Form	990-T	E	empt Organization		iness Income <sup>-</sup> der section 6033(e			ОМВ	No 1545-0687	
		Ene cale	ndar year 2018 or other tax year begin					19 9040		
D		For cale					<u>,                                    </u>	4	<b>2018</b>	
	ment of the Treasury									
A [	Check box if address changed	7 50	Name of organization ( Check bo		D Empl	oyer identif	Public Inspection for Organizations Only ication number se instructions )			
B Exe	empt under section		OKLAHOMA STATE UNIV							
	501( C )23 )	Print	Number, street, and room or suite no 1				73-6	097060		
	408(e) 220(e)	or					E Unre	lated busine	ess activity code	
	408A 530(a)	1 y pe	PO BOX 1749				(See ii	nstructions )		
П	529(a)		City or town, state or province, country	y, and Z	IP or foreign postal code					
C Boo	k value of all assets		STILLWATER, OK 7407	5259	90					
at e	end of year	F Gro	up exemption number (See instructi	ions )	<u> </u>	,				
1,0	53,278,935.	G Che	ck organization type ► X 501	(c) cor	poration 501(c)	trust	401(a)	trust	Other trust	
			nization's unrelated trades or busine				the only	(or first) u		
tra	ade or business her	e ▶PRI	VATE EQUITY INVESTMEN	1TS	If only one,	complete Parts I-	V If mor	e than one	, describe the	
fır	st in the blank spa	ice at the	end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for eac	h additio	nal		
tra	ade or business, the	en comple	ete Parts III-V							
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated gr	oup or a parent-subsidiary o	ontrolled group?.		▶	Yes X No	
If	"Yes," enter the na	ame and	identifying number of the parent cor	rporatio						
J Th	ne books are in care	e of ▶DC	NNA KOEPPE		Telephon	e number ▶ (40	05)38	5-5100		
Par	t Unrelated	Trade (	or Business Income	,	(A) Income	(B) Expens	es		(C) Net	
1 a	Gross receipts or s	sales								
b	Less returns and allowa		c Balance ▶	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)	2						
3	Gross profit Sub	tract line	2 from line 1c	3						
4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a	21,719.				21,719.	
ь	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b	-74,091.				-74,091.	
С	Capital loss dedu	ction for t	rusts	4c						
5	Income (loss) from a p	artnership o	an S corporation (attach statement)	5	-4,547,781.	ATCH 1		<u> </u>	4,547,781.	
6	Rent income (Sch	edule C)		6				<u> </u>		
7	Unrelated debt-fir	nanced in	come (Schedule E)	7						
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10		-	ncome (Schedule I)	10						
11	-	•	ule J)	11				_		
12			tions, attach schedule)		4 600 150			<del> </del>	4 600 150	
13	Total. Combine lii	nes 3 thr	ough 12	13	-4,600,153.		<del></del>		-4,600,153.	
Par			Taken Elsewhere (See instr be directly connected with t				xcept	for contr	ibutions,	
14	Compensation of	officers,	directors, and trustees (Schedule K)				. 14			
15	Salaries and wage	es					. 15			
16	Repairs and main	tenance		<b>.</b> .			. 16			
17	Bad debts						. 17	1	· 	
18			(see instructions)							
19	Taxes and license	s					. 19		2,727.	
20	Charitable contrib	outions (S	See instructions for limitation rules)		<del>.</del>		. 20			
21			4562)							
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn .			22b			
23										
24	Contributions to d	deferred (	compensation plans				. 24			
25	Employee benefit	program:	5				. 25			
26	Excess exempt ex	penses (	Schedule I)				. 26		<del></del>	
27	Excess readership	costs (S	chedule J)				. 27			
28	Other deductions	(attach s	chedule)			ATCH. 2.	<sub>m</sub> 248		48,412.	
29	Total deductions	Add line	s 14 through 28			<i>:V</i> .	び <u>棒</u> !ひ		51,139.	
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction Subtract line	29 from line 1	3 30	-	4,651,292.	
31	Deduction for net	operatin	g loss arising in tax years beginnir	ng on o	r after January 1, 2018 (see	instructions) . 🧌	34			
32	Unrelated busines	ss taxabl	e income Subtract line 31 from line	30	<u> </u>	<u> </u>	3 <u>k</u>		4,651,292.	
For P	Panerwork Reduct	ion Act N	lotice, see instructions					С.	m 990-T (2018)	

PAGE 48

8X2741 1 000

6 Column 8 Allocable deductions acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) % (3) (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) Total dividends-received deductions included in column 8.

Form 990-T (2018) Schedule F—Interest, Ann	uitios Pavaltias	and Bont	o Ero	m Contro	llod O		tions (see			Page 4	
Schedule F—Interest, Ann	uities, Royalties			ontrolled Org			uons (see	Instruction	ons)		
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	5 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	· · ·		**		,		<del></del>			
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly inected with income in column 10	
(1)									<b>₩</b>		
(2)				_							
(3)											
(4)											
						Ente	d columns 5 a r here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)	
Totals					▶						
Schedule G-Investment II	ncome of a Sec	tion 501(c	;)(7),	(9), or (17	) Orga	nizatio	n (see ins	tructions)			
1 Description of income	2 Amount of	income		3. Deduction directly con (attach sch	nected		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)			<u> </u>							***************************************	
(3)			ļ								
(4)											
	Enter here and on pag Part I, line 9, column									Enter here and on page 1, Part I, line 9, column (8)	
Totals ▶											
Schedule I - Exploited Exc	empt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	(see instru	ctions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with of d	4 Net inconfrom unrelated or business 2 minus column to the column to th	ed tradé (column umn 3) ompute	from a	oss income 6 Expenses altinbutable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)								· · · · · · · · · · · · · · · · · · ·			
(2)							**********				
(3)											
(4)											
Table 1	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,			<del></del>			Enter here and on page 1, Part II, line 26		
Totals ▶  Schedule J- Advertising In	come (see instri	uctions)									
Part I Income From Per			nsol	idated Ras	ie						
income i font i el	louicais Report	eu on a oc	711301	Tuated Das	,13					<u> </u>	
1 Name of periodical   advertising			3 Direct gain or (loss) 2 minus col a gain, com cols 5 throu		s) (col II 3) If npute	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				1			_				
(2)				].							
(3)	†			1		•				7	
(4)	· ·			<b>†</b> , .						;	
Totals (carry to Part II, line (5))		<del></del>								Form <b>990-T</b> (2018)	

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)						
(2)						
(3)						
(4)		•				
Totals from Part I			1			
	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 - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

#### **SCHEDULE D** (Form 1120)

# **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.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

Employer identification number

OKT	AHOMA STATE UNIVERSITY FOUNDATION	V				/3-609/060
Par	Short-Term Capital Gains and Losses	(See instructions	5.)			···
	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 or loss from Forn 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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.					
1 t	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					20,312.
			_			20,312.
4	Short-term capital gain from installment sales from l				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	(
	Net short-term capital gain or (loss) Combine lines			<u> </u>	7	20,312.
Par		(See instructions	<u> </u>	(n) Advistments		(h) Coup or (loss)
	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 pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from Forn 8949, Part II, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8</b> a	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					
8t	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					1,407.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	13				
14	Capital gain distributions (see instructions)	14	<del> </del>			
15 Pari	Net long-term capital gain or (loss) Combine lines 8	15	1,407.			
U GII	- Commany or raits raile ii				Τ.	
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capit	al loss (line 15)		16	20,312.
17	Net capital gain. Enter excess of net long-term capital				17	1,407.
18	Add lines 16 and 17 Enter here and on Form 1120,	· · ·	proper line on other re	eturns	18	21,719.
	Note If lesses exceed some see Capital lesses in th	a instructions				

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

Schedule D (Form 1120) 2018

# Form 8949

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information

OMB № 1545-0074

Attachment 12A

Department of the Treasury Internal Revenue Service ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
OKLAHOMA STATE UNIVERSITY FOUNDATION

Social security number or taxpayer identification number

73-6097060

Before you check Box A, B, or C 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 I

**Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

**Note:** You may aggregate all short-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 1a, you aren't required to report these transactions on Form 8949 (see instructions).

Schedule D, life Ta,	you arenti	equired to r	eport triese tra	risactions on	FUIII 0343	(see manuchon	is).
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac		•
Tor one or more or the boxes, com	ipiete as mai	iy ioinis willi	the same box cr	ieckeu as you ii	leed		
(A) Short-term transactions r	reported on F	orm(s) 1099	-B showing basis	was reported t	o the IRS (se	e Note above)	
(B) Short-term transactions r	reported on F	orm(s) 1099	-B showing basis	wasn't reporte	ed to the IRS		
X (C) Short-term transactions i	not reported t	o you on For	m 1099-B				
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr )	disposed of (Mo , day, yr )	(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
STCG FROM PARTNERSHIP INVESTMENTS							20,312
							-
		-					
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	ude on your					20,312

Note. If you checked Box A 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

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2018)

Form 8949 (2018) 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 STATE UNIVERSITY FOUNDATION

73-6097060

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	(b) Date acquired		(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr )			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP INVESTMENTS							1,407
					_		
						-	
						***	
· · · · · · · · · · · · · · · · · · ·							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclusion the here and inclusion the here.	ide on your 9 (if Box E					1,407

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 (2018)

JSA 8X2616 1 000

## ATTACHMENT 1

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

INCOME/LOSS FROM PARTNERSHIP INVESTMENTS

-4,547,781.

INCOME (LOSS) FROM PARTNERSHIPS

-4,547,781.

ATTACHMENT 2

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

48,412.

PART II - LINE 28 - OTHER DEDUCTIONS

48,412.

#### 73-6097060 ATTACHMENT 3

#### 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	-	<del>-</del>	673
6/30/2017	1,322	-	-	1,322
6/30/2018	2,081	-	-	2,081
6/30/2019	2,321	-	-	2,321
TOTALS:	6,397	<del>-</del>	-	6,397
	CARRYOVER AVAILAB	LE TO 06/30/2020:		6,397

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

	NET OPERATING	UTILIZED	UTILIZED	NET OPERATING
	LOSS GENERATED	IN CURRENT	IN PRIOR	LOSS
YEAR ENDING	DURING THE YEAR	YEAR	YEAR(S)	CARRYFORWARD
6/30/2016	26,025	-	-	26,025
6/30/2017	432,254	-	-	432,254
6/30/2018	700,394	-	-	700,394
6/30/2019	4,651,292	-	-	4,651,292
TOTALS:	5,809,965			5,809,965
	5,809,965			