	EX'	TENDED TO MA	AY 1	17, 2021	ี 2 / อ ฮ จ Tax Return	۷ ۱ _۱	202	529	
Form 990-T "	Exempt Orga	nization Bus	ine	ss income	I GA I ICEGIII	' 	OWB N	0 1545-0047	
		nd proxy tax und			UN 30, 202	ا ۸	2	019	
***** - 3/°\$'#	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 202 Go to www.irs gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	Do not enter SSN number		Open to Pu 501(c)(3) O	ublic Inspection for organizations Only					
A Check box if address changed	Name of organization ([OKLAHOMA ST	Emp	loyer identif bloyees' trus uctions)	ication number st, see					
B Exempt under section	Print ASSOCIATION			20684					
X 501(c Q3_)		E Unre		ess activity code					
408(e) 220(e)		I Mather, Street, and room of Suite no. If a r.O. box, see instructions.							
408A 530(a)		ovince, country, and ZIP o	r foreig	n postal code					
Book value of all assets	E Croup exemption pum		>						
25,317,3	39. G Check organization typ		oratio	n 501(c) trust	401(a)	trust		Other trust	
	organization's unrelated trades or l	businesses. 🕨	1	Describ	e the only (or first) un	related	i		
trade or business here	SEE STATEMENT			If only on	e, complete Parts I-V.	If more	e than one	} ,	
describe the first in the bl	ank space at the end of the previo	us sentence, complete Pa	rts I an	nd II, complete a Schedu	le M for each addition	al trade	or		
business, then complete F							۳	7	
	the corporation a subsidiary in an nd identifying number of the parer		nt-subs	idiary controlled group?	′ ▶ Լ	Y	es <u>X</u>	No	
	► ROB MCINTURF			Telen	hone number > 4	05-	744-	5550	
	Trade or Business Inc			(A) Income	(B) Expenses			(C) Net	
1a Gross receipts or sale:	s			* *************************************		, ,			
b Less returns and allow		c Balance .	1c_						
2 Cost of goods sold (Se	chedule A, line 7)	_	2					"哪位"。	
3 Gross profit. Subtract	line 2 from line 1c		3						
4a Capital gain net incom	e (attach Schedule D)		4a		,				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Forn	n 4797)	4b			٠.			
c Capital loss deduction	for trusts		4c		r. * .	, 			
5 Income (loss) from a p	partnership or an S corporation (a	ttach statement)	5		RECE!	/EC	11	 .	
6 Rent income (Schedul	e C)	4	6		112021		<u> </u>		
	ed income (Schedule E)		_7		FEB 16	2021	S		
	alties, and rents from a controlled		8		FEB 1 6	202	1 1421	 	
	a section 501(c)(7), (9), or (17) of	rganization (Schedule G)	9		 		T Œ		
·	rity income (Schedule I)		10		OGDEN	<u>ب</u> ب	1	 	
11 Advertising income (S	•		11		L				
	tructions; attach schedule)		12	0.	* ***				
13 Total. Combine lines Part II Deduction	ns Not Taken Elşewher	e (See instructions fo							
	must be directly connected w				,				
14 Compensation of offi	cers, directors, and trustees (Sche	edule K)				14			
15 Salaries and wages						15	<u> </u>		
16 Repairs and maintena	ance					16	L		
17 Bad debts						17			
18 Interest (attach sched	dule) (see instructions)					18			
, 19 Taxes and licenses						19	ļ		
, 20 Depreciation (attach l	Form 4562)			20		ر شالساند	ļ		
21 Less depreciation cla	imed on Schedule A and elsewher	e on return		21a		21b			
21 Less depreciation cla 22 Depletion						22			
23 Contributions to dete	rred compensation plans					23	 		
24 Employee benefit pro						24			
25 Excess exempt expen						25	 		
26 Excess readership co						26	 		
27 Other deductions (att	·					27	 	0.	
/	ld lines 14 through 27	a loop dodustion. Cubic	lina Of	9 from line 12		28	 	0.	
,	exable income before net operating erating loss arising in tax years be					29	 		
30 Deduction for net operations (see instructions)	erating 1055 arising in tax years be	ginning on or after Januar	y 1, 2L	JIU		30		0.	
<i>1</i> '	exable income. Subtract line 30 fro	nm line 29				31		0.	
VI Omoluco pusitios to	r Paperwork Reduction Act Notice					<u> </u>	Farm	990-T (2019)	

Form **990-T** (2019)

	0-T (2019)	OKLAHOMA STATE UNIVERSITY ALUMNI ASSOCIATION	73-1	020684 Page 2				
Par		Total Unrelated Business Taxable Income	, , ,					
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.				
33	Amoun	s paid for disallowed fringes	33					
34		ole contributions (see instructions for limitation rules)	34	0.				
35		orelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	 -				
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	 				
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 000				
38	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.				
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		0				
Dord		le smaller of zero or line 37 Tax Computation	39	0.				
			40	0.				
40	-	eations Taxable as Corporations Multiply line 39 by 21% (0.21)	40					
41		Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	41					
40		ax rate schedule or Schedule D (Form 1041)	42					
42		ax See instructions tive minimum tax (trusts only)	43					
43 44		Noncompliant Facility Income See instructions	44					
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.				
Pari		Tax and Payments	1 10 1					
_		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a						
	-	redits (see instructions) 46b	1					
c		business credit. Attach Form 3800 46c	i -					
		or prior year minimum tax (attach Form 8801 or 8827)]. <u></u>					
		redits. Add lines 46a through 46d	46e					
47	Subtrac	st line 46e from line 45	47	0.				
48	Other ta	exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48					
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	0.				
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.				
51 a	Paymer	nts: A 2018 overpayment credited to 2019	, '					
b	2019 es	stimated tax payments 51b						
C	Tax dep	osited with Form 8868						
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	:					
-	•	withholding (see instructions) 51e						
		or small employer health insurance premiums (attach Form 8941)						
9		redits, adjustments, and payments' Form 2439						
		orm 4136 Other Total ▶ [51g]						
52	•	ayments. Add lines 51a through 51g	52					
53	· · · · · · · · · · · · · · · · · · ·							
54 55	· · · · · · · · · · · · · · · · · · ·							
55 56	•	the amount of line 55 you want: Credited to 2020 estimated tax	56					
Parl		Statements Regarding Certain Activities and Other Information (see instructions)	00					
57		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
•	•	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here	•		X				
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X				
		see instructions for other forms the organization may have to file.		· .				
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲						
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled rrect, and complete. Declaration of peparer (other than taxpayer) is based on all information of which preparer has any knowledge.	lge and belie	f, it is true				
Sign		VP OF FINANCE AND		cuss this return with				
Here		x AUM (107 VIII x2/9/2/ OPERATIONS the	-	own below (see				
		Signature of officer Date Title	tructions)?	X Yes No				
		Print/Type preparer's name Preparer's signature Date Check if	PTIN					
Paid	i	W. Lyndel Kacky self-employed		024000				
-	oarer	W. LYNDEL LACKEY W. LYNDEL LACKEY 02/01/21		234298				
Use	Only	Firm's name ► HOGANTAYLOR LLP Firm's EIN ►	/ 3 -	1413977				
		1225 N BROADWAY AVENUE, SUITE 200	<u>05_Ω</u> 1	8-2020				
		Firm's address ► OKLAHOMA CITY, OK 73103 Phone no. 4	<u> </u>	0 2020				

Form 990-T (2019) ASSOCIATION

1 Inventory at beginning of year 2 Purchases 2 Cost of goods sold Subtract line 6 Country at each government of labor 3 Cost of labor 3 Cost of goods sold Subtract line 6 Country at each government of labor 4 Additional section 263A costs - (attach schedule) 4 Country at each government of labor 4 Additional section 263A costs - (attach schedule) 4 Country at each government of labor 1 Country at each governm	Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation ► N/A						
2 Purchases 3 Cost of labor 4 Additional section 263A costs - (attach schedule) 5 Total Additional section 263A costs - (attach schedule) 5 Total Additional section 263A (with respect to property produced or acquired for resale) apply to property (see instructions) 1 Description of property 1 Description of property 1 Description of property (if the precentage of resolution property in the procentage of resolution property of the procentage of resolution property in the procentage of resolution property of the procentage of resolution property of resoluti		1				ar		6			
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(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6 Column 4 divided by Column 5 reportable (column 6 total of collumns 7 total of collumns 8				-				+			—
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to by column 5 reportable (column 6) (column 6 x total of columns property (attach schedule) debt-financed property	-			+				+	<u> </u>		
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(attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted of or allocable to		allocable to nced property			reportable (column		(column 6 x to		í columi	
(1) %	(1)	 		 	0/2		 				_
(2) %				1							—
(3) %								\top			_
(4) %								+			_
Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)		1	<u> </u>	1							
	Tatala					·				• •) <u>.</u>
Totals Total dividends-received deductions included in column 8		ncluded in column	1 8					:-		7).

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Schedule F - Interest, A	Annuitie	s, Royali	ies, an					tions	(see ins	structio	ns)
• ,				Exempt (Controlled O	rganızatı	ons	1			.,-
			3 Net unre (loss) (see			nents made included i		t of column 4 that is ed in the controlling ation's gross income		6. Deductions directly connected with income in column 5	
(1)						,	·				
(2)						<u> </u>					
(3)				<u> </u>							
(4) Nonexempt Controlled Organia	zatione	L		Ļ		<u> </u>		l			
 <u>-</u>			- 41>	A 7			40 Destriction	0 11 -1		44 5	
(laxable income	7. Taxable Income 8. Net unrelated income (loss) 9. Total (see instructions)			y, lotal	of specified payr made	nents	10. Part of colui in the controlli gross			11 D	eductions directly connected th income in column 10
(1)				<u> </u>							
(2)											
(3)				 							·
• •		•		 							
(4)	Į			L			Add colum	ns 5 and	10		Add columns 6 and 11
							Enter here and		1, Part I,	Enter	here and on page 1, Part I line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7) (9) or (17) Ord	nanization				
(see instr		iic oi a c	COUGH	001(0)(1	<i>,</i> , (5), 61 (.,, Οι	gamzadon				
(555 1.151							3 Deduction	ns			5 Total deductions
1. Desc	ription of inco	me			2. Amount of	income	directly conne	cted	4. Set-	asides chedule)	and set-asides
(4)							(attach sched	ule)	····		(col 3 plus col 4)
(1)											
(2)											
(3)									 .		
(4)											<u> </u>
					Enter here and Part I line 9 co		• ,		i	, ,	Enter here and on page 1 Part I, line 9 column (B)
Totals				•		0.					0.
Schedule I - Exploited	Exempt	Activity	Income	e, Other	Than Adv	ertisir	g Income				<u> </u>
(see instru	ictions)										
Description of exploited activity			connected oduction related	from unrelated business (co minus colum	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 business inco		hat attributable to		able to	7. Excess exempt expenses (column 6 minus column 5 but not more than	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		busines	s income	through	_	200,7000 1100		_		column 4)
(1)											
(2)					× · · · ·			İ			
(3)								1			
(4)	··· u										
	Enter her page 1, line 10,	, Parti,	page 1	re and on I, Part I, col (B)		*2		1	, ,		Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.		0.			-				0.
Schedule J - Advertisir											
Part I Income From F	Periodic	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ain, comput	5 Circulat income	ion	6. Reade cost		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)											j
(2)]
(3)					7	_					
(4)						. 1	·.				1 · · · }
								T İ			
Totals (carry to Part II, line (5))	•	().	0							0.
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<u>. </u>		
(2)			· • · · · · · · · · · · · · · · · · · ·				
(3)							
(4)							
Totals from Part I	▶	0.	0.		, ,	, , ,	0.
		Enter here and on page 1, Part I line 11 col (A)	Enter here and on page 1, Part I, line 11 col (B)	. ,		•	Enter here and on page 1 Part II, line 26
Totals, Part II (lines 1-5)	<u> </u>	0.	0.		<u> </u>		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

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FOOTNOTES

STATEMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME.