Exempt Organization Business Income Tax Return and proxy tax under section 6033(e) Comparison of the Institution of Insti	110	. ~		. מת	4 E O 7	OY		298	981	9802403
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Name of organization Check box of name changed and see estructors			▶ Do						c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
X Solid 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 20	A								D Emplo	yer identification number
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Clearly status or all assets at one of year state of province, country, and ZIP or foreign postal code		· · · · · · · · · · · · · · · · · · ·	Type	P.O. BOX 11000					(See in	structions)
at end of year 126, 267, 735. G. Check organization number (See instructions) ▶ 126, 267, 735. G. Check organization type ▶ X 501(c) corporation 126, 267, 735. G. Check organization type ▶ X 501(c) corporation 127, 127, 127, 127, 127, 127, 127, 127,	52			City or town, state or province, country	y, and 2	ZIP or foreign postal co	de			
126, 267, 735. G Check organization by Ext Sittle (corporation Strice) state of the composition of the comp				OKLAHOMA CITY, OK 7:	3136				6511	17
H Enter the number of the organization's unrelated trades or businesses ► 4 Describe the only (or first) unrelated trade or business here ► VARIOUS INVESTMENT INTERESTS If only one, complete Parts I.V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I.V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I.V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I.V If more than one, describe the first III is the provided of the part of the p	at end	d of year	F Gro	up exemption number (See instructi	ons)	>				
trade or business, then complete Parts III. THERESTS If only one, complete Parts III. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III. III. Complete Parts III. III. Complete Parts III. III. III. III. III. III. III. II	126	,267,735.	G Che	ck organization type 🕨 🕺 501	(c) co	rporation	501(c) trust	401(a)	trust Other trust
If it in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III Yes, "enter the name and identifying number of the parent corporation ▶ The books are more or ▶ MELISA RITCHIS. CONTROLLER Telephone number ▶ 405-425-5151 The books are more or ▶ MELISA RITCHIS. CONTROLLER Telephone number ▶ 405-425-5151 Part Unrelated Trade or Business Income								Describe	the only	(or first) unrelated
Trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No II 'Yes,' enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 405-425-5151 The books are in care of ▶ MELISA RITCHIE, CONTROLLER Telephone number ▶ 405-425-5151 The books are in care of ▶ MELISA RITCHIE, CONTROLLER Telephone number ▶ 405-425-5151 The books are in care of ▶ MELISA RITCHIE, CONTROLLER Telephone number ▶ 405-425-5151 The property of the part							•	•		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▼ ▼ ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № ▼ № № ▼ № ▼ № № № № № № № № № № № № № № № № № № № №	first	in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, com	olete a S	chedule M for ea	ch addition	nal
If "Yes," enter the name and identifying number of the parent corporation										
The books are in care of MELTSA RITCHIE, CONTROLLER Telephone number 405-425-5151				·	•	• •	osidiary o	controlled group?		▶ Yes X No
Unrelated Trade or Business Income							olophor	o number > 40	5-425-	5151
1a Gross receipts or sales b Less returns and allowerness C Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule B, line 7). 2 Cost of goods sold (Schedule B, line 7). 2 Cost of goods sold (Schedule B, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 1.417. 4 Copptal gain (loss) (Form 4797, Part III, line 17) (attach Form 4797). 4 De 1.417. 4					AUGK.	T				T
Description and allowances C Balance 1c 2 2 3 3 3 3 3 3 3 3	_			Dusiness income	Γ	(A) income	*	(B) Expen	363	(O) Net
2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 1 (Capital gain net income (attach Schedule D). 4 2 1, 417. 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 6 Capital loss deduction for trusts. 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 8 Interest, annules, reyaltes, and rents from a controlled organization (Schedule P). 9 Investment income of a secun 501(q/7), (f), or (17) organization (Schedule P). 9 Investment income of a secun 501(q/7), (f), or (17) organization (Schedule P). 9 Investment income of a secun 501(q/7), (f), or (17) organization (Schedule P). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (Scen instructions, attach schedule). 13 Total. Combine lines 3 through 12. 14 (0.08) Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income). 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages. 15 Salaries and maintenance. 16 Repairs and maintenance. 16 Repairs and maintenance. 16 Bad debts, 17 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions). 19 Depreciation (attach Form 4562). 19 Depreciation (attach Form 4562). 10 Excess reade/ship costs (Schedule I). 21 Less depreciation claimed on Schedule A and elsewhere on return. 22 Depletion. 23 Contributions to deferred compensation plans. 24 Excess reade/ship costs (Schedule I). 25 Excess reade/ship costs (Schedule I). 26 Excess reade/ship costs (Schedule I). 27 Other deductions. Add lines 14 through 27. 28 Unrysted business taxable income Subtract line 30 from line 29. 31 Unrelated business taxable income Subtract line 30 from line 29. 31 Unrelated business taxable income Subtract line 30 from line 29. 31 Unrelated business		•		c Ralance	10					'
3 Gross profit Subtract line 2 from line 1 c.										
4a								-		
b Net gain (loss) (Form 4797, Part II, Inne 17) (attach Form 4797). c Capital loss deduction for trusts form 4797). de						1,	417.		$\overline{}$	1,417.
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an Scrippriation (attach statement). 5 2,996. APCH 1 REC,EIV&P)6 6 Rent income (Schedule C). 6 7 Unrelated debt-financed income (Schedule E). 7 8 Interest, annulies, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section \$50(c)(7), (6), or (17) organization (Schedule F) 8 9 Investment income of a section \$50(c)(7), (6), or (17) organization (Schedule F) 8 9 Investment income of a section \$50(c)(7), (6), or (17) organization (Schedule F) 8 9 Investment income of a section \$50(c)(7), (6), or (17) organization (Schedule F) 9 10 Exploited exempt activity income (Schedule I). 10 11 Advertising income (Schedule J). 11 12 Other income (See instructions, attach schedule) 12 13 Total Combine lines 3 through 12. 13, 4,008. 4,008 Partil Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 16 Interest (attach schedule) (see instructions) 18 16 Interest (attach schedule) (see instructions) 18 17 Taxes and licenses 19 19 Depreciation (attach Form 4562) 20 20 Depreciation (attach Form 4562) 21 21 Less depreciation (attach Form 4562) 22 22 Contributions to deferzed compensation plans 23 23 Employee benefit pdyrams 24 24 Employee benefit pdyrams 24 25 Excess exempt expenses (Schedule J) 26 26 Excess readeship costs (Schedule J) 26 27 Total deductions, Add lines 14 through 27 28 Unrefated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 10 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29						_	405.		/	-405.
5 Income (loss) from a partnership or an S corporation (etitach statement), 5 2,996. APCH 1 RECFIVEP)6 6 Rent income (Schedule C) 7										
Rent income (Schedule C)					5	2,	996.	APCH 1		RFCEIV行的6
Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9					6				<u></u>	
y Investing income (Section 50(q(r)), (9) or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)	7 U	Inrelated debt-fir	anced in	come (Schedule E)	7		_/		[2]	111N 0 2 2021 C
Exploited exempt activity income (Schedule I) 10	8 In	terest, annuities, roya	lties, and re	nts from a controlled organization (Schedule F)	8		<u>/</u>			JUN 0 6 2021
Advertising income (Schedule J). Other income (See instructions, attach schedule). Total. Combine lines 3 through 12. Total General Combine Income Subtract line 30 from line 29. Total General Combine Income Subtract line 30 from line 29. Total General Combine Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. Total General Combines Income Subtract line 30 from line 29. T	9 In	vestment income of a	section 50	(c)(7), (9), or (17) organization (Schedule G)	9					
12 Other income (See instructions, attach schedule)		•	-	, , , , , , , , , , , , , , , , , , , ,	10					OGDEN, UT
Total. Combine lines 3 through 12. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts, 17 18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19 Depreciation (attach Form 4562). 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Less depreciation claimed on Schedule A and elsewhere on return 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-	•	, , , , , , , , , , , , , , , , , , ,						
Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) 14					$\overline{}$		000		-	4 000
Connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)		otal. Combine lin	nes 3 thro	Taken Elecuters (See mot-	13/			lodustions \ /) odustic	
14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages	raiti							, ,		ons must be directly
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20	14 0				<u> </u>					1
16 Repairs and maintenance 16 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20				· /						
17 Bad debts										
18 Interest (attach schedule) (see instructions)										
Taxes and licenses	18 In	nterest (attach so	chedule) (see instructions)					. 18	
Depreciation (attach Form 4562). 20 21b 21b 22b 22b 22c 22c 22c 22c 22c 22c 22c 22										
Depletion										
Contributions to deferred compensation plans	21 L	ess depreciation	claimed	on Schedule A and elsewhere on re	turn	21a	<u>. </u>		21b	
Employee benefit programs										
Excess exempt expenses (Schedule I)										
26 Excess readership costs (Schedule J)										
27 28 Total deductions. Add lines 14 through 27. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 Unrelated business taxable income. Subtract line 30 from line 29. 31 4,008.										
Total deductions. Add lines 14 through 27										
Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)										
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 31 Unrelated business taxable income Subtract line 30 from line 29										4 008
31 Unrelated business taxable income Subtract line 30 from line 29		/		· · · · · ·						7,000.
Officiated business taxable income cubit act time so from time 23					-					4.008
	<u> </u>				29 .	 	· · · <u>·</u>	 	31	

Form	990-7 (20	OKLAHOMA CHRISTIAN UNIVERSITY, INC.	73-0555460	Page 2
Par	rt M	Total Unrelated Business Taxable Income		
32	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see		
		ions)	32	10,641.
33		s paid for disallowed fringes	33	
34		ole contributions (see instructions for limitation rules)	34	
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
33		<u></u>	3,5	10,641.
		the sum of lines 32 and 33	35	20,012.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see		
		ons)	36	10 641
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	10,641.
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39, \	Unrelate	ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line $\Im \chi$		
1	enter the	e smaller of zero or line 37	39	9,641.
Pai		Tax Computation .	-	
		rations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	2,025.
41		Taxable at Trust Rates. See instructions for tax computation income tax on		
71		ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	46	
42		ax See instructions	AD	_
			72	
		ive minimum tax (trusts only)	43	
, ,	. •	Noncompliant Facility Income. See instructions		0.005
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	2,025.
		Tax and Payments		
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other co	redits (see instructions)		
С	General	business credit Attach Form 3800 (see instructions)		
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)		
			46e	
47		t line 46e from line 45	47	2,025.
_	Otherte	time 406 from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
48		1 9		2,025.
49		x. Add lines 47 and 48 (see instructions)	49	
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
		ts A 2018 overpayment credited to 2019		
b	2019 es	timated tax payments		
C	Tax dep	osited with Form 8868		
d	Foreign	organizations Tax paid or withheld at source (see instructions)		
е	Backup	withholding (see instructions)		
f	Credit fo	or small employer health insurance premiums (attach Form 8941) 51f		
		edits, adjustments, and payments Form 2439		
9				
E 2			50	18,340.
52		ayments Add lines 51a through 51g	52	10,540.
53		ed tax penalty (see instructions) Check if Form 2220 is attached	58	
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\dots \dots \dots$	55	16,315.
56	Enter the	e amount of line 55 you wantCredited to 2020 estimated tax ▶16,315. Refunded ▶	56	
Pai	rt VI	Statements Regarding Certain Activities and Other Information (see instructions	s)	
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	av have to file	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
		AUSTRIA, RWANDA		x
E 0			4	- X
58		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust/	-
		see instructions for other forms the organization may have to file		
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		LL.
	l tru	oder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief, it is
Sig		Ma	y the IRS discuss	this return
Her	e 🏲 💆		h the prep <u>arer</u> sh	
	Si		instructions)?X Ye	es No
_		Print/Type preparer's name Preparer's signature Shawn M. Loader Shawn M. Loader Shawn M. Loader	PTIN	
Paid		Shawn M. Loader Shawn M. Loader 05/13/2021 Check self-se		51358
-	parer		EIN ► 44-016	
Use	Only		no 918.584.	
JSA		Phone		90-T (2019)
4110	00		rom J a	~ ∪~ i (2019)

Page	3
aye	J

Schedule A - Cost of Go	oods Sold. Er	nter metho	d of invento	ry valuation	•			
1 Inventory at beginning of y	rear 1			6 Inventor	y at end of ye	ear	6	
2 Purchases	· -					old. Subtract line		
3 Cost of labor						r here and in Part		
4a Additional section 263A co							7	
(attach schedule)						section 263A (v	' 	
b Other costs (attach schedu						or acquired for	· ——	
5 Total. Add lines 1 through								
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal Propert	y Leased	With Real Prope	rty)	
(see instructions)	•	•		•	•	•	• /	
Description of property								
(1)								
(2)								
(3)								
(4)								
···	2. Rent recei	ved or accru	ied			1		
(a) From personal property (if the	nercentage of rent	(b) F	rom real and	personal proper	ly (if the	3(a) Deductions d	irectly connected with the income	
for personal property is more than 50%)	an 10% but not	percent	tage of rent for	personal proper based on profit	rty exceeds		(a) and 2(b) (attach schedule)	
(1)						 		
(2)		 				 		
(3)								
(4)						 		
Total	······	Total				(b) Total deduction	ons.	
(c) Total income. Add totals of co						Enter here and or		
here and on page 1, Part I, line 6						Part I, line 6, colu	mu (B) ▶	
Schedule E - Unrelated Do	ebt-Financed i	ncome (s	ee instruction	ons)	3	Deductions directly co	nnected with or allocable to	
1. Description of deb	at financed property			ncome from or o debt-financed	•		ced property	
r. Description of dec	remanded property		1	operty		tht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
(4)	<u> </u>		 		\(\alpha\)	acti scriedule)	(attach schedule)	
(1)			+		 			
(2)	 _		 		 			
(3)			 					
(4)	E Average odu	atod book	 					
 Amount of average acquisition debt on or 	Average adju of or alloca			Column	7. Gross	income reportable	8. Allocable deductions	
allocable to debt-financed	debt-financed			divided olumn 5	(colum	nn 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
property (attach schedule)	(attach scho	edule)	 		,			
(1)			 		6			
(2)			 					
(3)					6			
(4)	<u> </u>		J			re and on page 1	Enter here and on nage 1	
					Part I, II	re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
				-				
Totals						-		
Total dividends-received deduct	ions included in c	Jiumin 8		· · · · · · · ·	·····	<u></u>	Form 990-T (2019)	
							101111 2 2 2 - 1 (2013)	

Schedule F - Interest, Ann	uities, Royaltie	s, and Re	nts Fr	om Contro	lled O	rganiza	i ons (se	e instructi	ons)		
	<u> </u>	Exe	mpt Co	ontrolled Or	ganızatı	ons	<u>`</u>				
Name of controlled organization	2. Employer identification numb	/CI		ated income instructions)		of specified	ıncluded	of column 4 th I in the control I ion's gross in	olling	6. Deductions directly connected with income in column 5	
(1)					-						
(2)					-						
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8 Net unrelated in (loss) (see instruc	I .					Deductions directly nected with income in column 10				
(1)											
(2)											
(3)											
(4)											
Totals		 ction 501	 (c)(7),	(9), or (17	▶) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount of	' income		3. Deduction directly contact (attach sch	nected	4 Set-asides (attach schedule)				5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)					·						
(3)											
(4)	Enter here and					l			$-\!\!\!\!+$	Enter here and on page 1,	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	olumn (A)	her Th	an Adverti	sing Ir	icome (see instru	ictions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exper direct connected production unrelated business in	ises ly d with on of ed	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gros from acus	s income tivity that inrelated is income	6 Experatributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 -							
(2)	<u> </u>										
(3)					 -						
(4)							·				
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,		. ,				Enter here and on page 1, Part II, line 25		
Schedule J- Advertising In	come (see instr	uctions)								_ 	
Part I Income From Per			onsol	idated Bas	sis						
1. Name of periodical	2. Gross advertising income	3 Dire advertising	ect	4. Advert gain or (los 2 minus co a gain, coi	4. Advertising in or (loss) (col minus col 3) If gain, compute is 5 through 7		•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)											
(2)										,+	
(3)											
(4)										1	
Totals (carry to Part II, line (5))					<u>-</u>					Form 990-T (2019)	

(4)

Total. Enter here and on page 1, Part II, line 14.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership costs (column 6 2. Gross gain or (loss) (col 3. Direct 5 Circulation 6. Readership 1. Name of periodical 2 minus col 3) If minus column 5, but advertising advertising costs ıncome costs a gain, compute not more than income column 4) cols 5 through 7 (1) (2) (3) (4)Totals from Part I. Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I on page 1, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) % (2) % (3)%

Form 990-T (2019)

%

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

(A) Income

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 06/01, 2019, and ending 05/31, 20 20

► Go to www.irs.gov/Form9907 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).

(C) Net

Name of the organization

1a Gross receipts or sales

OKLAHOMA CHRISTIAN UNIVERSITY, INC.

Part I Unrelated Trade or Business Income

Employer identification number

73-0555460

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 651113 Describe the unrelated trade or business ▶ ALTIMETER SOFTWARE

b	Less returns and allowances C Balance	1c	<u> </u>		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b_			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 2 .	_ 5	-4,505.		-4,505.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled		}		
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9_	<u> </u>		
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-4,505.		-4,505.
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages			J	
				J	
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses			1	
20	Depreciation (attach Form 4562)		1 1		
21	Less depreciation claimed on Schedule A and elsewhere on r			21b	
22	Depletion				
23	Contributions to deferred compensation plans				
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)				
26	Excess readership costs (Schedule J)				
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	
29	Unrelated business taxable income before net operating	loss	deduction Subtract line 28 from line 13	29	-4,505.
30	Deduction for net operating loss arising in tax years				
	instructions)			30	
31	Unrelated business taxable income Subtract line 30 from line	29 .	<u>, , , , , , , , , , , , , , , , , , , </u>	31	-4,505.
For P	aperwork Reduction Act Notice, see instructions			Sc	hedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning $\frac{06/01}{}$, 2019, and ending 05/31 , 20 20

► 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)

OKLAHOMA	CHRISTIA	AN UNIV	ERSITY,	INC.	
Unrelated	Business Ad	tivity Code	(see instruct	ions)▶	651118

Employer identification number 73-0555460

Describe the unrelated trade or business ► MORIAH ENTITIES

Pa	tI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c		,		
2	Cost of goods sold (Schedule A, line 7)	2	<u> </u>]	
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	_	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH, 3	5	-7,029.		-7,029.	
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)					
11	Advertising income (Schedule J)					
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	-7,029.		-7,029.	

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

	·		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	1	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	r —	
20	Depreciation (attach Form 4562)	<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	L	
27	Other deductions (attach schedule)	Г	
28	Total deductions. Add lines 14 through 27		
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-7,029.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)		
31	·		-7,029.
31	Unrelated business taxable income Subtract line 30 from line 29	31_	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning 06/01, 2019, and ending

05/31 20 20

Internal Revenue Service

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

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

Open to Public Inspection for

	of the organization	,	, , , , , , , , , , , , , , , , , , , ,		ployer identific	
	AHOMA CHRISTIAN UNIVERSITY, INC.			73	-0555460	<u> </u>
	Unrelated Business Activity Code (see instructions) ▶					
	Describe the unrelated trade or business ► RENTAL ACT	ITIVI	ES			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	▶ 1c				
2	Cost of goods sold (Schedule A, line 7)	. 2				
3	Gross profit Subtract line 2 from line 1c	. 3				
4a	Capital gain net income (attach Schedule D)	. 4a				
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	. 4b				
С	Capital loss deduction for trusts	. 4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	. 5				
6	Rent income (Schedule C)	. 6	38,123.	3	1,490.	6,633.
7	Unrelated debt-financed income (Schedule E)	. 7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	. 8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	. 9				
10	Exploited exempt activity income (Schedule I)	. 10				
11	Advertising income (Schedule J)	. 11				
12	Other income (See instructions, attach schedule)	. 12				
<u>13</u>	Total. Combine lines 3 through 12,	. 13	38,123.	3	1,490.	6,633.
Pai	connected with the unrelated business income)					directly
14	Compensation of officers, directors, and trustees (Schedule					
15	Salaries and wages				, ,	·
16	Repairs and maintenance				F - T	
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses		1 i		19	
20	Depreciation (attach Form 4562)			·	<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on				21b	
22	Depletion				22	
23	Contributions to deferred compensation plans					
24	Employee benefit programs					
25	Excess exempt expenses (Schedule I)					
26	Excess readership costs (Schedule J)					
27	Other deductions (attach schedule)					
28	Total deductions. Add lines 14 through 27					6,633.
29	Unrelated business taxable income before net operating	a loss d	reduction Subtract line 2	ียม trom line 1	13 29	0,033.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

6,633.

30

31

Unrelated business taxable income Subtract line 30 from line 29 . . .

ATTACHMENT 1

FORM 9	990T -	LINE 5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR	S	CORPORATIONS
--------	--------	--------	---------	--------	------	--------------	----	---	--------------

	65
CF CAP EMERGING	-65.
CF CAP PRIVATE EQ	3,956.
CF CAP PE 8	-111.
CF CAP INTL PARTNERS VI	90.
CF CAP VENT PART VIII	-3.
CF CAP VENT PART X	-657.
PLAINS ALL AMERICAN PIPELINE	-214.
	, <u> </u>
INCOME (LOSS) FROM PARTNERSHIPS	2,996.

ATTACHMENT 2

ALTIMETER SOFTWARE

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

VISUALS TECHNOLOGY SOLUTIONS

-4,505.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-4,505.

ATTACHMENT 3

MORIAH ENTITIES

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-7,029.

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

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

Name OKLAHOMA CHRISTIAN UNIVERSITY, INC.						Employer identification number			
						460			
Did the corporation dispose of any investment(s) in a				▶[Yes	X No			
If "Yes," attach Form 8949 and see its instructions for Part I Short-Term Capital Gains and Losses			your gain or io	<u>ss</u> _					
See instructions for how to figure the amounts to enter on	`		(g) Adjustments						
the lines below	(d) Proceeds	(e) Cost	or loss from Form(s) Subtract column (e) 8949, Part I, line 2. column (d) and com						
This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, lin column (g)	₩ Z,		with column			
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			1						
4 Short-term capital gain from installment sales from f	Form 6252, line 26 or 3	7		4_	-				
5 Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5					
					,		,		
6 Unused capital loss carryover (attach computation)		• • • • • • • • •		6_	(
7 Net short-term capital gain or (loss) Combine lines	1a through 6 in column I	ı <u></u>		. 7			_		
Part II Long-Term Capital Gains and Losses	(See instructions)								
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments		(h) Gain or	· (loss) olumn (e) fro	om		
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales pnce)	Cost (or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)		column (d)	and combined and combined and combined and combined and column	ne		
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			Ì						
with Box E checked			 						
Totals for all transactions reported on Form(s) 8949			1			_	4.5.5		
with Box F checked	1,417.		<u> </u>	1	 		417.		
11 Enter gain from Form 4797, line 7 or 9									
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37									
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						<u></u>			
14 Capital gain distributions (see instructions)									
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h						1,4	417.		
Part III Summary of Parts I and II				-	T				
40 False conserved to the state of the state		llana (hur de)		16					
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)						1 4	417.		
47 Not conital gain. Enter avenue of anti-time terms and	tol gain /line 45) areas ==	t chart tarm contails	see (lune 7)			Ι, ٩	± ⊥ / .		
17 Net capital gain. Enter excess of net long-term capit	=			17		1 /	417.		
18 Add lines 16 and 17 Enter here and on Form 1120,		roper inte on other re	uillo	18	L		<u> : -</u>		

Form 8949 (2019) Attachment Sequence No 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

OKLAHOMA CHRISTIAN UNIVERSITY, INC.

73-0555460

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co) (b) Date acquired (Mo , day, yr)	Date acquired	juired disposed of	(d) Proceeds	(e) Cost or other basis See the Note below		Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
	(Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions				combine the result with column (g)	
			1,417					1,417
	ļ				·			
				-				
	-			<u> </u>	 			
								
				ļ			_	
	<u> </u>							
	<u>. </u>							<u> </u>
2 Totals Add the amounts in column negative amounts) Enter each tot Schedule D, line 8b (if Box D above is checked) or line 10 (if Box D)	al here and incli e is checked), line	ude on your 9 (if Box E	1,417					1,417

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

Form 8949 (2019)