Form 990)_T E	xempt Organizat					n L	ОМВ	No 1545-0687
Form JJU		(and proxy							
Dag - der and of the T		For calendar year 2017 or other tax year beginning							
Department of the T Internal Revenue Se		Do not enter SSN numbers on this					:)(3)	Open to 501(c)(3)	Public Inspection for Organizations Only
A Check t		Name of organization (C	heck box if nam	ne changed and see in	structions)		yer identif	ication number
address	changed	(Employees' trust, see instructions)							ee instructions)
B Exempt under		OKLAHOMA STATE			N				
X 501(C)	(23) Prin		ute no If a P O	box, see instructions				97060	
408(e)	^{220(e)} Type	e						itea busin: structions)	ess activity codes
408A L] 530(a)	P.O. BOX 1749 City or town, state or province	country and 7	ID or foreign poetal coo					
529(a) C Book value of a	all assets	STILLWATER, OK		ir or loreign postar cod	16		52599	30	
at end of year	-	roup exemption number (See i		<u> </u>		<u></u> _	0207.		
1042393		heck organization type > X			501(c)	trust	401(a)	trust	Other trust
H Describe the	e organization's	primary unrelated business ac	tivity PRI	VATE EQUITY	INVE	STMENTS	1		0.000.000
		e corporation a subsidiary in a						▶ [Yes X No
If "Yes," ent	ter the name an	d identifying number of the pa	rent corporatio						
J The books a	are in care of 🕨	DONNA KOEPPE		Te	elephone	number ► (4	05)385	-5100	
Part I Unr	elated Trade	or Business Income		(A) Income		(B) Expen	ses		(C) Net
1a Gross red	ceipts or sales_				1				}
	s and allowances		ance ▶ 1c						
_		edule A, line 7)							
		te 2 from line 1c						-	·
		(attach Schedule D)		96,2	03.			†	96,203.
_		r trusts	· · · ·		-	- -		<u> </u>	30,2001
-		hips and S corporations (attach state	•••	-742,0	148.	ATCH 1		†	-742,048.
		S)					-		- · · · · · · · · · · · · · · · · · · ·
		income (Schedule E)	1				**		
_		rents from controlled organizations (Sch	· · · · 					_	
9 Investment	income of a section	501(c)(7), (9), or (17) organization (Scho	edule G) 9						
10 Exploited	d exempt activity	r income (Schedule I)	10						
11 Advertisi	ng income (Sch	edule J)	11						
	,	uctions, attach schedule)	• • •		238.	ATCH 2			238.
		hrough 12		-645,6		dustions \ /F		<u> </u>	-645,607.
		ot Taken Elsewhere (See st be directly connected					except is	or contr	ibulions,
44 0			-1.114				. 14	Ī	
15 Salaries	and wanes	s, directors, and trustees (Sche	Odle It)						
16 Repairs a	and maintenance		CEIVE	D			16		
17 Bad debt	s			181			17		· -
18 Interest ((attach schedule	%	. 2 0. 201	. 101			. 18		
19 Taxes an	id licenses		- 0 201				. 19		10,838.
20 Charitabl	le contributions	(See instructions for limitation	Tutes)	_Jg ATTA	ĊĤŴĖ	ŅŢ. 4	. 20		
21 Deprecia	ition (attach For	m 4562)	YEM" N	7 <u>21</u>	 				
		ed on Schedule A and elsewher					22b		
		d compensation plans		-	-			 -	
		ms							
		(Schedule I)							
		(Schedule J)							43,711.
		nes 14 through 28						 	54,549.
		able income before net ope					_		-700,156.
		ction (limited to the amount on			~				<u> </u>
	-	ble income before specific de							-700,156.
		erally \$1,000, but see line 33							1,000.
34 Unrelated	d business tax	cable income. Subtract line	33 from line	e 32 If line 33	is greate				
		or line 32	<u></u>	<u></u>	<u> </u>	<u> </u>	20 34		-700,156.
7X2740 2,000	Keduction Act	t Notice, see instructions. /4/2019 12:34:30	DM 11 15	7 7 10	4 -	150000		Fo	m 990-T (2017)
21186	ры 1/22 4,	/4/2019 12:34:30	PM V 1	/-/.IU	Ι.	152833			PAGE 51

Page 2

Pai	rt III	Tax Computation						
35	Organi	ations Taxable as Corporations. See instructions for tax computation Controlled group						
	members (sections 1561 and 1563) check here See instructions and							
а		ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)						
_	(1) \$	(2) \$ (3) \$						
h		panization's share of (1) Additional 5% tax (not more than \$11,750)\$						
D	CHICA O	onal 3% tax (not more than \$100,000)						
_		ax on the amount on line 34	35c	,				
36	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			_			
,50			36					
		The of the of the office of th	37					
37	•	See manachona	38	_				
38		- Committee Control of the Control o						
39			39					
40			40					
Pai		Tax and Payments	$\overline{}$					
41 a		ax credit (corporations attach Form 1118, trusts attach Form 1116)						
		edits (see instructions)						
		business credit Attach Form 3800 (see instructions)						
		r prior year minimum tax (attach Form 8801 or 8827)						
е		allo. Add lines 4 to time egit 4 to 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	41e					
42	Subtrac	mio 410 ii oiii mio 40, , , , , , , , , , , , , , <u>, , , , , </u>	42					
43	Other ta		43					
44	Total ta		44			0.		
45 a	Paymer	s A 2016 overpayment credited to 2017						
b	2017 e	Imated tax payments	ľ					
С	Tax dep	sited with Form 8868						
d	Foreign	organizations Tax paid or withheld at source (see instructions)	ł					
е		vithholding (see instructions)						
f	Credit f	r small employer health insurance premiums (Attach Form 8941)						
g	Other o	edits and payments Form 2439						
	F	rm 4136 Other Total ▶ 45g						
46	Total p	ر المجارية /ments. Add lines 45a through 45g	46	14	5,4	<u> 12.</u>		
47	Estimat	d tax penalty (see instructions) Check if Form 2220 is attached	47					
48	Tax du	If line 46 is less than the total of lines 44 and 47, enter amount owed	48					
49	Overpa	If line 46 is less than the total of lines 44 and 47, enter amount owed	49	14	5,4	12.		
7 ₅₀ -	Enter th	amount of line 49 you want Credited to 2018 estimated tax ▶145, 412. Refunded ▶	50					
Pai	rt V	Statements Regarding Certain Activities and Other Information (see instructions)	<u>. </u>					
51		time during the 2017 calendar year, did the organization have an interest in or a signature or o			Yes	No		
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may			- 1			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo	oreign co	ountry _				
	here 🕨					<u>X</u>		
52	During	ie tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?.			<u>X</u>		
	If YES,	e instructions for other forms the organization may have to file				- 1		
53		e amount of tax-exempt interest received or accrued during the tax year ▶ \$				1		
	Ų	ler penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best, correct, and complete Declaration of which preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kn	rowledge an	d belie	f, it is		
Sig	n 👞	May	the IRS	discuss t	hıs re	turn		
Hei	re 🖊	OONNA KOEPPE DOME 100 5/15/19 VP & TREASURER with		parer show	wn b	elow		
	S		instructions)			No		
D-:-	4	Print/Type preparer's name Preparer's signature Date Check		PTIN				
Paid	oarer	LAUREN R NOWAKOWSKI Jaun Cruft 5/14/2019 self-em		P0179		1		
	parer Only			-55652				
	. Only	Firm's address ▶ 210 PARK AVE., SUITE 2650, OKLAHOMA CITY, OK 73102 Phone:		5-239-				
				Ear 991	1-T (20171		

Form **990-T** (2017)

Enter here and on page 1,

Part I, line 7, column (B)

 Enter here and on page 1, Part I, line 7, column (A)

Page 4

Schedule F - Interest, Annı	uities, Royalties	, and Ren	ts Fro	m Control	lled Or	ganiza	i ons (see	instruction	ns)	
		Exen	npt Co	ntrolled Org	ganızatı	ons				
Name of controlled organization	2. Employer Identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		included	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations	<u> </u>								
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific ayments made		ınclu	art of column ded in the co zation's gros	ntrolling		I. Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										· · · · · ·
Totals		tion 501(c)(7),	 (9), or (17	▶) Orga	Ente Part	columns 5 a here and on I, line 8, colui	page 1, mn (A)	Ent	id columns 6 and 11 ler here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income		directly cor	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)										
(2)	<u></u>									
(3)										
(4)										
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶		,								
Schedule I - Exploited Ex	empt Activity In	<u>come, Oth</u>	er Th	<u>an Adverti</u>	sing In	come	see ınstru	ictions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expendirection direction connected production unrelated business in	y I with on of ed	4. Net inconfrom unrelation business 2 minus collections 5 through	ed trade (column umn 3) ompute	5 Gross income		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)								 		
(2)										
(3)								 		-
(4)				<u> </u>				<u> </u>	, –	
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,		_			1 <u> </u>		Enter here and on page 1, Part II, line 26
Schedule J - Advertising Ir	ncome (see instr	uctions)		.l						
Part I Income From Per			onsol	idated Bas	sis					
Tarti income i form or		000 011 0	011001							
1. Name of periodical	2. Gross advertising income	3 Dire advertising		4. Adventing an or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		rculation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						-
(3)				1 '	\			-		-] :
(4)			_	7						7 .
<u> </u>						 -				
Totals (carry to Part II, line (5))				<u> </u>						

Form **990-T** (2017)

1152833

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)
			cois 5 tillough 7		<u> </u>	30idiiii 4)
(1)				· · · · · · · · · · · · · · · · · · ·		
(2)						
(3)						
(4)						<u></u>
Totals from Part I ▶			•	-		
	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 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)	1	
			ritle .	3. Percent of time devoted to		on attributable to

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

Form 990-T (2017)

OKLAHOMA STATE UNIVERSITY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2018

73-6097060

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME/LOSS FROM PARTNERSHIP INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS

-742,048.

-742,048.

OKL	MOHA	A STA	re uni	VERSI:	ry f	OUNDATIC	N
FOR	THE	YEAR	ENDED	JUNE	30,	2018	

73-6097060

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

DISALLOWED FRINGES

238.

PART I - LINE 12 - OTHER INCOME

238.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS '

ACCOUNTING FEES

43,711.

PART II - LINE 28 - OTHER DEDUCTIONS

43,711.

FORM 990-T, PAGE 1, PART II, Line 20

YEAR ENDING	CHARITABLE CONTRIBUTIONS MADE DURING THE YEAR	UTILIZED IN CURRENT YEAR	UTILIZED IN PRIOR YEAR(S)	CHARITABLE CONTRIBUTION CARRYFORWARD (5 YEARS)
6/30/2016	673		_	673
6/30/2017	1,322	-	_	1,322
6/30/2018	2,081	-	-	2,081
TOTALS:	4,076	-	_	4,076

CARRYOVER AVAILABLE TO 06/30/2019: 4,076

FORM 990T, LINE 31: NET OPERATING LOSS DEDUCTION SCHEDULE

YEAR ENDING	NET OPERATING LOSS GENERATED DURING THE YEAR	UTILIZED IN CURRENT YEAR *	UTILIZED IN PRIOR YEAR(S)	NET OPERATING LOSS CARRYFORWARD
6/30/2016	260,531	326		260,205
6/30/2017~	432,254	_	-	432,254
6/30/2018	700,156	-	-	700,156
TOTALS:	1,392,941			1,392,615
	CARRYOVER AVAILA	BLE TO 06/30/	2019:	1,392,615

^{*} The Foundation utilized its net operating loss carryforward to reduce its total net tax liability under section 965 to zero for the year ended June 30, 2018.