oorted on Form(s)) 1099-B showing	g basis wasn't re	()	Note abov	re)	
X (F) Long-term transactions not 1 (a)	(b)	on Form 1099-B	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column (g), enter an amount g), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ALPHAKEYS						udjuotmont	
MILLENNIUM FUND							
II, LLC							94.
2 Totals. Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo above is checked), or line 10 (if E							94.
Note: If you checked Box D above b adjustment in column (g) to correct	out the basis repo	orted to the IRS v					, and enter an

323012 01-05-24



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach	to	vour	tax	return.

2023

Interr	al Revenue Service Go to www.irs.gov/Form4626 for instruct	ctions a	and the latest inform	nation.			
					Employ	er identificat	ion number
	UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION				7	3-6108	032
A	Is the corporation filing this form a member of a controlled group treated as a single	(1)(D) and 52?	[Yes	X No		
	If "Yes," the corporation must complete Part V listing the names, EINs, and			. , . ,			
	statement income or loss for each member of the controlled group treated						
	account in the determination of "applicable corporation" under section 59(I		• • •				
	Is the corporation filing this form a member of a foreign-parented multinational grou			f section 59(k)(2)	(B)?	Yes	XNo
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, -		() _		
	statement income or loss for each member of the FPMG under section 59(
Pa	rt I Applicable Corporation Determination (Report all am	ounts i	n U.S. dollars.)				
	If you have already determined in current or prior years you are an a			Part I and contir	nue to Pa	art II.	
			(a) First Preceding	(b) Second Pr			receding
			Year Ended	Year End	led	Year E	nded
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k					
Т	Qualified wireless spectrum	21					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n					
о	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2р					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	(b), an	d (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		

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Form 4	626 (2023)				Page 2
Part	I Applicable Corporation Determination (Report all amo	ounts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?				
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns	(a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

	4626 (2023)		Page 3
Pa	t II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	32,676.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	32,676.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
-	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
÷	Certain credits (see instructions)	2j	
J k		2k	
	Mortgage servicing income Covered benefit plans described in section 56A(c)(11)(B)	21	
, ,	Tax-exempt entities (organizations subject to tax under section 511)		
		2m	
	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	0.0
z	Other (see instructions) STATEMENT 8 *	2z	-98.
3	lotal adjustments. Combine lines 2a through 2z	3	-98.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	32,578.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	20 500
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	32,578.
7	Multiply line 6 by 15% (0.15)	7	4,887.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	4,887.
10	Regular tax liability (see instructions)	10	6,862.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	6,862.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
_	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Pa	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
k	Adjustment B - Reserved for future use	6b	
	Adjustment C - Reserved for future use	6c	
	Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
-	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
	102.12.24 586TATEMENT 7 * SEE ALS		Form 4626 (2023)

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Form	4626 (2023)				Page 4
Pa	t IV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	ine 8		6	

Form 4626 (2023)

Form 479	7
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1	545-0184
20	23

	tment of the Treasury al Revenue Service	Attach to your tax return. Attachment Go to www.irs.gov/Form4797 for instructions and the latest information. Attachment Sequence No. 27									
UN	e(s) shown on return IVERSITY OF UNDATION	CENTRAL	OKLAHOMA	A					ntifying number $73-6108032$		
1a	1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a										
								1b			
c Pa	Enter the total amoun assets rt I Sales or Ex	-	-		due to the partial of			1c ions	From Other		
					e Than 1 Year		-				
2	(a) Description of property	1	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
CA	RLYLE CGI A	IV, LP							4.		
3	Gain if any from For	n 1681 lino 30						3			
4	Gain, if any, from Forr Section 1231 gain fro	m installment sa	lles from Form 6	252, line 26 or 3			·····	4			
5	Section 1231 gain or							5			
6	Gain, if any, from line							6			
7	Combine lines 2 throu	ugh 6. Enter the	gain or (loss) her					7	4.		
	Partnerships and S of line 10, or Form 1120	•		· · · ·		r Form 1065, Sche	dule K,				
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.										
8	Nonrecaptured net se	ection 1231 losse	es from prior yea	rs. See instruction	ons			8			
9											
	capital gain on the Sc	hedule D filed w	vith your return. S	See instructions				9	4.		
Pa	rt II Ordinary	Gains and L	.osses (see ins	structions)							

10	Ordinary gains and losses not included	d on lines 11 th	rough 16 (inclu	de property held 1	year or less):				
11	Loss, if any, from line 7			•	•	·	11	()
12	Gain, if any, from line 7 or amount from						12		
13							13		
14	Net gain or (loss) from Form 4684, lines	31 and 38a					14		
15	Ordinary gain from installment sales fro						15		
16	Ordinary gain or (loss) from like-kind exc						16		
17	· · · · · · · · · · ·						17		
18	For all except individual returns, enter the								
	a and b below. For individual returns, co	omplete lines a	and b below.						
а	If the loss on line 11 includes a loss from	m Form 4684, I	line 35, column	(b)(ii), enter that pa	art of the loss here	. Enter the			
	loss from income-producing property or	n Schedule A (l	Form 1040), line	16. (Do not includ	le any loss on pro	perty used			
	as an employee.) Identify as from "Form	n 4797, line 18a	a." See instructi	ons			18a		
b	Redetermine the gain or (loss) on line 1	7 excluding the	e loss, if any, on	line 18a. Enter her	re and on Schedu	le 1			
	(Form 1040), Part I, line 4						18b		
LH	A For Paperwork Reduction Act Not	ice, see separ	ate instruction	s.				Form 47	97 (2023)

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Form 4797 (2023) FOUNDATION

Page **2**

Gross sales price (Note: See line ta before completing.) 20 1 Cost or other basis plus expense of sale 21 1 Depreciation (or depletion) allowed or allowable 22 1 Adjusted basis. Subtract line 23 from line 21 23 1 Total gain. Subtract line 23 from line 20 24 1 If section 1245 property: 25a 1 Depreciation allowed or allowable from line 22 25a 1 Detrote the smaller of line 24 or 25a. 25b 1 If section 1250 property: If staight line depreciation was lace, enter-0: on line 26a, except for a corporation subject to section 291. 26a Additional depreciation after 1975. See instructions 26a 1 Or line 24 or line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1976 26d 26e f Section 291 amount (corporations only) 26f 26g f Section 291 amount (corporations only) 26f 27a d Additional depreciation after 1976. 26g 27a I section 1254 property: 27b 27c I section 1254 property: 26g 27a	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255 p	property:		(b) Date acquire (mo., day, yr.)	d	(c) Date solo (mo., day, yr.
C Property A Property A Property B Property C Property C D From Sealing relation to the properties on time to before completion. 20 21 22 24 22 24 22 24 22 24 22 24 22 24 23 24 24 24 24 24 24 24 24 24 24 24 24 24 25 26 2	Α						
D These columns relate to the properties on lines 194 through 190. Property A Property A Property B Property C Prop 0 Gross sales price (Note: See line ta before completing.) 20 20 22 20	В						
These columns relate to the properties on lines 194 through 190. Property A Property A Property B Property C Prop Cost or other basis plus expense of sale 21	C						
Ines 19A through 19D. Property A Property B Property C Property C Gross sales price (Note: See line tabefore completing.) 20	D						
Cost or other basis plus expense of sale 21			Property A	Property B	Property C	;	Property I
2 2 2 2 Adjusted basis, Subtract line 22 from line 20. 24 24 24 2 2 25a 25b 25b 3 25b 25b 25b 25b 4 25b 25b 25b 25b 5 4 25b 25b 25b 4 26a 25b 25b 25b 5 3 3 25b 25b 25b 4 3 3 25b	Gross sales price (Note: See line 1a before completing.)	20					
Adjusted basis. Subtract line 21 from line 21 23 24 Total gain. Subtract line 23 from line 20 24 24 If section 1256 property: 25a 25a a Depreciation allowed or allowable from line 22 25a 25b b First the smaller of line 24 or 25a 25b 25b b First the section 291. 26a 26a a Additional depreciation allowed or allowable from line 22. 25a 26a b Applicable percentage multiplied by the smaller of line 24 or 11ne 24a. Ske instructions 26a 26a c Subtract line 26a from line 24. If residential rental property or line 24 in a 11 more than line 25a, skip lines 26b and 26e 26c 26c d Additional depreciation after 1969 and before 1976 26d 26d 26d f Section 291 amount (corporations only) 26f 26g 26g 26g g Add lines 26b, 26e, and 26f 27b 27c 27a 27b 2c 27b a Soli, water, and land clearing expenses 27a 27c 27b 2c 27b 2c 2c 2c I Inargible diffigurant of line 24 or 27a 27b 2c 2c 2c 2c 2c 2c </td <td>Cost or other basis plus expense of sale</td> <td>21</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Cost or other basis plus expense of sale	21					
Total gain. Subtract line 23 from line 20	Depreciation (or depletion) allowed or allowable	22					
If section 1245 property: 25a a Depreciation allowed or allowable from line 22 25a b Enter the smaller of line 24 or 25a 25b if section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 281. 26a a Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26a c Subtract line 26a from line 26. If residential rental property or line 24 line more than line 26a, skip lines 26d and 26e 26d g Additional depreciation after 1969 and before 1976 26d g Additional depreciation after 1969 and before 1976 26d g Additional depreciation after 1969 and before 1976 26d g Add dilens 26b, 26e, and 261 26g f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 261 27a b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c g Add lines 26b, 26e, and 261 27a g Add lines 26b percert: 27a g Add lines 26b property: 27b g Add lines and other natural deposits, iming explorate exploratis, expenditures for development of mines and oth	Adjusted basis. Subtract line 22 from line 21	23					
a Depreciation allowed or allowable from line 22 25a b Enter the smaller of line 24 or 25a 25b a Additional depreciation subject to section 291. 26a b Applicable percentage multiplied by the smaller of line 24 or 18a. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or 18a. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or 18a. See instructions 26a c Subtract line 26a. See instructions 26a d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26 cor 26d 26e f Section 291 amount (corporations only) 26f g Add lines 20b, 26e, and 26f 26g f Section 291 amount (corporations only) 26f g Add lines 26b groeperty: 30 a Sol, water, and land clearing expenses 27a b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c g H section 1256 property: 30 a load publied divelopment costs, expenditures 28a b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 28a 28a b Enter	Total gain. Subtract line 23 from line 20	24					
b Enter the smaller of line 24 or 25a 25b If section 1250 property: If straight line depreciation subject to section 291. 26a a Additional depreciation after 1975. See instructions 26a b Applicable precentage multiplied by the smaller of line 24 or line 26a rom line 24. If residential rental property or line 24 lish 1 more than line 26a, skip lines 26d and 26e 26b c Subtract line 26a rom line 24. If residential rental property or line 24 lish 1 more than line 26a, skip lines 26d and 26e 26d d Additional depreciation after 1969 and before 1976 26d 26d g Add lines 26b, 26e, and 26e 26d 26d f section 1252 property: Skit this section if you didn't dispose of lamhad or if this form is being completed for a partnership. 27a g Add lines 26b, 26e, and 26f 27a 27a a Soil, water, and land clearing expenses 27b 27b g Enter the smaller of line 24 or 27b. 27c 1 f section 1255 property: 28a 28a interget withing dup applicable precentage 27b 27b g Enter the smaller of line 24 or 27b. 27c 27b f section 1255 property: 28a 28a 28a interget withing dup applicable precentage 27b 27b 24b </td <td>If section 1245 property:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	If section 1245 property:						
If section 1250 property: If straight line depreciation was used, enter -0- on line 250, except for a corporation subject to section 291. 26a a Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. Skep lines 26d and 26e 26a c Subtract line 26a from line 24. If residential rental property or line 24 is nor than line 26a, skep lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e g Add lines 26b, 26e, and 26f 26g f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 27a g Add lines 26b, 26e, and 26f 27b g C and lines 24 or 27b 27c g Ta multiplied by applicable percentage 27b g Ta multiplied by applicable percentage 27c g Ta multiplied by applicable percentage 27c 27a 28a b Enter the smaller of line 24 or 27b 27c g Applicable defore for 126. See instructions 28a b Enter the smaller of line 24 or 28a. See instructions 29a g Applicable drilling and depetors. See instructions 29a g Applicable of Paret III Gains. Comple	a Depreciation allowed or allowable from line 22	25a					
was used, enter -0- on line 25g, except for a corporation subject to section 291. 26a a Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26a c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26d d Additional depreciation after 1969 and before 1976 26d d Additional depreciation after 1969 and before 1976 26d g Add lines 26b, 26e, and 26f 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g if section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for partnership. 27a a Soil, water, and land clearing expenses 27a z Tro 27b 27c I section 1254 property: 28a a Inangble driling and divelopment cost, expenditures for development of mines and other natural deposits, mining exploration costs, and depleton. See instructions 28a b Enter the smaller of line 24 or 28a 28a b Enter the smaller of line 24 or 28a. 28a 29a b Enter the smaller of line 24 or 28a. 28a 29a b Enter the smaller of line 2	b Enter the smaller of line 24 or 25a	25b					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 sn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d g Add lines 26b, 26e, and 26e 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you didn't dispose of familiand or if this form is being complete for a partnership. 27a a Soli, water, and land clearing expenses 27a b Line 27a multiplied by applicable percentage 27c d H section 1254 property: a langible drilling and development costs, expenditures for development of mise and other natural deposits, mining exploration costs, and depletion. See instructions 28a b Enter the smaller of line 24 or 28a. 28b b Enter the smaller of line 24 or 28a. 29a Jonicable percentage of payments excluded from income under section 126. See instructions 29a Jonicable percentage of payments excluded from income under section 126. See instructions 29a Jonicable percentage of payments excluded from income under section 126. See instructions 29a Jonicable percentage of payments excluded from income under section 126. See instructions	was used, enter -0- on line 26g, except for a corporation						
of line 24 or line 26a. See instructions 26b 26c c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d 26c e Enter the smaller of line 26c or 26d 26e 26e f Section 291 amount (corporations only) 26f 26g g Add lines 26b, 26e, and 26f 26g 26g g Add lines 26b, 26e, and 26f 26g 27a g Add lines 26b, 26e, and 26f 26g 27a g Add lines 26b, 26e, and 26f 26g 27a g Add lines 26b, 26e, and 26f 27a 27a b Line 27a multiplied by applicable percentage 27b 27c c Enter the smaller of line 24 or 27b 27c 27a a Intangible drilling and development costs, expenditures for development on times and other natural deposits, mining exploration costs, expenditures to the senalter of line 24 or 28a 28b 28a b Enter the smaller of line 24 or 28a. 28b 29a 29a Jummary of Part III Gains. Complete property columns A through D, line 24 30 31 Yead days for all properties. Add property columns A through D, line 24 31 3	a Additional depreciation after 1975. See instructions	26a					
property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c 26d d Additional depreciation after 1969 and before 1976 26d 26d e Enter the smaller of line 26c or 26d 26e 26e g Add lines 26b, 26e, and 26f 26g 26g g Add lines 26b, 26e, and 26f 26g 26g g Add lines 26b, 26e, and 26f 26g 27a g Add lines 26b, 26e, and 26f 26g 27a a Soli, water, and land clearing expenses 27a 27a a Soli, water, and land clearing expenses 27a 27b 2 b Line 27a multiplied by applicable percentage 27b 27b 2 2 a Intangible drilling and development costs, expenditures for development of lines 24 or 27b 28a 28a 2 b Enter the smaller of line 24 or 27b 28a 28a 2 2 if section 1255 property: 28a 29a 2 2 2 if section 1255 property: 28a 29a 2 2 2 2 if section 1255 property: 29a 29a 2 2 2 2 2 2 2		26b					
d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. a Soil, water, and land clearing expenses 27a b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c a Intangible drilling and development costs, expenditures for development of section 1255 property: 27c a Intangible drilling and development costs, expenditures for development of line 24 or 28a 28b D If section 1255 property: 28a a Applicable percentage of paryments excluded from income under section 128. See instructions be there the smaller of line 24 or 28a. 29b D If section 1255 property: a Applicable percentage of paryments excluded from income under section 128. See instructions be there the smaller of line 24 or 28a. 29b ummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. T total gains for all properties. Add property columns A through D, line 24 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4787, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	property or line 24 isn't more than line 26a, skip	26c					
f Section 291 amount (corporations only) 26f 26g 26g g Add lines 26b, 26e, and 26f 26g 26g 26g 26g 'If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. 27a 27a 27a a Soil, water, and land clearing expenses 27a 27b 27c 27c c Enter the smaller of line 24 or 27b 27c 27c 28a 28a a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a 28a 29a J If section 1255 property: a Applicable percentage of payments excluded from income under section 26 See instructions 28a 29a 29a J If section 1255 property: a Applicable percentage of anyments excluded from income under section 26. See instructions 29a 29a 29a 29a ummmary of Part III Gains. Complete property columns A through D, line 24 30 31 31 Add property columns A through D, line 32b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion form casualty or the		26d					
g Add lines 26b, 26e, and 26f 26g	e Enter the smaller of line 26c or 26d	26e					
g Add lines 26b, 26e, and 26f 26g							
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. 27a a Soil, water, and land clearing expenses 27b 27b b Line 27a multiplied by applicable percentage 27b 27c c Enter the smaller of line 24 or 27b 27c 36 a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a 38a b Enter the smaller of line 24 or 28a 28b 28a 30a of section 1255 property: 28b 39a 30a a Applicable percentage of payments excluded from income under section 126. See instructions be Enter the smaller of line 24 or 29a. See instructions 29b 29a 30a of the smaller of line 24 or 29a. See instructions be enstructions be Enter the smaller of line 24 or 29a. See instructions 29b 29b 30a of the smaller of line 24 or 29a. See instructions be enstructions be Enter the smaller of line 24 or 29a. See instructions 29b 30a of the smaller of line 24 or 29a. See instructions be through D, line 24 or 29a. See instructions 29b 30a 31a of the smaller of line 24 or 29a. See instructions 29b 30a 31a of the smaller of line 24 or 29a. See instructions 29b 31a	f Section 291 amount (corporations only)	26f					
dispose of farmland or if this form is being completed for a partnership. 27a 27a a Soil, water, and land clearing expenses 27a 27b b Line 27a multiplied by applicable percentage 27b 27c c Enter the smaller of line 24 or 27b 27c 27c a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a 28a b Enter the smaller of line 24 or 28a 28b 29a 29a a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29a b Enter the smaller of line 24 or 29a. See instructions 29a 29a 30 ummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 31 O Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, line 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4797, line 6 32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less		26g					
b Line 27a multiplied by applicable percentage 27b	dispose of farmland or if this form is being completed for a partnership.	272					
c Enter the smaller of line 24 or 27b 27c							
if section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a 28a 28a b Enter the smaller of line 24 or 28a 28b 28b 50 50 If section 1255 property: 28a 29a 50 50 a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29a 50 50 Jummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from casualty or theft on Form 4797, line 6 32							
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a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29b b Enter the smaller of line 24 or 29a. See instructions 29b 29b ummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 0 Total gains for all properties. Add property columns A through D, line 24 30 1 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less		28b					
b Enter the smaller of line 24 or 29a. See instructions 29b Image: Complete property columns A through D through line 29b before going to line 30. 0 Total gains for all properties. Add property columns A through D, line 24 30 1 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 2 Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
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Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 32 vart IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	ummary of Part III Gains. Complete property c	olumns	A through D through	n line 29b before going	to line 30.		
Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 from other than casualty or theft on Form 4797, line 6 32 art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
from other than casualty or theft on Form 4797, line 6 art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	Add property columns A through D, lines 25b, 26g,	27c, 28t	o, and 29b. Enter he	re and on line 13		31	
art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less	Subtract line 31 from line 30. Enter the portion from	casualty	y or theft on Form 40	684, line 33. Enter the	portion		
(see instructions)	from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Sectio	6 ns 179	and 280F(b)(2)	When Business			r Less
(a) Section (b) Se	(see instructions)				(.) 0 "		(b) Section

33 Section 179 expense deduction or depreciation allowable in prior years 33 34 34 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35

318012 12-27-23

Form 4797 (2023)

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7	3	-	6	1	0	8	0	3	2	
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FORM 4626	AMT CONTRIBUTIONS	STATEMENT 7
CARRYOVER OF PRIOR YE FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	ARS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIBU	TIONS	6
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME	AS ADJUSTED	6 3,268
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIO	NS	6
AMT CHARITABLE DEDUCT: REGULAR CONTRIBUTION 1		6 6
AMT CONTRIBUTION ADJU	STMENT	0

73-6108032

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 8
DESCRIPTION		AMOUNT
ADJUSTED GAIN OR LOSS		-98.
TOTAL TO FORM 4626, LINE 2Z		-98.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE 202			EORM 8453-EC								
Exempt Orga	inization name								Identifying number		
UNIVE	RSITY	OF CE	NTRAL OKLAHO	MA							
	ATION								73-6108032		
			formation (whole dollar								
1 Tota	l gross recei	ipts or unr	elated business taxable	income (Form 199, li	ne 4 or Fori	m 109, line 5) \dots			1		
2 Tota	l gross inco	me or tota	l tax (Form 199, line 8 o	r Form 109, line 14)					2		
3 Tota	l expenses a	and disbur	sements (Form 199, line	e 9)					3		
	due (Form 1	,									
	rpayment (Fo	orm 109, li	ine 24)						5		
Part II			Electronically for Tax	able Year 2023							
6			nd (Form 109 only.)								
	Electronic f				NOT installm	7b Withdrawa			yy) the exempt organization owes.)		
Part III	Schedule of	1						annount	, <u> </u>		
0.4			First Payment	Second Paym	ient	Third P	ayment		Fourth Payment		
8 Amou											
	rawal Date Banking In	formation	(Have you verified the	exempt organization'	s hanking ir	formation?)					
	ng number	lonnation		exempt organization	o burning i	normation.)					
	unt number				12 T	pe of account:		ecking	Savings		
-	Declaratio	n of Office	er		12 1	pe of account.		eeking	Gavings		
and any es Under pena transmitter California e a balance c organizatio statements delayed, I Sign Here	timated paym alties of perjuir, or intermedialectronic retu- due return, I u on will remain be transmitte authorize the Signature	ent amount ry, I declare iate service rn. To the b nderstand t liable for th ed to the FT e FTB to dis	Is listed on Part III, line 8 fr that I am an officer of the provider and the amounts best of my knowledge and I hat if the Franchise Tax Bo that if the Franchise Tax Bo to the tax liability and all applic B by the ERO, transmitter, close to the ERO or interm	om the bank account sp above exempt organizat in Part I above agree wi belief, the exempt organ ard (FTB) does not rece able interest and penalti or intermediate service nediate service provider 05/14/25 Date	ion and that i th the amoun ization's retu ive full and ti es. I authoriz provider. If the reason(PRE Title	rt IV. the information I p ts on the correspo rn is true, correct, mely payment of t te the exempt orga he processing of t	rovided to nding lines and compl ne exempt nization ret he exempt	my elects of the elects of the elected the			
Part VI	Declaratio	n of Elect	ronic Return Originato	r (ERO) and Paid Pre	eparer.						
am only an accurately provided th 1345, 2023 the exempt I declare th	Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.										
	ERO's				Date	Check if	I	Check if self-	ERO'S PTIN		
ERO	signature					also paid preparer	X	employe	d₽02083973		
	Firm's name (or y f self-employed)		ARLEDGE & A		P.C.				Firm's FEIN 73-1185089		
	and address		832 NW 70TH OKLAHOMA CI						ZIP code 73116		
			that I have examined the a d complete. I make this de					ements,	and to the best of my knowledge		
Paid Prepare	Paid preparer's signature					Date	Check if self- employe	d	Paid preparer's PTIN		
Must		me (or yours							Firm's FEIN		
Sign	if self-emp and addre								ZIP code		
									L. 0000		

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Form 479	7
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184
2023

	tment of the Treasury al Revenue Service	Attach to your tax return. Attachment Attachment Attachment 27 Go to www.irs.gov/Form4797 for instructions and the latest information. Attachment 27									
	e(s) shown on return		-					Ide	ntifying number		
	IVERSITY OF	CENTRAL	OKLAHOMA	7							
FO	UNDATION								73-6108032		
1a	Enter the gross proce										
	(or substitute stateme	ent) that you are	including on line	2, 10, or 20			L	1a			
b	Enter the total amour MACRS assets		-		-	-	f	1b			
c	Enter the total amour				due to the partial (CBS				
U	assets	it of loss that you			due to the partial			1c			
Pa		changes of	Property Use	ed in a Trade	or Business a	and Involuntar	v Conversi		From Other		
					re Than 1 Year		-				
2	(a) Description of property	n	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or oth basis, plus improvements a expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
CA	RLYLE CGI A	IV, LP							4.		
3	Gain, if any, from For	m 4684, line 39						3			
4	Section 1231 gain fro	m installment sa	les from Form 62	252, line 26 or 3	7		Γ	4			
5	Section 1231 gain or							5			
6	Gain, if any, from line							6			
7	Combine lines 2 throu							7	4.		
	Partnerships and S	corporations. R	eport the gain or	(loss) following	the instructions for	r Form 1065, Sche	dule K,				
	line 10, or Form 1120	-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	below.						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.										
8	Nonrecaptured net se	ection 1231 losse	es from prior yea	rs. See instructi	ons		Г	8			
9	Subtract line 8 from li	ine 7. If zero or le	ess, enter -0 If li	ne 9 is zero, ent							
	line 9 is more than ze	ro, enter the amo	ount from line 8 (on line 12 below	and enter the gair	n from line 9 as a lo	ong-term				
	capital gain on the So	chedule D filed w	rith your return. S	See instructions				9	4.		
Pa	rt II Ordinary	Gains and L	.osses (see ins	structions)							
10	Ordinary gains and I	osses not includ	ed on lines 11 th	rough 16 (inclue	le property held 1	vear or less):					
						,,-					

11	Loss, if any, from line 7						1 ()
12							2	
13	Gain, if any, from line 31						3	
14	Net gain or (loss) from Form 4684, line	es 31 and 38a				1	4	
15	Ordinary gain from installment sales fr	rom Form 6252,	line 25 or 36			1	5	
16							6	
17	Combine lines 10 through 16					1	7	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines						ip lines		
	a and b below. For individual returns,	complete lines a	a and b below.					
а	If the loss on line 11 includes a loss fr	om Form 4684,	line 35, column ((b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (Form 1040), line	16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "For	rm 4797, line 18	a." See instruction	ons			Ba	
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	re and on Schedule	1		
	(Form 1040), Part I, line 4					18	3b	
LH	A For Paperwork Reduction Act No	otice, see separ	ate instructions	5.				Form 4797 (2023)
3180	1 12-27-23							

Form 4797 (2023) FOUNDATION

Pa	rt III Gain From Disposition of Propert	ty Und	ler Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A								
B								
_C								
_D								
	These columns relate to the properties on							
	lines 19A through 19D.		Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable \dots	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
h	Enter the smaller of line 24 or 29a. See instructions	29b						
	mmary of Part III Gains. Complete property of		A through D through	line 20h hefore	aoina	to line 30		
					going			r
30	Total gains for all properties. Add property columns	A throu	igh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter her	e and on line 13			31	
32	Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 46	84, line 33. Ente				
Pa	from other than casualty or theft on Form 4797, line Int IV Recapture Amounts Under Section		9 and 280F(b)(2)	When Busin	ess I	Use Drops to	<u>32</u> 50%	or Less
	(see instructions)							
						(a) Section 179	ר ו	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable i	n prior years		33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

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318012 12-27-23

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Form 4797 (2023)

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers) partnerships REMICs and trusts

must use							
	Form 7004 to request an extension of time to file incor	ne tax retur	ns.				
Part I - Id	entification						
Type or Print	Name of exempt organization, employer, or other file UNIVERSITY OF CENTRAL OKLA FOUNDATION		uctions.	Taxpayer	Taxpayer identification number (TIN) $73 - 6108032$		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions.	City, town or post office, state, and ZIP code. For a EDMOND , OK 73034		ress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separat	te application for each return)			01	
Applicatio	on Is For	Return Code	Application Is For			Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
) (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
	T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	T (trust other than above)	06	Form 5330 (individual)			13	
	T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	1·A	08					
After vo	u enter your Return Code, complete either Part II or Pa	art III. Part II	I. including signature, is applicable o	nlv for an	extension of		
	Form 5330. pplication is for an extension of time to file Form 5330,	you must e	nter the following information.				
Plar	n Name						
Plar	Number						
Plar	Year Ending (MM/DD/YYYY)						
	tomatic Extension of Time To File for Exempt Orga		see instructions)				
The bc	oks are in the care of THE ORGANIZATION						
		SITY I	DRIVE - EDMOND, OK	73034			
Teleph	one No. <u>405-974-2770</u>		Fax No.				
	rganization does not have an office or place of busines		ited States, check this box				
• If this is	s for a Group Return, enter the organization's four-digit	Group Eva					
hov				f this is fo	the whole grou	p, check this	
box		and atta	ch a list with the names and TINs of	f this is for all membe	r the whole grou ers the extensior	ip, check this n is for.	
	uest an automatic 6-month extension of time until	and atta	ch a list with the names and TINs of	f this is for all membe	r the whole grou ers the extensior	ip, check this n is for.	
1 I rec		and atta IAY 15	ch a list with the names and TINs of, 20, to file	f this is for all membe	r the whole grou ers the extensior	ip, check this n is for.	
1 I rec	uest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year 20 or	and atta 1AY 15 ganization's	ch a list with the names and TINs of 	f this is for all membe the exem	r the whole grou ers the extension pt organization	p, check this n is for. return for	
1 I rec	uest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year 20 or	and atta 1AY 15 ganization's	ch a list with the names and TINs of, 20, to file	f this is for all membe the exem	r the whole grou ers the extension pt organization	ip, check this n is for.	
1 I rec	uest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year 20 or	and atta 1AY 15 ganization's	ch a list with the names and TINs of 	f this is for all membe the exem	r the whole grou ers the extension pt organization	p, check this n is for. return for	
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1 I rec the X 2 If th 3a If th any	auest an automatic 6-month extension of time until organization named above. The extension is for the orgonalization named above. The extension is for the orgonalization named above. The extension is for the orgonalization named above. The extension of time until the orgonalization named above. The extension of time until the orgonalization named above. The extension of time until the orgonalization named above. The extension is for the orgonalization named above. The extension named above. T	and atta IAY 15 ganization's , 20 check reaso 9, enter the	ch a list with the names and TINs of	f this is for all member the exem JUN 3 Final retur	the whole grou <u>ers the extension</u> pt organization 0 . n	p, check this <u>n is for.</u> return for , 20 <u>24</u> 0.	
1 I rec the X 2 If th 3a If th any b If th	quest an automatic 6-month extension of time until Image: standard standar	and atta IAY 15 ganization's , 20 check reaso 9, enter the 9, enter any	ch a list with the names and TINs of	f this is for all member the exem JUN 3 Final retur	the whole grou <u>ers the extension</u> pt organization 0 . n	p, check this n is for. return for , 20 <u>24</u>	
1 I rec the X 2 If th 3a If th any b If th esti	quest an automatic 6-month extension of time until Image: state of the orgenization named above. The extension is for the orgenization named above. The extension is for the orgenization relation is for less than 12 months, Image: state of the orgenization is for less than 12 months, Image: state of the orgenization is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions.	and atta 1AY 15 ganization's , 20 check reaso 9, enter the 9, enter any payment all	ch a list with the names and TINs of	f this is for all member the exem JUN 3 Final return 3a	the whole grou ers the extension pt organization 0 n \$	p, check this <u>n is for.</u> return for , 20 <u>24</u> 0.	
1 I rec the X 2 If th 3a If th any b If th estii c Bala	quest an automatic 6-month extension of time until Image: state of the orgenization named above. The extension is for the orgenization named above. The extension is for the orgenization relation is for less than 12 months, Image: state of the orgenization of the extension of the extension of the orgenization is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions.	and atta IAY 15 ganization's , 20 check reaso 9, enter the 9, enter any payment all vayment with	ch a list with the names and TINs of	f this is for all member the exem JUN 3 Final return 3a	the whole grou ers the extension pt organization 0 n \$	p, check this <u>n is for.</u> return for , 20 <u>24</u> 0.	

LHA 323841 12-22-23

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers) partnerships REMICs and trusts

Doubl Id	Form 7004 to request an extension of time to file incom	ne tax retur	ns.				
Part I - 10	entification						
Type or Print	Name of exempt organization, employer, or other file UNIVERSITY OF CENTRAL OKLAN FOUNDATION		uctions.	Taxpayer	Taxpayer identification number (TIN) $73 - 6108032$		
File by the due date for filing your	the te for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions.	City, town or post office, state, and ZIP code. For a feedback $EDMOND$, OK 73034	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			07	
Application	on Is For	Return Code				Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
After yc	u enter your Return Code, complete either Part II or Pa	rt III. Part II	, i, including signature, is applicable o	nly for an	extension of		
	e Form 5330. oplication is for an extension of time to file Form 5330, y	/ou must e	nter the following information.				
Plai	n Name						
Plai	n Number						
	n Year Ending (MM/DD/YYYY)						
	Itomatic Extension of Time To File for Exempt Organ	nizations (s	ee instructions)				
The bo	oks are in the care of THE ORGANIZATION						
		SITY I	ORIVE - EDMOND, OK				
	one No. $405 - 974 - 2770$		Fax No				
	rganization does not have an office or place of busines		ted States, check this box				
 If this i 	s for a Group Return, enter the organization's four-digit						
				f this is for	the whole group,	check this	
box[If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	f this is for all membe	the whole group, ers the extension i	check this s for.	
box[1 I rec	quest an automatic 6-month extension of time until \underline{M}	and atta	ch a list with the names and TINs of , 20 25 , to file	f this is for all membe	the whole group, ers the extension i	check this s for.	
box[1 I rec	quest an automatic 6-month extension of time until \underline{M}	and atta	ch a list with the names and TINs of , 20 25 , to file	f this is for all membe	the whole group, ers the extension i	check this s for.	
box [1 I red the	quest an automatic 6-month extension of time until \underline{M} organization named above. The extension is for the org	and atta	ch a list with the names and TINs of 	f this is for all membe the exem	the whole group, ers the extension is pt organization re	check this s for. turn for	
box[1 I rec	quest an automatic 6-month extension of time until \underline{M} organization named above. The extension is for the org calendar year 20 or	and atta	ch a list with the names and TINs of , 20 25 , to file	f this is for all membe the exem	the whole group, ers the extension is pt organization re	check this s for. turn for	
box [1 I rec the X	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year 20 or tax year beginning JUL 1	and atta	ch a list with the names and TINs of	f this is for all member the exem	the whole group, ers the extension is pt organization re	check this s for. turn for	
box [1 I rec the X	quest an automatic 6-month extension of time until \underline{M} organization named above. The extension is for the org	and atta	$\frac{\text{ch a list with the names and TINs of}}{25}, 20, 25$, to file return for: 23, and ending	f this is for all membe the exem	the whole group, ers the extension is pt organization re	check this s for. turn for	
box[1 I rea the X 2 If th	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year 20 or tax year beginningJUL 1 e tax year entered in line 1 is for less than 12 months, c	and atta \mathbf{AY} 15 anization's , 20 $\frac{1}{2}$	ch a list with the names and TINs of	f this is for all member the exem	the whole group, ers the extension is pt organization re	check this <u>s for.</u> turn for 20 <u>2 4</u>	
box [1] 1 I rea the X 2 If th 3a If th	quest an automatic 6-month extension of time until M organization named above. The extension is for the org calendar year 20 or tax year beginning JUL 1 e tax year entered in line 1 is for less than 12 months, c Change in accounting period	and atta \mathbf{AY} 15 anization's , 20 $\frac{1}{2}$	ch a list with the names and TINs of	f this is for all member the exem	the whole group, ers the extension is pt organization re	check this s for. turn for	
box [1 I rea the [X [2 If the 3a If the	quest an automatic 6-month extension of time until M organization named above. The extension is for the org calendar year 20 or tax year beginning JUL 1 e tax year entered in line 1 is for less than 12 months, or Change in accounting period is application is for Forms 990-PF, 990-T, 4720, or 6068	and atta AY 15 anization's , 20 check reaso 9, enter the	ch a list with the names and TINs of	f this is for all member the exem JUN 3	the whole group, <u>ers the extension is</u> pt organization re <u>0</u> , 2 n \$	check this <u>s for.</u> turn for 20 <u>2 4</u> 0 •	
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box[1 I rea the 2 If th 3a If th any b If th esti	quest an automatic 6-month extension of time until M organization named above. The extension is for the org calendar year 20 or tax year beginning JUL 1 e tax year entered in line 1 is for less than 12 months, c Change in accounting period is application is for Forms 990-PF, 990-T, 4720, or 6068 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6068	and atta AY 15 anization's , 20 check rease d, enter the d, enter any payment all	ch a list with the names and TINs of , 20 25 , to file return for: 23 , and ending on: Initial return tentative tax, less refundable credits and	f this is for all member the exem JUN 3 Final return 3a	the whole group, <u>ers the extension is</u> pt organization re <u>0</u> , 2 n \$	check this <u>s for.</u> turn for 20 <u>2 4</u> 0 . 7 , 7 6 0 .	
box [1] 1 I rea the 2 If th 3a If th any b If th esti c Bal	quest an automatic 6-month extension of time until M organization named above. The extension is for the org calendar year 20 or tax year beginning JUL 1 e tax year entered in line 1 is for less than 12 months, c Change in accounting period is application is for Forms 990-PF, 990-T, 4720, or 6068 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6068 mated tax payments made. Include any prior year overgements	and atta AY 15 anization's , 20 check rease b, enter the b, enter any bayment all ayment with	ch a list with the names and TINs of	f this is for all member the exem JUN 3 Final return 3a	the whole group, <u>ers the extension is</u> pt organization re <u>0</u> , 2 n \$	check this <u>s for.</u> turn for 20 <u>2 4</u> 0 •	

LHA 323841 12-22-23

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Amount



Oklahoma Corporate, Fiduciary and Partnership Estimated Tax

Tax Year 2024 Worksheet for Corporations, Partnerships and Trusts

See the general instructions for additional filing information.

A corporation or trust with an estimated income tax liability of \$500 or more for the year is required to file a declaration and pay estimated tax. The corporate income tax rate is 4% of taxable income. The tax rates for trusts are in the Form 513 or 513-NR instructions. Estates are not required to file an estimated tax return declaration. The tax for partnerships will be determined by reference to Form 514-PT and instructions.

1	Enter the estimated Oklahoma income tax* for the current year	1320 00
2	Enter the income tax credits	00
3	Enter the estimated Oklahoma income tax liability (subtract line 2 from line 1)	1320 00
4	A. Multiply line 3 by 70% 924 00	
	B. Enter the tax liability shown on the previous year's tax return 1320 00	
	C. Enter the smaller of line 4A or 4B. Note: If line 3 is less than \$500, estimated tax payments are not required	924 00
5	Estimated amount of withholding	00
6	Subtract line 5 from line 4C	924 00
	Note: If less than zero, or line 3 minus line 5 is less than \$500, estimated tax payments are not required.	
7	Amount to be paid with each coupon (if paid quarterly, 25% of line 6)	00

Ourstan

* If income is received unevenly throughout the year (e.g. operating a business on a seasonal basis), the estimated tax payment may be lowered for one or more periods by using the annualized income installment method as prescribed in the Internal Revenue Code and in the Oklahoma Tax Commission (OTC) Rule 710:50-13-9. The annualization provisions found in Sections 6655(e)(2)(C) and 6655(e)(3) of the Internal Revenue Code may not be used. Computing estimated taxes on an annualized basis shall only be permitted for a taxable year of twelve months.

	Quarter	Dale Faiu	Amount
	Applied from 2	023 Tax Return	
Mandatory inclusion of Social Security and/or Federal Identification Numbers are required on forms filed with the OTC	1		
pursuant to 68 Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential	2		
files and records of the OTC.	3		
	4		930
The OTC is not required to give actual notice of change in any state tax law.		Total	930

Record of Estimated Tax Payments

Data Daid

372351 10-28-23

372621 09-12-23

• Do not fold, staple, or paper clip	Detach Here and Re	eturn Coupon with Paymer	• Do not tear or o	cut below line
	homa Corporate, nership Estimated			
Mailing Address Change (Enter new mailing address	below)			
UNIVERSITY OF CENTRAL FOUNDATION	OKLAHOMA	Taxpayer FEIN	73-6108032	
Name		Tax Year	2024	
100 NORTH UNIVERSITY	DRIVE	Quarter	1	
Address			Dollars	Cents
EDMOND, OK 73034 City State	ZIP	- Amount of Payment:		
			Please remit only one check	per coupon.
		oupon, along with payment, to: a Tax Commission - PO Box 2690	27 - Oklahoma City, OK 73	126-9027
21460513 251366 7573	2	2023.05070 UNIVERS	ITY OF CENTRAL	OKL 7573

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372621 09-12-23

Do not fold, staple, or paper clip	Detach Here and Re	eturn Coupon with Paymen	• Do not tear or cut below line
	ahoma Corporate, nership Estimated		
Mailing Address Change (Enter new mailing address	below)		
UNIVERSITY OF CENTRAI FOUNDATION	GKLAHOMA	Taxpayer FEIN	73-6108032
Name		Tax Year	2024
100 NORTH UNIVERSITY Address	DRIVE	Quarter	2
EDMOND, OK 73034 City State	ZIP	Amount of Payment:	Dollars Cents Cents
		F oupon, along with payment, to:	Please remit only one check per coupon. 27 - Oklahoma City, OK 73126-9027
460513 251366 7573	2	2023.05070 UNIVERS	ITY OF CENTRAL OKL 7573_

372621 09-12-23

• Do not fold, staple, or paper clip	Detach Here and Re	turn Coupon with Paymen	• Do not tear or	cut below line
	ma Corporate, F ship Estimated			
Mailing Address Change (Enter new mailing address belo	w)			
UNIVERSITY OF CENTRAL O FOUNDATION	KLAHOMA	Taxpayer FEIN	73-6108032	
Name		Tax Year	2024	
100 NORTH UNIVERSITY DR	IVE	Quarter	3	
Address EDMOND, OK 73034			Dollars	Cents
EDMOND, OK 73034 City State	ZIP	Amount of Payment:		·
		F upon, along with payment, to: Tax Commission - PO Box 2690	Please remit only one chec 27 - Oklahoma City, OK 7	
21460513 251366 7573	2	023.05070 UNIVERS	ITY OF CENTRAL	OKL 7573

_1

372621 09-12-23

• Do not fold, staple, or paper clip	Detach Here and Ret	urn Coupon with Paymen	• Do not tear or	cut below line
	ahoma Corporate, Fi tnership Estimated T			
Mailing Address Change (Enter new mailing address	s below)			
UNIVERSITY OF CENTRAI FOUNDATION	L OKLAHOMA	Taxpayer FEIN	73-6108032	
Name		Tax Year	2024	
100 NORTH UNIVERSITY	DRIVE	Quarter	4	
Address			Dollars	Cents
EDMOND, OK 73034 City State	e ZIP	Amount of Payment:		930.
		F pon, along with payment, to: ax Commission - PO Box 2690	Please remit only one chect 27 - Oklahoma City, OK 7	
21460513 251366 7573	20	23.05070 UNIVERS	ITY OF CENTRAL	OKL 75731

Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code

Form 512-E 2023



PAI			
	For the year January 1 - December 31, 2023, or other taxable year beginning: JUL 1 2023 en	iding: JU	N 30 2024
Nam	e of Organization Federal Employer Identification Number	Dat	e Qualified for Tax Exempt Status
ע	NIVERSITY OF CENTRAL OKLAHOMA FOUN 73-6108032	0	3/01/1954
Addr	ess (Number and Street)		
1	00 NORTH UNIVERSITY DRIVE		
City	State or Province Country		ZIP or Foreign Postal Code
E	DMOND OKLAHOMA		73034
Pla	ce an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Sch	hedule 512-E	E-X on page 2)
	RT 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME ase read instructions on pages 3-4)	I	Allocable Oklahoma
	Total unrelated trade or business income - applicable Federal Form(s) 990 33676	.00	33995.00
в	Total unrelated trade or business deductions - applicable Fed. Form(s) 990	.00	1000.00
с	Unrelated business taxable income - enter here and on line 1 below 32676	.00	32995.00
INC	OME SUBJECT TO TAX		
1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1 [32995 00
2	Other net income - provide schedule	2	00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3	00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4	32995 00
TAX	COMPUTATION		
5	Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and		
	enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and		1320 00
	68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5 [[
6	Less: Other Credits Form (total from Form 511-CR)	6 [00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	1320 00
8	2023 Oklahoma estimated tax and extension payments and prior year carryforward	8	00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement) \dots	9	00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	00
11	Any refunds or overpayment applied (amended return only)	11	()00
12	Total of lines 8 through 11	12	00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	00
14	Amount of line 13 to be credited to 2024 estimated tax (original return only)	14	00

Name of Organization:		FOIN		Federal Emplo	yer Identification Number:
UNIVERSITY OF CEN	TRAL OKLAHOMA	FOUN		/3-610	18032
			Amount from line 14	on page 1	
ine 15 provides you the opport rganizations. Place the line nur he amount you are donating. If chedule showing how you wou	nber of the organization fro giving to more than one or	om page 4 of this	form in the box below	w and enter	
5 Donations from your refund	\$2	\$5	\$	15	5
Add lines 14 and 15 and ente	er amount				3
Amount to be refunded to yo	u (line 13 minus line 16)			Refund 17	7
Direct Deposit Note: -					
All refunds must be by direct	Deposit my refund i	-	unt that is located outside	e of the United St	
deposit. See Direct Deposit Information on page 5 for details.					hoodint
	Routing Number:				
	Account Number:				
_					
8 Tax Due (if line 7 is larger tha	n line 12 enter tax due)			Tax Due 18	1320
For delinquent payment, add	penalty of 5% plus interest a	at 1.25% per mon	th		147
Underpayment of estimated	ax interest		Annual	ized 20	155
Total tax, penalty and interes				alance Due 21	1622
_ der penalty of perjury, I declare the d belief.	information contained in this of	document, attachm	ents and schedules are t	rue and correct t	to the best of my knowledge
gnature of Officer or Trustee	Date	Check this box if the Oklahoma Tax	Signature of Preparer		Date
inted Name		 Commission may discuss this return with 	JENNIFER L Printed Name of Preparer	INDSTROM	
ALLEN WRIGHT		your tax preparer.	JENNIFER L	INDSTROM	[
		X	Phone Number:		Preparer's PTIN:
PRESIDENT	4059742770		4053480615		P02083973
CHEDULE 512-E-X: AMENDED	RETURN SCHEDULE (See	e instructions on	page 3)		
Did you file an amended Fede	ral income tax return?		es X No		
Provide a copy of the amended				nd check or dec	oosit slip.
If this return is being filed due			•		
in and retain is being med due	to a rodorar addit, provide	a somplete copy			
C Explanation or reason for ame	nded return (previde all pee		١.		

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

State of Oklahoma Underpayment of Estimated Tax Worksheet



Name as shown on ret					5
UNIVERSITY	OF	CENTRAL	OKLAHOMA	FOUNDATIO	7

SSN or FEIN	
73-6108032	

ORM	OW-8-P	202
ш.		3

Section One: Annualized Method

Check the box to the left if you are using the **annualized income installment method**. If your income varied during the year because, for example, you operated your business on a seasonal basis, you may be able to lower or eliminate the amount of one or more required installments by using the annualized income installment method. If you checked the box, you must complete and provide with your return this form and Form OW-8-P-SUP-I for individuals or OW-8-P-SUP-C for corporations and trusts. These forms can be obtained from our website at **tax.ok.gov**.

Section Two: Worksheet

Part 1: Required Annual Payment			
1. Income tax shown on your current year's tax return	1	1320	
2. Oklahoma credits (refundable and nonrefundable)			
3. Oklahoma tax liability. Subtract line 2 from line 1		1320	
If less than \$1,000, stop here; you do not owe the interest.			
4. Multiply line 3 by 70% (0.70)			924
5. Withholding taxes			
Do not include any estimated tax payments on this line.			
6. Subtract line 5 from line 3		1320	
If less than \$500, stop here; you do not owe the interest.			
7. Tax liability shown on your previous year's tax return	7		1205
Previous year's return must be for 12 months. If you were not required to file an			
income tax return for the previous tax year, stop here; you do not owe the interest.			
8. Required annual payment. Enter the smaller of line 4 or line 7			924
Note: If line 5 is equal to or more than line 8, stop here; you do not owe the interest.	Due Date of Inst	allments	

Part 2: Figure Your Underpayment	Column A April 15th First Quarter	Column B June 15th Second Quarter	Column C Sept. 15th Third Quarter	Column D Jan. 15th Fourth Quarter
9. Required annual payment 9	231	231	231	231
Enter 1/4 of line 8 in each column unless you have checked the box in Section 1. If checked, enter the amounts from Form OW-8-P-SUP-I or OW-8-P-SUP-C.				
10. a. Tax withheld (see instructions) 10a				
b. Estimated tax paid (see instructions)				
c. Add lines 10a and 10b 10c				
If line 10c is equal to or more than line 9 for all payment				
periods stop here; you do not owe the interest.				
Complete lines 11 - 17 of one column before continuing				
11. Enter amount, if any, from line 17 of previous column 11				
12. Add lines 10c and 11 12				
13. Add amounts on lines 15 and 16 of the previous column \dots 13		231	462	693
14. For Column A only, enter the amount from line 10c 14				
For Columns B, C and D, subtract line 13 from line 12.				
If zero or less, enter "0".				
15. If the amount on line 14 is zero, subtract line 12				
from line 13. Otherwise, enter "0" 15		231	462	
16. Underpayment. If line 9 is equal to or more than line 14,				
subtract line 14 from 9. Then go to line 11 of next column \dots 16	231	231	231	231
17. Overpayment. If line 14 is equal to or more than line 9,				
subtract line 9 from 14. Then go to line 11 of next column \dots 17	0	0	0	0
Complete lines 18 and 19 after completion of Part 3				
18. Interest due for each quarter (from Part 3)	SEE A	TTACHED WORK	SHEET	
19. Total Interest. Add line 18, Columns A, B, C and D $_{\dots}$ 19				155

Line 10: You are considered to have paid one-fourth of your withholding on each payment due date unless you can show otherwise. Estimated tax must be entered in the quarter in which it was paid (ie. Column A, payments made by 4/15; Column B, payments made 4/16 through 6/15; Column C, payments made 6/16 through 9/15; and Column D, payments made 9/16 through 1/15 of the following year). Payments made after the due date of the fourth quarter estimate shall not be included on this line as an estimated tax payment, but shall be used in the underpayment worksheet as a prepayment of tax (see instructions for Part 3). Include in the first quarter any overpayment of tax from your previous tax year's return that you elected to apply to this year's estimated tax.

Line 19: Enter total interest here and on your income tax return.

372601 12-06-23



Name as shown on returnSSN or FEINUNIVERSITY OF CENTRAL OKLAHOMA FOUNDATIO73-6108032

Part 3: Computation of Interest	Column A	Column B	Column C	Column D	Column E
Complete each quarter before going to	Date of	Amount of	Balance Due	Number of	Interest
the next quarter.	Payment	Payment	After Payment	Days	
First Quarter ● Due Date 4/15					
Enter required payment from Part 2, line 9, Column A.					
Enter any withholding.	4/15				
Enter amount to apply from previous year, if any.	4/15				
Enter any estimated tax payment.	4/15				
Enter tax payment made after 4/15.					
Enter tax payment made after 4/15.					
Total interest due for first quarter.					

Second Quarter Due Date 6/15			
Enter required payment from Part 2, line 9, Column B.			
Enter any withholding not used in prior quarter.	6/15		
Enter any estimated tax not used in prior quarter.	6/15		
Enter tax payment made after 6/15.			
Enter tax payment made after 6/15.			
Total interest due for second quarter.			

Third Quarter Due Date 9/15			
Enter required payment from Part 2, line 9, Column C.			
Enter any withholding not used in prior quarters.	9/15		
Enter any estimated tax not used in prior quarters.	9/15		
Enter tax payment made after 9/15.			
Enter tax payment made after 9/15.			
Total interest due for third quarter.			

Fourth Quarter Due Date 1/15			
Enter required payment from Part 2, line 9, Column D.			
Enter any withholding not used in prior quarter.	1/15		
Enter any estimated tax not used in prior quarter.	1/15		
Enter tax payment made after 1/15.			
Enter tax payment made after 1/15.			
Total interest due for fourth quarter.			

372602 11-17-23

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

OK

lame(s) FOUNDATION				Identifying Nu	ımber
	OF CENTRAL O	KLAHOMA		73-61	08032
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
10/15/23	231	231	61	.000547945	
12/15/23	231	462	16	.000547945	
12/31/23	0	462	75	.000546448	1
03/15/24	231	693	122	.000546448	4
07/15/24	231	924	154	.000546448	7
nalty Due (Sum of Colu			1	-	15

* Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23

	-		** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		2023
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may b	•	Open to Public
Interi	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the latest ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	Inspection
	Check if		ar year, or tax year beginning JUL 1,2023 and ending for and ending for a second second second second second se	D Employer identifica	tion number
D (pplicab	la.	ERSITY OF CENTRAL OKLAHOMA	D Employer identifica	uon number
	Addre		DATION		
	Name		usiness as	73-610803	2
	Initial			e E Telephone number	
	Final Feturr		NORTH UNIVERSITY DRIVE	405-974-2	
_	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,586,820.
	Amer returr Appli	EDMO.	ND, OK 73034	H(a) Is this a group retu	
	tion pendi		nd address of principal officer: ALLEN WRIGHT	for subordinates?	
	-	SAME .		H(b) Are all subordinates inclu	
		empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52 CENTRALCONNECTION.ORG	- '	st. See instructions
	Nebsi			H(c) Group exemption of formation: 1954	
	art I	Summary			
	1	-	e the organization's mission or most significant activities: FUNDING O	F COLLEGE SCHO	DLARSHIPS
S	·		PORT OF UNIVERSITY PROGRAMS.		
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of mor	e than 25% of its net asse	ts.
ver	3	Number of vot	ing members of the governing body (Part VI, line 1a)		50
	4	Number of ind	50		
es 8	5	Total number		0	
vitio	6	Total number	of volunteers (estimate if necessary)		50
Activities &			d business revenue from Part VIII, column (C), line 12		33,676.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		32,676.
				Prior Year 5,718,397.	Current Year 6,297,374.
an	8		and grants (Part VIII, line 1h)	60,636.	60,636.
Revenue		0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	1,127,681.	3,223,820.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,906,714.	9,581,830.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	9,713,588.	2,953,075.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b		ing expenses (Part IX, column (D), line 25) 79,474.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,542,557.	2,843,838.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,256,145.	5,796,913.
	19	Revenue less	expenses. Subtract line 18 from line 12	-4,349,431. Beginning of Current Year	3,784,917. End of Year
ts o		Tatal assats (F	—	57,111,883.	62,297,981.
Asse	20 21	Total assets (F		4,966,817.	4,371,379.
Net Assets or	22		(Part X, line 26) fund balances. Subtract line 21 from line 20	52,145,066.	57,926,602.
	art II	Signature			
Und	er pen	-	I declare that I have examined this return, including accompanying schedules and staten	nents, and to the best of my k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepare		

Sign	Signature of officer		Date							
Here	ALLEN WRIGHT, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JENNIFER LINDSTROM	JENNIFER LINDSTROM	05/13/25 self-employed P02083973							
Preparer	Firm's name ARLEDGE & ASSOCIA	TES, P.C.	Firm's EIN 73-1185089							
Use Only	Firm's address 832 NW 70TH ST									
	OKLAHOMA CITY, OK	73116	Phone no. $405 - 348 - 0615$							
May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

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

Form **990** (2023)

-	UNIVERSITY OF CENTRAL OKLAHOMA 990 (2023) FOUNDATION 73-6108032 Page
Par	990 (2023) FOUNDATION 73-6108032 Page t III Statement of Program Service Accomplishments 73-6108032 Page
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FUNDING OF COLLEGE SCHOLARSHIPS AND SUPPORT OF UNIVERSITY PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,370,839. including grants of \$2,953,075.) (Revenue \$60,636.
	PROVIDE GIFTS, SCHOLARSHIPS, AND ORGANIZATIONAL SUPPORT TO THE
	UNIVERSITY OF CENTRAL OKLAHOMA AND ITS STUDENTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 4,370,839.

Form 990 (2023) FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8	x	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	x	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </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>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	0000
332003	3 12-21-23	⊢orm	33U (2023)

Form 990 (2023) FOUNDATION
Part IV Checklist of Required Schedules (continued)

FOUNDATION

Form 990 (2023)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)

Form	990 (2023) FOUNDATION 73-61	08032	2 г	Page 5			
Par	t V 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 Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		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		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
	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		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?			x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	····					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C						
8							
-	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а		13a	1				
-	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand	_					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	···· ••••		1			
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
10	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
.,		17					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

332005 12-21-23

Form **990** (2023)

FOUNDATION

Form 990 (2023)

73-6108032 Page 6

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					Δ	
Sec	tion A. Governing Body and Management						
		Ι.	L 50		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	50				
	If there are material differences in voting rights among members of the governing body, or if the governing						
-	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		E0				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	50				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
~	officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under the		-			v	
			- 6110	3		X X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X	
6 7-	Did the organization have members or stockholders?			6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-		х	
	more members of the governing body?			7a			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					x	
~	persons other than the governing body?			7b		~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0	х		
a	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	~		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	<u>Code.)</u>		¥.	N	
10-	Did the exercise time level charters by an efficience			40-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		л	
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104			
444			ro filing the form?	<u>10b</u> 11a	Х		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belo			Δ		
b 120				12a	х		
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			12b	Х		
С		,		12c	х		
10	on Schedule O how this was done			13	X		
13	Did the organization have a written desument retention and destruction policy?			14	X		
14 15	Did the organization have a written document retention and destruction policy?			14	Δ		
15	Did the process for determining compensation of the following persons include a review and approva	ai by in	dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0		х	
a L	The organization's CEO, Executive Director, or top management official			15a		X	
a	Other officers or key employees of the organization			15b		~~	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont	with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			16-		х	
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		Δ	
D			-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h			
Sec	exempt status with respect to such arrangements?	<u></u>		16b			
17	List the states with which a copy of this Form 990 is required to be filed AK , AR , CA , FL , G	a k	Y MD MA MN	MS	NH	NM	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a						
18	for public inspection. Indicate how you made these available. Check all that apply.	10 336		only)	uvalidi	210	
			abadula ()				
10	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the organization made its governing documents, compared tot the organization made its governing docume			finan			
19	statements available to the public during the tax year.	ninii Ct (or interest policy, and	man	Jai		
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	oke on	d records				
20	THE ORGANIZATION - 405-974-2770	uns an					
	100 NORTH UNIVERSITY DRIVE, EDMOND, OK 73034						
332004	Intervision Intervision Intervision 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)	
202000				. 0111		(

2023.05070 UNIVERSITY OF CENTRAL OKL 7573___1

UNIVERSITY	OF	CENTRAL	OKLAHOMA
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Form 990 (2		73-61
Part VII	Compensation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

Name and title Average hours per billing and billing and billi	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck (list any nours for disked interval (list any hours for related organizations (list any hours for related organizations (list any hours for related organization (list any hours for related organization (list any hours for related organization (list any hours for related organization for related organizatio for related organization for related organization	Name and title	Average	(do	Position				ane	Reportable	Reportable	Estimated
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(17) CANDACE HOBBS 1.00 X 0. <td>(16) BRIAN DOWNS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) BRIAN DOWNS	1.00									
TRUSTEE X 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
	(17) CANDACE HOBBS	1.00									
	TRUSTEE		Х						0.	0.	

332007 12-21-23

Form 990 (2023)

FOUNDATION

Form 990 (2023) FOUNDATIO	ON								73-6108	032 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	an	d Hig	ghes	st C	compensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	sitior			Reportable	Reportable	Estimated
	hours per					than d is both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	director				D.		organization	(W-2/1099-MISC/	from the
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	lal tri		yee	a mo		1099-NEC)		and related
	below	Individual trustee or	Institutional trustee	er	ample	loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former			
(18) CARLOS EVANS	1.00									
TRUSTEE		Х						0.	0.	0.
(19) CASEY MOORE	1.00									
TRUSTEE	1	Х						0.	0.	0.
(20) CYNTHIA QUICK BLACK	1.00									
TRUSTEE		Х						0.	0.	0.
(21) DAVIS PURYEAR	1.00									
TRUSTEE		Х						0.	0.	0.
(22) DENNIS MOUTRAY	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(23) DERREK BELASE	1.00								0	
TRUSTEE	1 0 0	Х				_		0.	0.	0.
(24) ERIC RUSSELL	1.00	77							0	
TRUSTEE (25) HEIDI RUSSELL	1.00	Х				-		0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(26) JEANETTE NANCE	1.00	Λ				-		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
								0.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but n								• •		
compensation from the organization		ose	iiste	u a	DOVE	<i>y</i> wii		eceiveu more man \$100,	ooo or reportable	0
compensation norm the organization										Yes No
3 Did the organization list any former officer,	director trust	⊳ k		mn	love	e or	hia	nhest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for si			•	•					•	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	-				-			-		5 X
Section B. Independent Contractors		2010	JI SU	СП	pers	.011 .				<u> </u>
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt c	ontra	acto	rs th	hat received more than \$	100.000 of compensa	tion from
the organization. Report compensation for t										
(A)				0				(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices (Compensation
2 Total number of independent contractors		at 1 1	nitor	1+~	that		to d	abovo) who received	are then	
2 Total number of independent contractors (in	iciualing but he	JUIN	mec	10	unos	se IIS	red	above) who received mo		

\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

FOUNDATION

Form 990

Part VII Section A. Officers, Directors, - (A)			ycc.			ingin	551 (```	(F)
(A) Name and title	(B) Average			(C Posit				(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(cl		all t			lv)	compensation	compensation	amount of
	per	(0)				app	,,	from	from related	other
	week					yee		the	organizations	compensatior
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		e	pensi				and related
	organizations below	ual tri	tional		ploye	t com	~			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) JEFF COIL	1.00	_	-	0	×	Ŧ	ш			
TRUSTEE	1.00	х						0.	0.	0
(28) JENNIFER SANCHEZ	1.00								••	0
IRUSTEE		x						0.	0.	0
(29) JOHN BOBB-SEMPLE	1.00									
IRUSTEE		x						0.	0.	0
(30) JONI MCCLAIN	1.00									
IRUSTEE		x						0.	0.	0
(31) KATE O'NEILL RAUBER	1.00									
TRUSTEE		x						0.	0.	0
(32) KEVIN HILL	1.00									
TRUSTEE		Х						0.	Ο.	0
(33) LEE BEASLEY	1.00									
TRUSTEE		Х						0.	0.	0
(34) MARILYN DAVIDSON	1.00									
TRUSTEE		Х						0.	0.	0
(35) MARK HOLLAND	1.00									
TRUSTEE		Х						0.	0.	0
(36) MATT BLUBAUGH	1.00									
TRUSTEE		Х						0.	0.	0
(37) MEGAN WESTBROOK	1.00									
TRUSTEE		Х						0.	0.	0
(38) MIKE KLOIBER	1.00									
TRUSTEE	1 00	X						0.	0.	0
(39) MIKE STEFFEN	1.00							0	0	0
TRUSTEE	1 0 0	Х						0.	0.	0
(40) PAIGE SHEPHERD	1.00							0	0	0
IRUSTEE	1 00	Х						0.	0.	0
(41) PATRICK MOK TRUSTEE	1.00	х						0.	0.	0
(42) PEGGY GEIB	1.00	<u> </u>						0.	0.	0
(42) PEGGI GEIB TRUSTEE	1.00	х						0.	0.	0
(43) SCOTT WAUGH	1.00							0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(44) SHANE PATE	1.00							0.	0.	0
IRUSTEE	1.00	x						0.	0.	0
(45) SHEELY DOUGLAS	1.00							0.	0.	0
IRUSTEE	1.00	х						0.	0.	0
(46) SHERRY BEASLEY	1.00								•	0
		х						0.	0.	0

332201 04-01-23

UNIVERSITY	OF	CENTRAL	OKLAHOMA
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FOUNDATION

Form 990

index	Porm 990 FOUNDATIO									75-010	0032
Name and Itile Average per werk (list ary related organization below Position (werk (list ary) related organization (W2/1098-MISC) Beloratio compensation (W2/1098-MISC) Beloratio compensation (W2/1098-MISC) Beloratio arganization (W2/1098-MISC) Beloratio arganizatio (W2/1098-MISC) Beloratio arganizatio (W2/1098-MISC)			nplo	yee			ligh	est		, ,	
Induits (check all that apply) week (right any burs for bin (check all that apply) burs for bin compensation from related organization (W-2/109-MISC) compensation from related organization (W-2/109-MISC) <thcompensation from related organ</thcompensation 											
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UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

			2023) FOUNDATION				73-6108	032 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n Gr			Fundraising events 1 c					
ifts ar A			Related organizations 1d					
s, G nila			Government grants (contributions) 1e					
Sii			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	6,297,374.				
d Of		g	Noncash contributions included in lines 1a-1f	20,671.				
Col		h	Total. Add lines 1a-1f		6,297,374.			
				Business Code				
ė	2	а	JAZZ LAB RENTAL	900099	60,636.	60,636.		
e rvic		b						
Se		с						
am eve		d						
Program Service Revenue		е						
ŗ,		f	All other program service revenue					
		g	Total. Add lines 2a-2f		60,636.			
	3		Investment income (including dividends, intere					
			other similar amounts)		1,805,554.		33,676.	1771878.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	а	assets other than inventory 7a 2,423,256.					
		h	Less: cost or other basis					
e		D	and sales expenses 7b 1,004,990.					
evenue		c	Gain or (loss)					
Seve			Net gain or (loss)		1,418,266.			1418266.
Other R	8		Gross income from fundraising events (not		, , -			
oth	Ū	-	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10t					
		С	Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11							
lan		b						
Sev		c						
Mis			All other revenue					
	40		Total. Add lines 11a-11d		9,581,830.	60,636.	33,676.	3190144.
00000	12		Total revenue. See instructions		9,001,000.	00,030.	33,070.	Form 990 (2023)
33200	y 12	-21-	23					FUTH 556 (2023)

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

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

0000	on 501(c)(3) and 501(c)(4) organizations must compl		i D L D		X
	Check if Schedule O contains a respons	e or note to any line in t (A)	nis Part IX (B) I	(C)	<u>A</u> (D)
		Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,953,075.	2,953,075.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0					
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а		22.005		22.005	
b	Legal	33,825.		33,825.	
	Accounting	40,350.		40,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,824.	7,548.	276.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,159,783.	512,872.	567,437.	79,474.
12	Advertising and promotion	197,320.	48,561.	148,759.	
13	Office expenses	396,139.	259,870.	136,269.	
14	Information technology	117,315.	13,275.	104,040.	
15	Royalties				
16	Occupancy				
17	Travel	263,806.	226,352.	37,454.	
18	Payments of travel or entertainment expenses			,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20		617.		617.	
		01/•		<u> </u>	
21	Payments to affiliates	38,840.		38,840.	
22	Depreciation, depletion, and amortization	6,449.	100.	6,349.	
23		0,449.	100.	0,549.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 0 5 0		1,858.	
а	TAX EXPENSE	1,858.	164 100		
b	EXHIBITIONS, SHOWS, SPE	268,839.	164,108.	104,731.	
С	ATHLETIC UNIFORMS	141,822.	139,260.	2,562.	
d	PUBLIC SERVICE	108,842.	8,750.	100,092.	
е	· · · · · · · · · · · · · · · · · · ·	60,209.	37,068.	23,141.	
25	Total functional expenses. Add lines 1 through 24e	5,796,913.	4,370,839.	1,346,600.	79,474.
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 if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form 990 (2023)

Form 990 (2023)

Part IX Statement of Functional Expenses

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UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

Part X Balance Sheet

				The last Barry			
		Check if Schedule O contains a response or no	te to any	Ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			209,344.	1	372,489.
	2	Savings and temporary cash investments			3,934,595.	2	13,600,472.
	3	Pledges and grants receivable, net			1,050,684.	3	1,307,533
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,222,671.			
	b	Less: accumulated depreciation	10b	884,380.	377,131.	10c	338,291.
	11	Investments - publicly traded securities	51,221,357.	11	46,332,887.		
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	318,772.	15	346,309		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	57,111,883.	16	62,297,981
	17	Accounts payable and accrued expenses	1,771,878.	17	1,873,900		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			197,057.	20	136,679
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D	2,997,882.	21	2,360,800
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
labi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		4,966,817.	26	4,371,379.
		Organizations that follow FASB ASC 958, che	eck here				
čě		and complete lines 27, 28, 32, and 33.			6 964 945		
Ilan	27	Net assets without donor restrictions			6,364,045.	27	5,500,705.
Ba	28	Net assets with donor restrictions	45,781,021.	28	52,425,897.		
nnc		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			29		
sei	30	Paid-in or capital surplus, or land, building, or e	quipmer	t fund		30	
tAŝ	31	Retained earnings, endowment, accumulated in		E Contraction of the second seco		31	
Ne	32	Total net assets or fund balances			52,145,066.	32	57,926,602.
	33	Total liabilities and net assets/fund balances			57,111,883.	33	62,297,981. Form 990 (2023

Form **990** (2023)

UNIVERSITY OF CENTRAL OKL	AHOMA
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Form	990 (2023) FOUNDATION	73-	61080	32	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				30.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	<u>796</u>	, 91	13.		
3	Revenue less expenses. Subtract line 2 from line 1	3				17.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	2,	<u>013</u>	, 4	55.		
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		-16	, 83	36.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	57,	<u>926</u>	,60	02.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form 990 (2023)

SCHE	DULE A								OMB No. 1545-0047			
(Form 9	90)			rity Status an					2022			
				nization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ			
Department of Internal Reve	of the Treasury nue Service		At	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public Inspection			
	the organization			Form990 for instruction CENTRAL OKLAP		latest inf	ormation.	Employer	identification number			
	and of gammaan		DATION		101111				3-6108032			
Part I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The organ	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)						
1	A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school dese	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ı 990).)							
3	•	•		anization described in se			•					
4		-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
- 🔽	city, and state		with a banafit of a cal	llaga ar university owned			verementel	ait describe				
5 X	X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6				nental unit described in	section 17	70(b)(1)(A)	(v)					
7	-		0	ntial part of its support fr			.,	ne general r	oublic described in			
	0		omplete Part II.)		on a gore			ie general j				
8	-			(1)(A)(vi). (Complete Part	: II.)							
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college			
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	or			
	university:											
10	0			than 33 1/3% of its supp				•	•			
				t to certain exceptions; a					-			
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	itter June 30, 1975.			
11 🗔	See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12	•	-	-	ively for the benefit of, to	•			rry out the	purposes of one or			
	•	-	-	d in section 509(a)(1) o	-			•				
			-	f supporting organization								
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	oy its supp	ported org	anization(s), ty	pically by	giving			
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting			
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.								
b			-	or controlled in connect			-		-			
		0		anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	oorted			
•	¬ ~	. ,	t complete Part IV,	g organization operated i		ion with a	and functional	lu intograto	d with			
с	••	-	• • • •). You must complete F				ly integrate	a with,			
d		•	.,.	porting organization operation			-	ted organiz	zation(s)			
	_ ,,	-	• •	ation generally must sati				0	()			
	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
e	Check this	box if the orga	anization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III				
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·			
_	er the number of		•									
	vide the followi (i) Name of suppo	<u> </u>	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)			
				above (see instructions))	165							
Total												

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

73-6108032 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4735581.	4274564.	18726950.	5718397.	6297374.	39752866.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	1351614.	1256844.	1346205.	1501354.	1588617.	7044634.		
4	Total. Add lines 1 through 3	6087195.	5531408.	20073155.	7219751.	7885991.	46797500.		
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)						8190554.		
6	Public support. Subtract line 5 from line 4.						38606946.		
	ction B. Total Support						500005100		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	6087195.		20073155.	7219751.	7885991.	46797500.		
		0007155.	5551400.	20075155.	/219/91.	7005551.	10/0/000		
0	8 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	946,783.	840,169.	1257060.	1471265.	1805554.	6320831.		
•	and income from similar sources	940,703.	040,109.	1257000.	14/1205.	T002224.	0520051.		
9	Net income from unrelated business								
	activities, whether or not the	25,133.	76,990.	28,460.	37,808.	33,676.	202,067.		
	business is regularly carried on	25,155.	70,990.	20,400.	57,000.	33,070.	202,007.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						<u></u>		
	Total support. Add lines 7 through 10						53320398.		
	Gross receipts from related activities,	·	,			12			
13	First 5 years. If the Form 990 is for the	0	st, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)			
0	organization, check this box and stop								
	ction C. Computation of Publi		-				DO 41		
	Public support percentage for 2023 (I		•	(77)		14	72.41 %		
	Public support percentage from 2022					15	72.12 %		
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual		••••						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	iblicly supported or	rganization				
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	istances test, che	ck this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s		
						Sebedule A	(Form 990) 2023		

Schedule A (Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023

Part II

UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

Schedule A (Form 990) 2023 FOUNDATION 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513					+	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
c							
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ιtion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	3 12-21-23					Scheo	dule A (Form 990) 2023

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

Schedule A (Form 990) 2023 FOUI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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.**
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

Sche	dule A (Form 990) 2023 FOUNDATION	73-610803	<u>2 Pa</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off 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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers, orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>une</i> 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc
--

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с] The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Schedule A (Form 990) 2023

Yes No

	UNIVERSITY OF CENTRAL O	KLAHO	MA	
Sche	edule A (Form 990) 2023 FOUNDATION			73-6108032 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	-
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

UNIVERSITY OF CENTRAL OKLAHOMA FOIINDATION

Sche Par	dule A (Form 990) 2023 FOUNDATION t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orac	nizatione / /		3-6108032 Page 7
		allo Supporting Orga	nizations (continu	<i>iea)</i>	Ourse and Manage
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2 3		
3	Administrative expenses paid to accomplish exempt purpose		3 4		
4	Amounts paid to acquire exempt-use assets	Dort VI		4 5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pro		6		
7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		- 1	
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
IO Line s amount divided by line s amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistribution Pre-2023					(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

		UNIVERSITY	OF	CENTRAL	OKLAHOM	
Schedule A	(Form 990) 2023	FOUNDATION				73-6108032 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, 5a, ines 2 and 3; Part IV, 5	6, 9a, Sectio	9b, 9c, 11a, 11b n E, lines 1c, 2a	o, and 11c; Part , 2b, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.

Schedule A (Form 990) 2023

Sch	nedule	of C	ontrib	outor	S

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Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

73-6108032

11			
UNIVERSITY	OF	CENTRAL	OKLAHOMA

FOUNDATION				
Organization type (cheo	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	1047 (a)(1) parameter an existence twentied as a private foundation			

_ 4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2023)			Page 2
Name of or			Emplo	yer identification number
FOUND	RSITY OF CENTRAL OKLAHOMA ATION		73	-6108032
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$200,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$1,000,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

323452 12-26-23

21460513 251366 7573

	B (Form 990) (2023)		Page 3
Name of or UNIVER	RSITY OF CENTRAL OKLAHOMA		Employer identification number 73-6108032
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)		Page 4
	organization		Employer identification number
	RSITY OF CENTRAL OKLAHOM	1A	
FOUND			73-6108032
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional s	pace is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from			(d) Decoviration of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, ar	na ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

(Form 80) Description of the organization narweed Yest' on Form 900, Data Park N. Ins 7, 24, 9, 11, 11, 11, 11, 11, 11, 11, 11, 11,	SC	HEDULE D	Supplement	al Financial Statements	5	OMB No. 1545-0047	
Description of the segmentation Open to Public Open to Public Name of the ergenization UNITVERS IFY OF CENTRAL OKLANDAR Enroper elemination number 73 - 610803 z 73 - 610803 z Part Organization SMaintlaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answerd "vei" or form 800. Part N, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of cent from 800. Part N, line 6. (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of cent from garnes, donors, and donor advisor in writing that the assets held in donor advised funds can be used only for charitable purposes and net for the benefit of the donor of donor advisor, of rof any other purpose conferring impermission form and parentes, donors, and all conganization form and parentes, donors, and all conganization characteristic meansments held by the transments held by the transments held by the transment held by the t	(Forn					2023	
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graintation enswered 'Yes' on Form 930, Part IV, line 6. (a) Denor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of combutions to (during year) Aggregate value of and to four advisors in writing that the assets held in donor advised funds are the organization inform all donors and door advisors in writing that grant funds can be used only tor charitable purposes and not for the benefit of the donor or on advisor, or for any other purpose conferring impermisable private banefit? Perservation of land for public use for example, recreation or education) Preservation of a historical that agrant Preservation of fand for public use for example, recreation or education Preservation of a historical that agrant Preservation of comparison instruct that agrant Preservation of comparison instruct that agrant Preservation of comparison instruct and agrant Preservation of comparison instructure included on line 2a	Nam	e of the organizati					er
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 and section 170(h)(4)(B)(ii)?							
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	UNIVERS	ITY OF CENT	RAL OKLAH	AMC					
Sche	dule D (Form 990) 2023 FOUNDAT								Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other \$	Similar /	Assets	(continu	Jed)
3									
	collection items (check all that apply).								
а	X Public exhibition	d	Loan or exc	hange progra	m				
b	X Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exemp	ot purpose	in Part 2	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes	X No
Par	t IV Escrow and Custodial Arran	gements Complet	te if the organization	answered "Y	′es" on Fo	orm 990, F	art IV, lir	1e 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an, or other intermed	liary for contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?						🗆	Yes	X No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					?	X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Pa	art XIII				X
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years		d) Three yea	ars back	(e) Four y	years back
1a	Beginning of year balance	39496555.	34830647.	3935	8150.	314	34762.	31	1405419.
	Contributions	1,699,243.	3,263,643.	1,859	,374.	2,62	3,952.	1,1	101,065.
с	Net investment earnings, gains, and losses	4,707,957.	3,502,981.	-483	4883.	6,63	5,389.	3	364,646.
	Grants or scholarships	798,392.	2,100,716.	1,551	,994.	1,343	L,953.	1,4	436,368.
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	45105363.	39496555.	3483	0647.	393	58150.	31	1434762.
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a. column (a)) held as:	I				
а	Board designated or guasi-endowment	,	%	,					
b	Permanent endowment 100	%							
с		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administere	ed for the				
	organization by:	0							Yes No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulated		(d) Book	value
		basis (investm	• •	(other)	• •	eciation		(,	
1 a	Land		,	0,000.				50	,000.
	Buildings			1,836.	8	65,14	5.		,691.
	Leasehold improvements			,		· / ·			<u> </u>
	Equipment		1	9,235.		19,23	5.		0.
	Other	1 1 /	500.	- , =	-	-,		1	,600.
	Add lines 1a through 1e. (Column (d) must e			(B))					,291.
		quari uni 330. Fall		<i>بر</i> عب					,

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FOUNDATION Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
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.	

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

 Integration (b) must actual Form 000, Part X (inc 25, col. (b))

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

X

332053 09-28-23

	UNIVERSITY OF CENTRAL OKLAH	OMA				
Sche	dule D (Form 990) 2023 FOUNDATION				6108032	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	13,167,	,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,013,455.			
b	Donated services and use of facilities	2b	1,588,617.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	3,602,	
3	Subtract line 2e from line 1			3	9,564,	,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIII.)	4b	16,836.			
С	Add lines 4a and 4b			4c	16,	,836.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,581,	,830.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wil	h Expenses per l	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,385,	,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	1,588,617.	-		
b	Prior year adjustments	2b		-		
с	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d			1	<i></i>
е	Add lines 2a through 2d			2e	1,588,	
3	Subtract line 2e from line 1			3	5,796,	,913.
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			-		
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,796,	,913.
Pa	t XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE FOUNDATION MAINTAINS VARIOUS COLLECTIONS OF AFRICAN ART, CRYSTALS,
ARTIFACTS, MEMORABILIA, AND SIMILAR ASSETS. THESE COLLECTIONS ARE
MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND FURTHERANCE OF
PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN. THESE ASSETS ARE PROTECTED,
KEPT UNENCUMBERED, CARED FOR, AND PRESERVED BY THE UNIVERSITY. AS A MATTER
OF POLICY, THE PROCEEDS OF ITEMS IN THE COLLECTIONS THAT ARE SOLD ARE USED
TO ACQUIRE OTHER ITEMS FOR COLLECTION. THE FOUNDATION DOES NOT INCLUDE
EITHER THE COST OR THE VALUE OF ITS COLLECTIONS IN THE STATEMENT OF
FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS
REVENUES IN THE STATEMENT OF ACTIVITIES.

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

Schedule D (Form 990) 2023

CUSTODIAL LIABILITIES REPRESENT ASSETS HELD ON BEHALF OF THE UNIVERSITY OF CENTRAL OKLAHOMA ALUMNI ASSOCIATION (THE ALUMNI ASSOCIATION) AND OTHER CAMPUS ORGANIZATIONS FOR WHICH THE FOUNDATION ACTS AS A CUSTODIAN. THE ASSETS HELD ARE INVESTED, AND INVESTMENT INCOME, DISTRIBUTIONS AND OTHER REVENUES AND EXPENSES OF THESE FUNDS INCREASE AND/OR DECREASE THE CARRYING VALUE OF THE ASSET AND CUSTODIAL FUNDS LIABILITY. FOR FINANCIAL REPORTING PURPOSES, DISTRIBUTIONS FROM THE CUSTODIAL FUNDS AND CONTRIBUTIONS TO THE CUSTODIAL FUNDS ARE NOT INCLUDED IN THE EXPENSES AND REVENUE OF THE UNIVERSITY. THE RELATED ASSETS ARE DISTRIBUTABLE TO THE ORGANIZATIONS UPON REQUEST.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 500 INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY. THE ENDOWMENT ASSETS ARE INVESTED WITH THE PRIMARY OBJECTIVE OF REALIZING APPRECIATION ON INVESTMENT VALUES AND THE SECONDARY GOAL OF PROVIDING CURRENT INCOME TO SUPPORT UNIVERSITY PROGRAMS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS ACTIVITIES. AS SUCH, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO TAX Schedule D (Form 990) 2023

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332055 09-28-23
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2023.05070 UNIVERSITY OF CENTRAL OKL 7573 1

UNIVERSITY OF CENTRAL OKLAHOMA Schedule D (Form 990) 2023 FOUNDATION 73-6108032 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
UNDER SECTION 511(A) TO THE EXTENT IT HAS UNRELATED BUSINESS TAXABLE
INCOME. THE ORGANIZATION HAS NO MATERIAL UNRELATED BUSINESS TAXABLE INCOME
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023. THE FOUNDATION WOULD RECOGNIZE
FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS
AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED. FEDERAL AND STATE INCOME TAX STATUTES DICTATE THAT TAX RETURNS
FILED IN ANY OF THE PREVIOUS THREE REPORTING PERIODS REMAIN OPEN TO
EXAMINATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTEREST 16,836.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Vame of the organization Part I General Information on Grants a 1 Does the organization maintain records criteria used to award the grants or assis 2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to recipient that received more than 3	Go Compl Y OF CENT N nd Assistance to substantiate the stance? occedures for monit Domestic Organiz	RAL OKLAHOM	Attach to Form s.gov/Form990 for A or assistance, the funds in the United c Governments. C	Is in the Uni on Form 990, Pain 990. the latest inform grantees' eligibility d States. Complete if the org	ted States rt IV, line 21 or 22. ation. for the grants or assis		X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE EDMOND, OK 73034	73-1353314	501(C)(3)	1425906.	0.			UNIVERSITY SUPPORT
UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE EDMOND, OK 73034	73-1353314	501(C)(3)	1527169.	0.			SCHOLARSHIPS
2 Enter total number of section 501(c)(3) a	l nd government org	l ganizations listed in the	l e line 1 table	l			<u>1.</u>

3 Enter total number of other organizations listed in the line 1 table

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

UNIVERSITY OF CEN	TRAL OKLAHOMA
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Schedule I (Form 990) 2023

FOUNDATION

73-6108032

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SCHOLARSHIPS AND GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS OF THE

FOUNDATION. SCHOLARSHIPS AND GRANTS ARE PAID DIRECTLY TO THE UNIVERSITY

OF CENTRAL OKLAHOMA FOR ITS STUDENT SCHOLARSHIPS AND OPERATIONS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNIVERSITY OF CENTRAL OKLAHOMA



Employer identification number 73-6108032

FORM 990, PART VI, SECTION A, LINE 2:

FOUNDATION

BOARD MEMBERS WILLIAM LEE BEASLEY AND SHERRY BEASLEY HAVE A FAMILIAL

RELATIONSHIP. BOARD MEMBERS ANN BENJAMIN AND STACY BOZARTH ALSO HAVE A

FAMILIAL RELATIONSHIP.

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

FINANCE DIRECTOR AND PRESIDENT REVIEW AND CONSULT WITH TAX

ACCOUNTANTS/ADVISORS. ONCE THIS GROUP IS SATISFIED WITH THE RETURN IT IS

CIRCULATED ELECTRONICALLY TO THE FULL BOARD FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND OTHER APPLICABLE MEMBERS OR EMPLOYEES ARE REQUIRED TO

DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO THEIR ADHERENCE TO

THE POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AR, CA, FL, GA, KY, MD, MA, MN, MS, NH, NM, NY, NC, OR, PA, TN, UT, WV, WI

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION

WEBSITE OR UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES

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

512,872.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Page Employer identification number 73-6108032
IANAGEMENT AND GENERAL EXPENSES	567,437.
FUNDRAISING EXPENSES	79,474.
TOTAL EXPENSES	1,159,783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,159,783.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST	-16,836.

Schedule O (Form 990) 2023

332212 11-14-23

	EXTENDED TO MAY 15, 2025	-	
Form 990-T	Exempt Organization Business Income Tax Return	_	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		0000
	For calendar year 2023 or other tax year beginning \underline{JUL} 1, 2023, and ending \underline{JUN} 30, 2024	<u>4</u> .	2023
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		D Emp	loyer identification number
address changed.	UNIVERSITY OF CENTRAL OKLAHOMA	_	
B Exempt under section	Print FOUNDATION		3-6108032
\mathbf{X} 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions. Type 1.0.0 NOPMUL UNITYTED CTURY DETAILS.	(see	instructions)
408(e) 220(e)	100 NORTH UNIVERSITY DRIVE		
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		1
529(a) 529A	EDMOND, OK 73034 C Book value of all assets at end of year 62,297,981.	F	Check box if
C Obselvencesiesties		State	an amended return.
G Check organization		State	conege/university
H Check if filing only to	6417(d)(1)(A) Applicable entity o claim Credit from Form 8941 Refund shown on Form 2439 Elective paymen	tamo	unt from Form 3800
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)	-	 L
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	ame and identifying number of the parent corporation		
L The books are in car		05-9	974-2770
Part I Total Unr	related Business Taxable Income		
1 Total of unrelated	d business taxable income computed from all unrelated trades or businesses (see instructions)	1	33,682.
2 Reserved		2	
3 Add lines 1 and 2		3	33,682.
4 Charitable contril	butions (see instructions for limitation rules) STMT 3 STMT 4	4	б.
5 Total unrelated b	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	33,676.
6 Deduction for net	t operating loss. See instructions	6	
7 Total of unrelated	d business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	om line 5	7	33,676.
8 Specific deduction	on (generally \$1,000, but see instructions for exceptions)	8	1,000.
	199A deduction. See instructions	9	
	s. Add lines 8 and 9	10	1,000.
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	32,676.
Part II Tax Com	putation		
	axable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,862.
	ttrust rates. See instructions for tax computation. Income tax on the amount on		
	om: Tax rate schedule or Schedule D (Form 1041)	2	
	nstructions	3	
	ts. See instructions	4	
5 Alternative minim		5	
	pliant facility income. See instructions	6	6,862.
7 Total. Add lines	3 through 6 to line 1 or 2, whichever applies Payments	7	0,002.
	t (corporations attach Form 1118; trusts attach Form 1116)		
b Other credits (see			
· · · · ·	s credit. Attach Form 3800 (see instructions)		
	ear minimum tax (attach Form 8801 or 8827)		
	dd lines 1a through 1d	1e	
	from Part II, line 7	2	6,862.
3a Amount due from		_	
b Amount due from			
c Amount due from			
d Amount due from			
	lue (see instructions)		
f Total amounts du	ue. Add lines 3a through 3e	3f	0.
	nes 2 and 3f (see instructions).		
	Enter tax amount here	4	6,862.
	tax liability paid from Form 965-A, Part II, column (k)	5	0.
LHA For Paperwork R	eduction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)

Form 9	90-T (2023)					Page 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6a</u>	6,463.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b				
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Elective payment election amount from Form 3800	6g				
h	Payment from Form 2439	6h				
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7	6,4	63.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		13.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	4	12.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	ition (s	ee instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in a	or a signa	ature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," th	e organiz	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name	of the foreign country			
	here				_	X
2	During the tax year, did the organization receive a distribution from, or was it the gr	antor of,	or transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year				_	
4	Enter available pre-2018 NOL carryovers here \$ Do no	t include	any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any ded	luction reported on Par	t I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL c	arryovers. Don't reduce	;		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the tax	vyear. See instructions			
	Business Activity Code	A	vailable post-2017 NOL	carryover		
		\$				
		\$				
		\$				
		\$				
6 a	Reserved for future use					
b	Reserved for future use					
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other					wledge	and belief, it is	true,	
Here			PRESI	DENT			he IRS discuss eparer shown I		with
Paid Preparer	Signature of officer	Date	Title			instru	ctions)? X	Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid					self-employe	d			
Sign Here Paid Preparer Use Only	, JENNIFER LINDSTROM	JENNIFER LI	NDSTROM	05/13/25			P0208	33973	5
		ASSOCIATES, P	.C.		Firm's EIN		73-11	L8508	9
	832 NW 70	832 NW 70TH ST							
	Firm's address OKLAHOMA	Firm's address OKLAHOMA CITY, OK 73116					5-348-	-0615)
								000 T	

Form **990-T** (2023)

323711 11-20-23

73-6108032

FORM 990-T	STA	TEMENT 1	1				
DESCRIPTION DATE		AMOUNT BALANCE		RATE	DAYS	INTERES	ЗT
TAX DUE	11/15/24	399.	399				4.
INTEREST RATE CHANGE DATE FILED	12/31/24 05/15/25	0.	403 414		0 135	1	L1.
TOTAL LATE PAYMENT IN	TEREST					1	L5.
 FORM 990-т	т.ъ	TE PAYMENT PI			 ሮጥኔ	TEMENT 2	 2
DESCRIPTION	DAT	E AMOUN'I	BALAN	CE M	IONTHS	PENALTY	ζ
TAX DUE DATE FILED	11/15, 05/15,		399.	399. 399.	6	1	L2.
TOTAL LATE PAYMENT PE	NALTY					1	L2.
FORM 990-T		CONTRIBUTION	IS		STA	TEMENT	3
DESCRIPTION/KIND OF P	ROPERTY	METHOD USED	TO DETERMINI	E FMV		AMOUNT	
CHARITABLE CONTRIBUTI CARLYLE CGI AIV, LP	ONS -	N/A					6.
TOTAL TO FORM 990-T,	PART I, LI	NE 4					6.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	4
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022		
TOTAL CAR TOTAL CUR	RYOVER RENT YEAR 10% CONTRIBUTIONS 6		
	TRIBUTIONS AVAILABLE6NCOME LIMITATION AS ADJUSTED3,268	_	
EXCESS 10	VTRIBUTIONS00% CONTRIBUTIONS0ESS CONTRIBUTIONS0	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	-	6
TOTAL CON	TRIBUTION DEDUCTION		6

=

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 5
TAX FROM FORM 990-T, PAR' UNDERPAYMENT PENALTY	r iv	399. 13.
LATE PAYMENT INTEREST LATE PAYMENT PENALTY		15. 15. 12.
TOTAL AMOUNT DUE		439.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

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

A	Name of the organization		OF	CENTRAL	OKLAHOMA	B Employ 73-6	er identifi 1080		n numbe	ər	
с	Unrelated business acti	ivity code (see instruct	ions)	5230	00	D Sequer	ice:	1	of	1	

523000 Unrelated business activity code (see instructions) С

INVESTMENTS - FORMS 1065 K-1

E	Describe the unrelated trade or business INVESTMENTS	- F(DRMS 10)65 K-	-1		
Pa	t I Unrelated Trade or Business Income		(A) Inc	come	(B) Expe	nses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a		98.	•		98.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 6	5	3	3,584.	•		33,584.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	3	3,682.	•		33,682.
Pa	t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	icome	•				is must be
1	Compensation of officers, directors, and trustees (Part X)						
2	Salaries and wages						
3	Repairs and maintenance					3	
4							
5	Interest (attach statement). See instructions						
6	Taxes and licenses			·····		6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return			8a		8b	
9	Depletion						
10	0 Contributions to deferred compensation plans						
11							
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions Add lines 1 through 14					15	0.

16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	
column (C)	33,682.
17 Deduction for net operating loss. See instructions 17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16 18	33,682.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

LHA 323741 01-19-24

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Sched Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter method	d of inventory valuation	<u>า</u>		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter her	e and in Part I, line 2			
9	Do the rules of section 263A (with respect to property pro	duced or acquired for	resale) apply to the org	ganization?	Yes No
Part	IV Rent Income (From Real Property and P	ersonal Property	Leased With Read	al Property)	
1	Description of property (property street address, city, stat	e, ZIP code). Check if	a dual-use. See instruc	tions.	
	A				
	В				
	c 🗌				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part	Total deductions. Add line 4, columns A through D. Ente V Unrelated Debt-Financed Income (see	r here and on Part I, li	ne 6, column (B)		0.
1	Description of debt-financed property (street address, city		eck if a dual-use. See in	structions	
•	A	, otato, 211 obaoj. ota			
	B				
	c 🗌				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	9
7	Gross income reportable. Multiply line 2 by line 6				~
8	Total gross income (add line 7, columns A through D). En	nter here and on Part	l, line 7, column (A) \dots	·····	0.
9	Allocable deductions. Multiply line 3c by line 6		I		
10	Total allocable deductions. Add line 9, columns A through	ah D. Enter here and o	on Part I, line 7, column		0.
11	Total dividends-received deductions included in line 10				0.
	01-19-24				(Form 990-T) 2023

Calaad												1
Part	ule A (Form 990-T) 2023	, uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)		Page 3
		-					Exempt Control	,		,		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	1	al of specified	5. Pa	art of colur	mn 4	6. Ded	uctions directly
	organization		identification	incon	ne (loss)	payr	nents made		s included olling orga		con	nected with
			number	(see ins	structions)				s gross inc		incom	ne in column 5
(1)												
(2)												
(3)												
(4)												
	. T aurah la la anga			-	Controlled O	-					Dealers	
('. Taxable Income		Net unrelated come (loss)		otal of specif yments mad		10. Part of that is inc	luded	in the	11.		tions directly cted with
			e instructions)				controlling gross	organiz		in	come in	n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					ins 6 and 11.
							Enter here line 8, c		,			and on Part I, olumn (B).
-											,	. ,
Totals Part	VII Invoctmont I	Incomo	of a Section 50	1(0)(7) (0) or (17)	Orga			0.			0.
1 011		cription of i			2. Amou		3. Deduction		ructions)	asides	5 T	otal deductions
	1. 2000				incon		directly conne (attach stater	ected	(attach st		nt) ai	nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							dd amounts in olumn 5. Enter
					here and o							e and on Part I,
T					line 9, colu	mn (A).					line	e 9, column (B).
Totals Part	VIII Exploited E	xempt A	ctivity Income	. Other T	l Than Adve		a Income (see ing	structions)			0.
1	Description of exploite		,	,				000 110				
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting t	wo or more periodicals on a	consolidated basis	6.	
	A				
	В				
	с 🗌				
	D				
Enter a	amounts for each periodical listed above in the co	responding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa				0.
	, and the second s				
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great		al or -0- here and o	on	
	Part II, line 13				0.
Part	X Compensation of Officers, Direc	ctors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see in	nstructions)			

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1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
ALPHAKEYS MILLENNIUM FUND II, LLC - ORDINARY BUSINESS INCOME (LOSS) ALPHAKEYS MILLENNIUM FUND II, LLC - INTEREST INCOME ALPHAKEYS MILLENNIUM FUND II, LLC - DIVIDEND INCOME ALPHAKEYS MILLENNIUM FUND II, LLC - OTHER INCOME (LOSS) CARLYLE CGI AIV, LP - ORDINARY BUSINESS INCOME (LOSS) CARLYLE CGI AIV, LP - DIVIDEND INCOME	-60,936. 106,865. 13,000. -7,361. -18,022. 38.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	33,584.

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

20

Yes X No

Name

Employer i	identification	number
------------	----------------	--------

UNIVERSITY	OF	CENTRAL	OKLAHOMA
FOUNDATION			

FOUNDATION	73-610)8032
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?		Yes

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.									
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less						
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	Proceeds Cost or loss fi		19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 									
1b Totals for all transactions reported on									
Form(s) 8949 with Box A checked									
2 Totals for all transactions reported on									
Form(s) 8949 with Box B checked									
3 Totals for all transactions reported on									
Form(s) 8949 with Box C checked									
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4					
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5					
6 Unused capital loss carryover (attach compute	6	()							
7 Net short-term capital gain or (loss). Combin									
Part II Long-Term Capital Gai				•					
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	in	(h) Gain or (loss) Subtract column (e) from				

to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from column (d) and combine the			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b								
8b Totals for all transactions reported on								
Form(s) 8949 with Box D checked								
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on								
Form(s) 8949 with Box F checked					94.			
11 Enter gain from Form 4797, line 7 or 9				11	4.			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12				
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13				
14 Capital gain distributions				14				
15 Net long-term capital gain or (loss). Combine		nh		15	98.			
Part III Summary of Parts I and				-				
16 Enter excess of net short-term capital gain (lir	16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16							
17 Net capital gain. Enter excess of net long-term	ı capital gain (line 15) over ne	t short-term capital loss (line	7)	17	98.			
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns		18	98.			
Note: If losses exceed gains, see Capital Los	ses in the instructions.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949 (2023) Name(s) shown on return. Name and	SSN or taxpave	er identification n	o not required if		nent Sequen	ICE NO. 12A	Page 2 ity number or
UNIVERSITY OF			o. not roquirou ii	ono un on pago i			ntification no.
FOUNDATION							108032
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109 box to check.	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was r	our broker. A sure reported to the IF	bstitute IS by your
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,
Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. (e totals directly on S	Schedule D, line 8a	; you aren't required	to report these trans	actions on Foi	rm 8949 (see instru	ctions).
If you have more long-term transactions than will	fit on this page for one	e or more of the boxes,	complete as many forr	ns with the same box chee	ked as you need	d.	
(D) Long-term transactions rep	oorted on Form(s)) 1099-B showing	g basis wasn't re	()	Note abov	re)	
X (F) Long-term transactions not 1 (a)	(b)	on Form 1099-B	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column (g), enter an amount g), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ALPHAKEYS						udjuotmont	
MILLENNIUM FUND							
II, LLC							94.
2 Totals. Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo above is checked), or line 10 (if E							94.
Note: If you checked Box D above b adjustment in column (g) to correct	out the basis repo	orted to the IRS v					, and enter an

323012 01-05-24

Form **8949** (2023)

Form 479	7
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184
2023

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) snown on return	Identifying number
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	73-6108032
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

2 (a) Description dropety (b) Data accurred (m, m, m, m, m) (c) Data soci (m, m, m, m) (d) drose subs press (e) Description allowable some press (f) Castro other base, pick,		man dasualty of men	шесттере			(see instruction	15)	
3 Gain, if any, from Form 4684, line 39 3 4 Section 1231 gain rom installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or line kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 5 7 4. 6 7 4. 6 7 4. 6 7 4. 6 7 4. 6 7 4. 6 7 4. 6 7 4. 7 7 4. 6 7 4. 7 7 4. 7 7 4. 7 7 4. 6 6 and you dight have any prior year section 1231 losses of the pain or yoars. See instructions 8 9 Subtract line 8 from line 7. 11 line 7 is a gain and you dight have any prior year section 1231 losses, or ther the gain from line 7 on line 12 below. If 8 9 Subtract line 8 from line 7. 11 line 7 is a gain and you dight have any prior year section 1231 losses on thacbachedu b filed with your return. See instructions <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>allowed or allowable since</td> <td>basis, plus improvements and</td> <td>Subtract (f) from the</td>	2					allowed or allowable since	basis, plus improvements and	Subtract (f) from the
3 Gain, if any, from Form 4684, line 39 3 4 Section 1231 gain form installment sales from Form 6252, line 26 or 37 3 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 6 7 Combine lines 2 through 6. Enter the gain or (loss) foral mathem to gain or (loss) foral mathem to flow of loss) foral mathem to flow of loss) foral mathem to flow of loss on the appropriate line as follows 7 Partnerships and 3 corporations shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 3 corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 5 form line 7. If zero or less, enter the gain from line 7 on line 112 belows, or they ware exciptured in a radire yae, rether the gain from line 7 on line 12 below. 8 Nonrecaptured net section 1231 losses from pior years. See instructions 8 9 Subtract line 8 from line 7. If zero or less, enter the gain from line 7 on line 12 below. 8 10 Ordinary gains and Losses (see instructions) 9 4. 11 Loss, if any, from line 7 11 11 11 12 Gain, if any, from line 7 11 11 11 12 12 Gain, if any, from line 7 11 11 12<	CA	RLYLE CGI AIV, LP						4.
4 Section 1231 gain from installment sales from Form 822, line 26 or 37. 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or thett 7 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 9 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1005, Schedule K, line 10, or Form 11205, Schedule K, line 3 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9 4. Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 12 11 Loss, if any, from line 7 13 13 14 12 Gain, if any, from line 7		•						
4 Section 1231 gain from installment sales from Form 822, line 26 or 37. 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or thett 7 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 9 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1005, Schedule K, line 10, or Form 11205, Schedule K, line 3 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9 4. Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 12 11 Loss, if any, from line 7 13 13 14 12 Gain, if any, from line 7								
4 Section 1231 gain from installment sales from Form 822, line 26 or 37. 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or thett 7 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 9 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1005, Schedule K, line 10, or Form 11205, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. 7 4. Individuals, partners, S corporation shareholders, and all others. If line 7 is a gain and you didn't have any prior years section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D field with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 9 9 4. Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 9 4. 11 Loss, if any, from line 7 11 11 12 12 12 Gain, if any, from line 7 13 13 14 13 14 Loss, if any, from line 7 11 12								
4 Section 1231 gain from installment sales from Form 822, line 26 or 37. 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or thett 7 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 9 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1005, Schedule K, line 10, or Form 11205, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. 7 4. Individuals, partners, S corporation shareholders, and all others. If line 7 is a gain and you didn't have any prior years section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D field with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 9 9 4. Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 9 4. 11 Loss, if any, from line 7 11 11 12 12 12 Gain, if any, from line 7 13 13 14 13 14 Loss, if any, from line 7 11 12	3	Gain if any from Form 4684 line 39					3	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casually or thett 7 4. 7 Combine lines 2 through 6. Enter the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120.5, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. 7 4. Individuals, partners, Scorporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is argain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8 0, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 9 9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the again from line 7 as a long-term or also a long-term or capital gain on the Schedule D filed with your return. See instructions 9 4. Part II Ordinary Gains and Losses (see instructions) 11 (1) 11 (1) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 12 13 11 Loss, if any, from line 7 12 13	-							
6 Gain, if any, from line 32, from other than casualty or theft 6 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 4. 9 Partnerships and S corporations. Approx the gain or (loss) following the instructions for Form 1086, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses from prior years. See instructions 8 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9 4. Part II Ordinary Gains and Losses (see instructions) 9 4. 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 11 () 11 Loss, if any, from line 7 1 11 () 12 13 12 Gain, if any, from line 3 13 14								
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LHA For Paperwork Reduction Act Notice, see separate instructions. 318011 12-27-23

Form 4797 (2023) FOUNDATION

19 (a) Description of section 1245, 1250, 1252, 1254, o	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.)								
Α									
В									
С									
D									
These columns relate to the properties on									
lines 19A through 19D.		Property A	Property B	Property C	Property D				
20 Gross sales price (Note: See line 1a before completing.)	20								
1 Cost or other basis plus expense of sale	21								
2 Depreciation (or depletion) allowed or allowable	22								
3 Adjusted basis. Subtract line 22 from line 21	23								
4 Total gain. Subtract line 23 from line 20	24								
5 If section 1245 property:									
a Depreciation allowed or allowable from line 22	25a								
b Enter the smaller of line 24 or 25a	25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.									
a Additional depreciation after 1975. See instructions \dots	26a								
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b								
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c								
d Additional depreciation after 1969 and before 1976	26d								
e Enter the smaller of line 26c or 26d	26e								
f Section 291 amount (corporations only)	26f								
g Add lines 26b, 26e, and 26f	26g								
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	07.								
a Soil, water, and land clearing expenses	27a								
b Line 27a multiplied by applicable percentage	27b								
c Enter the smaller of line 24 or 27b	27c								
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a								
b Enter the smaller of line 24 or 28a	28b								
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a								
b Enter the smaller of line 24 or 29a. See instructions	29b								

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
	from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
3180	12 12-27-23			Form 4797 (2023)



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to	your	tax ret	turn.

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2023

Interr	Go to www.irs.gov/Form4626 for instruct	ctions	and the latest inform	nation.			
Nam					Employ	er identifica	tion number
	UNIVERSITY OF CENTRAL OKLAHOMA				_		
	FOUNDATION				7	<u>3-6108</u>	
	Is the corporation filing this form a member of a controlled group treated as a single				L	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	•					
	statement income or loss for each member of the controlled group treated		• • •	nto			
	account in the determination of "applicable corporation" under section 59(-		
	Is the corporation filing this form a member of a foreign-parented multinational grou		, -)(B)? ∟	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and			I			
	statement income or loss for each member of the FPMG under section 59(
Pa	Applicable Corporation Determination (Report all am	ounts	in U.S. dollars.)				
	If you have already determined in current or prior years you are an a	applica					
			(a) First Preceding	(b) Second Pr	-		Preceding
			Year Ended	Year End	led	Year	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1 a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511) \dots	2 j					
k	Depreciation	2k					
Т	Qualified wireless spectrum	21					
m	Covered transactions	2m					
n	Adjustments related to bankruptcy and insolvency	2n					
ο	Certain insurance company adjustments	2 0					
р	Adjustment P - Reserved for future use	2р					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	· · · · · · · · · · · · · · · · · · ·	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	, (b), ar	nd (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		

LHA For Paperwork Reduction Act Notice, see separate instructions.

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Form 4	626 (2023)				Page 2				
Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)					
8	Is line 7 more than \$1 billion?								
	Yes. Continue to line 9.								
	No. STOP here and attach to your tax return.								
9	Is the corporation a member of an FPMG within the meaning of section \$	59(k)(2)(B)?							
	Yes. Continue to line 10.								
	No. Continue to Part II.								
			(a)	(b)	(c)				
			First Preceding	Second Preceding	Third Preceding				
			Year Ended	Year Ended	Year Ended				
10	AFSI for purposes of the \$100 million test before adjustments:								
а	AFSI from line 5	10a							
b	Aggregation differences (see instructions)	10b							
С	Total AFSI for purposes of the \$100 million test before adjustments.								
	Combine lines 10a and 10b	10c							
11	Adjustments:								
а	Income not effectively connected to a U.S. trade or business	11 a							
b	Pro-rata share of CFC net income described in section 56A(c)(3)								
	(attach worksheet) (see instructions)	11b							
С	Reserved for future use - Other adjustments 1	11c							
d	Reserved for future use - Other adjustments 2	<u>11d</u>							
12	Total adjustments. Combine lines 11a and 11b	12							
13	Total AFSI for purposes of the \$100 million test. Combine lines								
	10c and 12	13							
14	AFSI of first, second, and third preceding tax years. Combine columns (14							
15	3-year average annual AFSI for purposes of the \$100 million test								
16	Is line 15 \$100 million or more?								
	Yes. Continue to Part II.								
	No. STOP here. Attach to your tax return.								

	4626 (2023)		Page 3
Pa	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	32,676.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	32,676.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2 i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
I.	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
o	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions) STATEMENT 8 *	2z	-98.
3	Total adjustments. Combine lines 2a through 2z	3	-98.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	32,578.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	32,578.
7	Multiply line 6 by 15% (0.15)	7	4,887.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	4,887.
10	Regular tax liability (see instructions)	10	6,862.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	6,862.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Pa	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
	Adjustment B - Reserved for future use	6b	
	Adjustment C - Reserved for future use	6c	
	I Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
-	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
	3 02-12-24 STATEMENT 7 * SEE ALS	-	Form 4626 (2023)

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STATEMENT 7* SEE ALSOForm 4626 (2023)2023.05070UNIVERSITY OF CENTRAL OKL 7573__1

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Form	4626 (2023)				Page 4
Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credi	t			
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)	3f			
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)	3g			
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part I	II, line 8		6	

Form 4626 (2023)

7	3	-	6	1	0	8	0	3	2	
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FORM 4626	AMT CONTRIBUTIONS	STATEMENT 7
CARRYOVER OF PRIOR YE FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	ARS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIBU	TIONS	6
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME	AS ADJUSTED	6 3,268
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIO	NS	6
AMT CHARITABLE DEDUCT REGULAR CONTRIBUTION I		6 6
AMT CONTRIBUTION ADJUS	STMENT	0

73-6108032

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 8
DESCRIPTION		AMOUNT
ADJUSTED GAIN OR LOSS		-98.
TOTAL TO FORM 4626, LINE 22		-98.