

Form 990

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 not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2023

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1, 2022

Bo	heck if pplicable	C Name of organization UNIVERSITY OF CENTRAL OKLAHOMA		D Employer identific	cation number
Г	Addres	S HOTTER MEGAT			
F	Name change			73-61080	32
	Initial return		m/suite	E Telephone number	
	Final return/	100 NORTH UNIVERSITY DRIVE		405-974-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,525,813.
	Ameno return	EDMOND, OK 75054		H(a) Is this a group re	
	Application pending	F Name and address of principal officer: ART COTTON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
	Vebsit			H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other	L Year o	f formation; 1954 N	1 State of legal domicile: OK
	_	Briefly describe the organization's mission or most significant activities: FUNDING	OF	COLLEGE SCI	IOT. ARCHTDC
Activities & Governance		AND SUPPORT OF UNIVERSITY PROGRAMS.			
ern	2	Check this box if the organization discontinued its operations or disposed o	of more t	1 1	
ò	3	Number of voting members of the governing body (Part VI, line 1a)			47
ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)			47
ties	5 6	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			<u>0</u> 47
ξį	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	6,585.
A	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			36,808.
		Total and a source of the sour	<u> </u>	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		20,072,988.	5,718,397.
Ĭ	9	Program service revenue (Part VIII, line 2g)		60,636.	60,636.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[2,498,937.	1,127,681.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,312.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,644,873.	6,906,714.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,332,529.	9,713,588.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 53,946.		0.	0.
ᄍ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		972,201.	1,542,557.
	l "'	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		$\frac{372,201}{11,304,730}$	11,256,145.
		Revenue less expenses. Subtract line 18 from line 12		11,340,143.	-4,349,431.
₽ 8				inning of Current Year	End of Year
sets or	20	Total assets (Part X, line 16)		57,594,022.	57,111,883.
ASS	21	Total liabilities (Part X, line 26)		4,232,173.	4,966,817.
	22	Net assets or fund balances. Subtract line 21 from line 20		53,361,849.	52,145,066.
	art II	Signature Block			
		lties of perjury. Lectare hat I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	, correc	t, and emplete Declaration of preparer of their than offices) is based on all information of which p	reparer t	ias any knowledge.	
۵:		Signature of officer		Date	
Sig		ART COTTON, PRESIDENT	The State of the S	Date 4/	1/24
Her	Ð	Type or print name and title			7-7
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	d	JENNIFER LINDSTROM JENNIFER LINDSTROM	1 0:	2/16/24 if self-employ	P02083973
	parer	Firm's name ARLEDGE & ASSOCIATES, P.C.		Firm's EIN 7	3-1185089
	Only	Firm's address 309 N. BRYANT AVENUE			
		EDMOND, OK 73034		Phone no.40	5-348-0615
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Other program services (Describe on Schedule O.)

including grants of \$

) (Revenue \$

10,663,925. Total program service expenses

Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
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	Х	
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>X</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>X</u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		٠,,	
	Schedule D, Part III	8	Х	
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, 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	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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		τ,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	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		<u>X</u>
	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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,_		7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,7
	complete Schedule G, Part III	19		X
20a		20a		_X_
	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		ι,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2022) FOUNDATION
Part IV Checklist of Required Schedules (continued)

	. ,		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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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? If	28a		Х
h	"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		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งจล		
J	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?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

UNIVERSITY OF CENTRAL OKLAHOMA

Form 990 (2022) FOUNDATION

Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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).			
5а	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?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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).			
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			
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	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?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
	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	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	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		Х
	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.			

Form **990** (2022)

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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 47 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 47 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members or stockholders? 5 6 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 appoint one or more members of the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 a The governing body? 8 b Each committee with authority to act on behalf of the governing body? 8 b Each committee with authority to act on behalf of the governing body? 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a b I'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their oper	47 2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X
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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Table Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bable Each committee with authority to act on behalf of the governing body? Bable Committee with authority to act on behalf of the governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The bescribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of i	47 2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X X X
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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Table Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bable Each committee with authority to act on behalf of the governing body? Bable Committee with authority to act on behalf of the governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The bescribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of i	47 2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X X X
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b Enter the number of voting members included on line 1a, above, who are independent	2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X X X
b Enter the number of voting members included on line 1a, above, who are independent	2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X X X
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14 2	
	150	Х
 a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15a 15b 		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	123
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	160	Х
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a	125
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
exempt status with respect to such arrangements?	16h	
Section C. Disclosure	16b	
Section C. Disclosure 17. List the states with which a copy of this Form 990 is required to be filed. AT, AR, CO, KY, ME, OK	16b	
17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK		lablo
 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) 		lable
List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.		lable
List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O))(3)s only) avai	lable
 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance.)(3)s only) avai	lable
List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finant statements available to the public during the tax year.)(3)s only) avai	lable
 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance.)(3)s only) avai	lable

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 r	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	-	Cei ai		liecto	Tuus	(66)	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	,	and related
	below	Individual trustee or	Institutional trustee	Ja Ja	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ART COTTON	35.00	1							_	_
PRESIDENT				Х				0.	0.	0.
(2) BRANDON WEBSTER	1.00	1								_
TREASURER		Х		Х				0.	0.	0.
(3) CAROLYN STAGER	1.00	1								_
DONOR COMMITTEE CHAIR		Х		Х				0.	0.	0.
(4) EMILY LANG	1.00	ļ		l						
IMMEDIATE PAST CHAIR	1 00	Х		Х				0.	0.	0.
(5) JACK EVANS	1.00	l		l						
INVESTMENT COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(6) JEFF ATKINS	1.00	ļ		l						
GOVERNANCE COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(7) JOHN BOBB-SEMPLE	1.00	ļ		l						
MEMBER AT-LARGE	1 00	Х		Х				0.	0.	0.
(8) MIKE PATTERSON	1.00	l		l						
CHAIRPERSON	1 00	Х		Х				0.	0.	0.
(9) PEGGY KATES	1.00	ļ		l						
SECRETARY	1 00	Х		Х				0.	0.	0.
(10) RANDY ROSS	1.00								_	
AUDIT COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(11) SHEILA STINSON	1.00	٠,,		,,					_	_
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(12) TODD RUSSELL TRUSTEE COMMITTEE CHAIR	1.00	х		х				0.	0.	_
(13) ALEXIS LOPRESTO	1.00	^		^				0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(14) ANA CARMINA DANGE	1.00	Α						· ·	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(15) ANCEL AIRINGTON	1.00	^						<u> </u>	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(16) ANN BENJAMIN	1.00							1		<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
(17) BRIAN DOWNS	1.00							1	•	– ••
TRUSTEE	1.00	Х						0.	0.	0.
	1	1 22		<u> </u>			Ь		J •	000

232007 12-13-22

Form 990 (2022)

(C)

Position

(D)

(B)

Average

(A)

(E)

(F)

Name and title	Average hours per		not c	heck		1 than (is both		Reportable compensation	Reportable compensation		stimate	
	week					or/trus		from	from related	"	other	0.
	(list any	ctor						the	organizations	com	npensa	tion
	hours for	r dire				ped		organization	(W-2/1099-MISC/	fr	rom the	е
	related	tee o	trustee			ensa		(W-2/1099-MISC/	1099-NEC)	org	janizati	ion
	organizations	Itrus	nal tr		oyee	d mo		1099-NEC)		an	d relate	ed
	below line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
(18) CANDACE HOBBS	1.00	lnd	lns	#0	Key	E Hig	훈			+		
TRUSTEE		х						0.	0.			0.
(19) CARLOS EVANS	1.00											
TRUSTEE		Х						0.	0.	↓		0.
(20) CASEY MOORE	1.00								•			•
TRUSTEE	1 00	Х			_	├		0.	0.	+-		0.
(21) DAVIS PURYEAR	1.00	37							0			^
TRUSTEE (22) DERREK BELASE	1.00	Х			<u> </u>	┢		0.	0.	+-		0.
TRUSTEE	1.00	Х						0.	0.			0.
(23) FREDA DESKIN	1.00					\vdash		1	•	+-		
TRUSTEE		Х						0.	0.			0.
(24) GARLAND WILKINSON	1.00											
TRUSTEE		Х						0.	0.			0.
(25) JEANETTE NANCE	1.00								0.			
TRUSTEE												0.
(26) JEFF COIL												^
TRUSTEE												0.
												0.
	, , , , , , , , , , , , , , , , , , , ,											0.
2 Total number of individuals (including but no									0.			<u> </u>
compensation from the organization	or inflited to the	030	iioto	u ai	JOVC	,, vvii	10 10	sectived more than \$100,0	500 of reportable			0
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mp	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for sa										3		X
4 For any individual listed on line 1a, is the su												77
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	ual for services	5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J t</i> o	or su	ich į	pers	on] 5		71
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fr		
the organization. Report compensation for t	•	•							•			
(A)	•							(B)		((C)	
Name and business	address	NC	NE	3				Description of se	ervices	Compe	nsatio	n
_							\dashv					
2 Total number of independent contractors (in	ocluding but =	o+ 1:	oi+o -	1+~	tha	o lic	+0~	abovo) who rocai and	are than			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	טנ וווו	iiiteC	י נט	tnos	_	ıeu	above, who received mo	ne ulali			
SEE PART VII, SECTION		IN	UA	ΤI			HE	ETS		Form	990 (2	2022)

Form 990 FOUNDATION 73-6108032

Form 990 FOUNDATT										
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	ıl trus		/ee	треп				organizations
	below	Individual trustee or director	Institutional trustee	_	oldm	Highest compensated employee	Je.			organizations
	line)	Indivi	Institu	Officer	Key employee	Highe	Former			
(27) JONI MCCLAIN	1.00									
TRUSTEE		Х						0.	0.	0.
(28) JOSHUA HART	1.00									
TRUSTEE		Х						0.	0.	0.
(29) KATE ONEILL RAUBER	1.00									
TRUSTEE		Х						0.	0.	0 .
(30) KEVIN HILL	1.00									-
TRUSTEE		Х						0.	0.	0
(31) KIRBY ROSS	1.00									
TRUSTEE		Х						0.	0.	0.
(32) LEE BEASLEY	1.00									
TRUSTEE		Х						0.	0.	0 .
(33) MARK HOLLAND	1.00									
TRUSTEE		Х						0.	0.	0 .
(34) MICHAEL CHANDLER	1.00									
TRUSTEE		Х						0.	0.	0 .
(35) MIKE KLOIBER	1.00									
TRUSTEE	1 00	Х						0.	0.	0 .
(36) MIKE STEFFEN	1.00	.,							0	0
TRUSTEE	1 00	Х						0.	0.	0
(37) PAIGE SHEPHERD	1.00	.,							0	
TRUSTEE	1 00	Х						0.	0.	0
(38) PATRICK MOK	1.00	Х						0.	0.	0
TRUSTEE (39) PEGGY GEIB	1.00	Δ						0.	0.	0 .
TRUSTEE	1.00	Х						0.	0.	0
(40) SCOTT WAUGH	1.00	Δ						0.	0.	0 .
TRUSTEE	1.00	Х						0.	0.	0 .
(41) SHANE PATE II	1.00	77						0.	0.	0 (
TRUSTEE	1.00	х						0.	0.	0 .
(42) SHERRY BEASLEY	1.00								. .	
TRUSTEE		х						0.	0.	0.
(43) STACY BOZARTH	1.00	T-							3.	
TRUSTEE		х						0.	0.	0 .
(44) TAMMY ALGER	1.00	Ī								
TRUSTEE		Х						0.	0.	0.
(45) TOM KUPIEC	1.00									-
TRUSTEE		Х						0.	0.	0
(46) TOM THOMPSON	1.00									
(40) TOM THOMPSON										

73-6108032 FOUNDATION

Part VII Section A. Officers, Directors, Tru (A) Name and title (47) VICTORIA CALDWELL FRUSTEE (48) VIOLET FORD FRUSTEE (49) RUTH BOSS EMERITUS TRUSTEE	(B) Average hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director		(C Pos	nd H C) sition that			(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
(A) Name and title (47) VICTORIA CALDWELL TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	(B) Average hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	heck	Pos all t	C) sition that	арр		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
Name and title (47) VICTORIA CALDWELL TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	Average hours per week (list any hours for related organizations below line)	Individual trustee or director	heck	Pos all t	ition that	арр	y)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
(47) VICTORIA CALDWELL TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	heck	all t	that	арр	y)	compensation from the organization	compensation from related organizations	other compensation from the
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	week (list any hours for related organizations below line) 1 • 0 0		Institutional trustee	Officer	y employee	ompensated employee		the organization	organizations	compensation from the
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	(list any hours for related organizations below line)		Institutional trustee	Officer	y employee	ompensated employee		organization	organizations (W-2/1099-MISC)	from the
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	hours for related organizations below line)		Institutional trustee	Officer	y employee	ompensated emplo			(W-2/1099-MISC)	
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	related organizations below line)		Institutional trustee	Officer	y employee	om pen sated		(W-2/1099-MISC)	I	Organization
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	organizations below line)		Institutional trust	Officer	y employee	om pen s		l ' '		•
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	below line)		Institutiona	Officer	y em ploy					and related organizations
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS	line) 1.00		Institu	Office	- G	st cc	_			Organizations
TRUSTEE (48) VIOLET FORD TRUSTEE (49) RUTH BOSS					ê.	Highe	Former			
(48) VIOLET FORD TRUSTEE (49) RUTH BOSS		1	ı							
TRUSTEE (49) RUTH BOSS	1.00	Х						0.	0.	0.
(49) RUTH BOSS										
		Х						0.	0.	0.
MERITUS TRUSTEE	0.00									
		Х						0.	0.	0.
(50) GERRY PINKSTON	0.00									
EMERITUS TRUSTEE		Х						0.	0.	0.
(51) DARREN HELM	0.00									
EMERITUS TRUSTEE		Х						0.	0.	0.
(52) JOSH MOORE	0.00									
EMERITUS TRUSTEE		Х						0.	0.	0.
(53) KEITH KERSTEN	0.00							_	_	_
EMERITUS TRUSTEE		Х						0.	0.	0.
(54) LARRY WESTMORELAND	0.00								_	
EMERITUS TRUSTEE		Х						0.	0.	0.
(55) BRAD PUMPHREY	0.00								_	
EMERITUS TRUSTEE		Х						0.	0.	0.
										-
										
		-								
		•								
		•								
		-								
		•								
		1								
			L	L	L		_			<u> </u>
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>						ı	

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
Sυ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
ည်း ရွ		Membership dues						
Ţ\$,		Fundraising events						
ig ig		Related organizations						
ns, Sim		Government grants (contribution						
e ti	Ť	All other contributions, gifts, grants		F 710 207				
듗됨		similar amounts not included above		5,718,397.				
d of	_	Noncash contributions included in lines 1a	a-1f 1g \$	325,190.	F 710 207			
<u>0 g</u>	h	Total. Add lines 1a-1f		I -	5,718,397.			
				Business Code				
9	2 a	JAZZ LAB RENTAL		900099	60,636.	60,636.		
e Š	b	·						
S E	С	·						
am eve	d							
Program Service Revenue	е							
Ā	f	All other program service reven	nue					
	g	Total. Add lines 2a-2f			60,636.			
	3	Investment income (including o						
					1,509,073.		6,585.	1502488.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	· ·	. ,				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a	1 1	3,696,651.	541,056.				
		assets other than inventory 7a	3,030,031.	341,030.				
	D	Less: cost or other basis	4 600 000	10,000.				
ž		and sales expenses	4,609,099. -912,448.					
e e		Gain or (loss) 7c			201 202			201 202
her Revenue		Net gain or (loss)		I	-381,392.			-381,392.
Ę.	8 a	Gross income from fundraising eve	· ·					
Ò		including \$						
		contributions reported on line 1	, I					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundr	· —					
	9 a	Gross income from gaming act	ivities. See					
		Part IV, line 19	9 <u>a</u>					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gamin	ng activities					
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
				Business Code				
Miscellaneous Revenue	11 a							
nec	b							
ella	c							
isc. Re		All other revenue						
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			6,906,714.	60,636.	6,585.	1121096.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 9,713,588. 9,713,588. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 58,690. 58,690. Accounting Lobbying Professional fundraising services. See Part IV, line 17 171,999. 231,861. 59,862. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 22,009. 227,271. 53,946. 151,316. column (A), amount, list line 11g expenses on Sch O.) 10,858. 3,558. 7,300. Advertising and promotion 12 99,145. 14,330. 84,815. Office expenses 13 58,373. 58,373. Information technology 14 15 Royalties 16 Occupancy 206,121. 195,752. 10,369. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 37,855. 90,061. 52,206. Conferences, conventions, and meetings 19 860. 860. 20 Payments to affiliates 21 38,839. 38,839. Depreciation, depletion, and amortization 22 13,371. 5,374. 7,997. 23 Other expenses. Itemize expenses not covered 24 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 O.) 278,325. 193,369. 84,956. EXHIBITIONS, SHOWS, SPE ATHLETIC UNIFORMS 118,359. 115,493. 2,866. 35,954. 35,954. PUBLIC SERVICE 24,786. 21,771. 3,015.d MEMBERSHIP DUES 49,683. 38,660. 11,023. **e** All other expenses 11,256,145. 10,663,925. 538,274. 53,946. Total functional expenses. Add lines 1 through 24e 25 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 (2022)

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			623,498.	1	209,344
	2	Savings and temporary cash investments				2	3,934,595
	3	Pledges and grants receivable, net			4,374,703.	3	1,050,684
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
s l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,222,671.			
	b	Less: accumulated depreciation		845,540.	425,970.		377,131
	11	Investments - publicly traded securities			51,864,421.		51,221,357
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			205 420	14	210 55
	15	Other assets. See Part IV, line 11			305,430.	15	318,772
_	16	Total assets. Add lines 1 through 15 (must equa			57,594,022.	16	57,111,883
	17	Accounts payable and accrued expenses			1,660,269.	17	1,771,878
	18	Grants payable				18	
	19	Deferred revenue			256 020	19	107 055
	20	Tax-exempt bond liabilities			256,828. 2,315,076.	20	197,057 2,997,882
	21	Escrow or custodial account liability. Complete F			2,313,070.	21	4,331,002
2	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
9	00	controlled entity or family member of any of thes				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				24	
	2 4 25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	,	.		25	
	26	=			4,232,173.	26	4,966,817
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
auc	27				13,020,656.	27	6,364,045
	28	Net assets with donor restrictions			40,341,193.	28	45,781,021
<u> </u>		Organizations that do not follow FASB ASC 9					
ב		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or eq				30	
AS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			53,361,849.	32	52,145,066
_	33				57,594,022.	33	57,111,883

Form **990** (2022)

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>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				49.
5	Net unrealized gains (losses) on investments	5	3	,14	9, <u>5</u>	28.
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		-1	6,8	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	52	,14	5,0	<u>66.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
					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	Ο.				
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	$oxed{oxed}$
	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	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 Scho	edule O.				
За	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 required	ed audit	.			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

CENTRAL OKLAHOMA

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 73-6108032 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

73-6108032 Page 2

Part II 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	Section A. Public Support					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5467748.	4735581.	4274564.	18726950.	5228972.	38433815.
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	1382122.	1351614.	1256844.	1346205.	1501354.	6838139.
4	Total. Add lines 1 through 3	6849870.	6087195.	5531408.	20073155.	6730326.	45271954.
	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)						8271262.
6	Public support. Subtract line 5 from line 4.						37000692.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6849870.	6087195.	5531408.	20073155.	6730326.	45271954.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1096117.	946,783.	840,169.	1257060.	1752207.	5892336.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		25,133.	76,990.	28,460.	5,585.	136,168.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,256.					2,256.
11	Total support. Add lines 7 through 10					_	51302714.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	72.12 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	76.16 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		(Farm 000) 2000

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

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Van Na

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.)

	Yes	No
1		
2		
3a		
3b		
30		
3с		
4a		
AL		
4b		
4c		
5a		
- 54		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
30		
10a		
10b ule A (Fori	~ 000'	2022
uie A (FOI)	11 330)	2022

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Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
		<i>y</i> 11 5 5		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		, , , , , , , , , , , , , , , , , , , ,	2		
Sec	tion C	vised, or controlled the supporting organization. C. Type II Supporting Organizations			
				Yes	No
1	Wora.	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		· ·			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tion C	pported organization(s). D. All Type III Supporting Organizations			
		<i>y</i>		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_					
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	· · · · · · · · · · · · · · · · · · ·			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	<u>suppo</u> tion E	rted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	ı		
b		The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins		اء	
2		ties Test. Answer lines 2a and 2b below.	struction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive: If Tes, then if I art Vindentity supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities. e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	За		
b		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	U1 160 0				

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1 [1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations may		•			
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 N	let short-term capital gain	1				
2 R	lecoveries of prior-year distributions	2				
3 0	Other gross income (see instructions)	3				
4 A	dd lines 1 through 3.	4				
5 D	Depreciation and depletion	5				
6 P	ortion of operating expenses paid or incurred for production or					
C	ollection of gross income or for management, conservation, or					
	naintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)		
1 A	ggregate fair market value of all non-exempt-use assets (see					
in	nstructions for short tax year or assets held for part of year):					
a A	verage monthly value of securities	1a				
b A	verage monthly cash balances	1b				
c Fa	air market value of other non-exempt-use assets	1c				
d T	otal (add lines 1a, 1b, and 1c)	1d				
e D	Discount claimed for blockage or other factors					
	explain in detail in Part VI):					
2 A	cquisition indebtedness applicable to non-exempt-use assets	2				
3 S	subtract line 2 from line 1d.	3				
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	ee instructions).	4				
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 M	fultiply line 5 by 0.035.	6				
	ecoveries of prior-year distributions	7				
8 M	finimum Asset Amount (add line 7 to line 6)	8				
Section	n C - Distributable Amount			Current Year		
1 A	djusted net income for prior year (from Section A, line 8, column A)	1				
	inter 0.85 of line 1.	2				
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3				
	inter greater of line 2 or line 3.	4				
	ncome tax imposed in prior year	5				
	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	mergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see		

Schedule A (Form 990) 2022

instructions).

Sche	dule A (Form 990) 2022 FOUNDATION		3-6108032 Page 7	
Pa	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	8 Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.	8		
9				
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Dis	stributable amount for 2022 from Section C, line 6			
2 Un	nderdistributions, if any, for years prior to 2022 (reason-			
abl	le cause required - explain in Part VI). See instructions.			
3 Exc	cess distributions carryover, if any, to 2022			
a Fro	om 2017			
b Fro	om 2018			
c Fro	om 2019			
d Fro	om 2020			
e Fro	om 2021			
_ f To	otal of lines 3a through 3e			
g Ap	pplied to underdistributions of prior years			
h Ap	pplied to 2022 distributable amount			
_ i Ca	arryover from 2017 not applied (see instructions)			
j Rei	emainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Dis	stributions for 2022 from Section D,			
line	e 7: \$			
a Ap	plied to underdistributions of prior years			
b Ap	pplied to 2022 distributable amount			
c Rei	emainder. Subtract lines 4a and 4b from line 4.			
5 Rei	emaining underdistributions for years prior to 2022, if			
any	y. Subtract lines 3g and 4a from line 2. For result greater			
tha	an zero, explain in Part VI. See instructions.			
6 Rei	emaining underdistributions for 2022. Subtract lines 3h			
and	d 4b from line 1. For result greater than zero, explain in			
Pai	rt VI. See instructions.			
7 Ex	cess distributions carryover to 2023. Add lines 3j			
and	d 4c.			
8 Bre	eakdown of line 7:			
a Exc	cess from 2018			
b Exc	cess from 2019			
c Exc	cess from 2020			
d Exc	cess from 2021			
	cess from 2022			

Schedule A (Form 990) 2022

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

73-610<u>8032 Page 8</u> FOUNDATION Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION

Employer identification number
73-6108032

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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\$					
answer "	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 hat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization
UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION

Employer identification number
73-6108032

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 contributions	Type of contribution		
1		- \$\$341,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	- Trumo, addiceo, and En 1 1	\$\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	rume, addi 235, and 21° T T	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Training data 2005 direction 1 1	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION
73-6108032

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.

Name of organization
UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION

Employer identification number
73-6108032

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	STOCK					
9						
		\$\$	03/24/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		—				

Name of organization **Employer identification number** UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION 73-6108032 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space 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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

Employer identification number 73-6108032

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				'
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

3 Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): X Policie schibition d Loan or exchange program		Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
collection terms (check all that apply): a	3	· · · · · · · · · · · · · · · · · · ·									
a	•										
b	а										
c Pesservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 To be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X III as the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization that trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization that trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? It is if yes, "explain the arrangement in Part XIII and complete the following table: It is eligible to design the paragraph of the year It is did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? It is eligible the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? It is eligible the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? It is eligible the organization include an amount on Form 990, Part X, line 10. It is eligible the part X, line 11 (Pipti year balance and part XIII) the return year and part X, line 10. It is eligible the part XIII the intermediary the year and part X, line 10. It is eligible the part X											
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization sociol or receive donations or aft, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, explain the arrangement in Part XIII and complete the following table: C. Beginning balance 1c			·								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to asise funds rather than to be maintained as part of the organization's scollection? 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, Part XV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No If "Yes," explain the arrangement in Part XIII and complete the following table: C			allections and explain	how they furthe	the organization	nn's avami	nt nurnose	in Dart	YIII		
to be sold to raise funds rather than to be maintained as part of the comanization's collection? 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, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Sold Part IV, line 10. 2 Eleginning balance								o iii i ait	AIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX?	3								Vec	X	¬ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Fart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance 34, 830, 647, 39, 358, 150, 31, 434, 762, 31, 405, 419, 27, 377, 481. 1b Contributions 34, 830, 647, 39, 358, 150, 31, 434, 762, 31, 405, 419, 27, 377, 481. c Net investment earnings, gains, and losses 3, 263, 643, 1, 859, 374, 2, 628, 952, 1, 1, 101, 065, 3, 390, 152. c Net investment earnings, gains, and losses 3, 263, 643, 1, 859, 374, 2, 628, 952, 1, 1, 101, 065, 3, 39, 81, 52. c Net investment earnings, gains, and losses 3, 263, 643, 1, 859, 374, 2, 628, 952, 1, 1, 101, 065, 3, 39, 81, 52. c Net investment earnings, gains, and losses 4 Grants or scholarships 4 Administrative expenses g End of year balance 39, 496, 555, 34, 830, 647, 39, 358, 150, 31, 434, 762, 31, 405, 419. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 b Permanent endowment 100 96 Term endowment 100	Par										
Table Steep organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				ete ii tile organiza	tion answered	163 0111	01111 990,	i aitiv, i	ii ie 3, oi		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2D Idth the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (f) Two years back (f) Two years back (g) Two years back (h) Four years back (h) Three years back (h) Four years back (h) Three years	12										
C Beginning balance	Ia								Vec	X	No
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	h								_ 163		140
C Beginning balance	b	in res, explain the arrangement in rait Am	and complete the for	lowing table.					Amount		
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 2c Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 2c State of the Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 2c Net investment earnings, gains, and losses 3,502,981, 13,859,374, 2,628,952, 1,101,065, 3,908,152. 2c Net investment earnings, gains, and losses 2,100,716, 1,551,994, 1,341,953, 1,4436,368, 1,337,826. 3c Oktain so scholarships 2,100,716, 1,551,994, 1,341,953, 1,434,762, 31,405,419. 3c Oktain so scholarships 39,496,555, 34,830,647, 39,358,150, 31,434,762, 31,405,419. 3c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 96 c Term endowment 100 96 c Term	_	Reginning balance					10		,		
E Stributions during the year F Ending balance F Endowment End XIII. Check here if the explanation has been provided on Part XIII. Endowment End XIII. Check here if the explanation has been provided on Part XIII. Endowment Endo											
### Ending balance ### Endowment Funds. Complete if the organization has been provided on Part XIII											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X	_										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part XII, Inc. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part XII, Inc. 10. Part V Endowment Funds. Complete if the organization sewered "Yes" on Form 1990, Part XII, Inc. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part IV, Inc. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part IV, Inc. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part IV, Inc. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part IV, Inc. 10. Part V Endowment Part XIII. Check there if the organization and programs Part XIII. Check there is the explanation and programs Part XIII. Check there is the organization is endowment Part XIII. Check there is the organization and programs Part XIII. Check there is the organization and programs Part XIII. Check there is the organization that are held and administered for the organization by: Part V Land, Buildings, and Equipment. Part V Land, Buildings, and Equipment. Part XIII. Check there is the organization answered "Yes" on Form 1990, Part IV, Iin. 11. See Form 1990, Part XIII. Part X. Column (a) Buildings Part XIII. Check there is the organization and programs Part XIII. The Intended uses of the organization's endowment funds. Part XIII. Check the organization answered "Yes" on Form 1990, Part IV, Iin. 11. See Form 1990, Part X. Iin. 10. Part V Land, Buildings, and Equipment. Part XIII. Check the organization answered "Yes" on Form 1990, Part IV, Iin. 11. See Form 1990, Part X. Iin. 10. Part X Land								x	Voc		¬ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Froor years back (d) Three years bac		-								Y	=
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back tale (d) Three years back tale (d) Three years back tale (d) Three years ba										21	
18 Beginning of year balance 34,830,647. 39,358,150. 31,434,762. 31,405,419. 27,377,481.		Ti and and complete						ars hack	(e) Four	vears	hack
b Contributions 3,263,643. 1,859,374. 2,628,952. 1,101,065. 3,908,152. c Net investment earnings, gains, and losses d Grants or scholarships 2,100,716. 1,551,994. 1,341,953. 1,436,368. 1,337,826. c Other expenditures for facilities and programs f Administrative expenses 3,9496,555. 34,830,647. 39,358,150. 31,434,762. 31,405,419. c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % c Term endowment 100 % c Term e	10										
c Net investment earnings, gains, and losses d Grants or scholarships 2,100,716. 1,551,994. 1,341,953. 1,436,368. 1,337,826. e Other expenditures for facilities and programs f Administrative expenses g End of year balance 39,496,555. 34,830,647. 39,358,150. 31,434,762. 31,405,419. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment 100 % c Term endowment 100 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related programization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (a) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (d) Book value basis (investment) (e) Equipment (f) Equipment (g) Cost or other basis (other) (g) Cost or other basi											
d Grants or scholarships											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 39,496,555. 34,830,647. 39,358,150. 31,434,762. 31,405,419. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment 100 % c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 50,000. 50,000. 50,000. 50,000. 6 Buildings 1,151,836. 826,305. 325,531. c Leasehold improvements d Equipment 50,000. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.			, ,								
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b Permanent endowment		·	ent year end balance		(a)) neid as:						
c Term endowment	_	·		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) In related organizations (iv) Related orga											
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Part VI	b				ł?				3b		<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 50,000. Buildings 1,151,836. C Leasehold improvements d Equipment Other 1,600. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (c) Accumulated depreciation 50,000. 50,000. 50,000. 10,000.	4			wment funds.							
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b Buildings 1,151,836. 826,305. 325,531. c Leasehold improvements 19,235. 19,235. 0. e Other 1,600. 1,600. 1,600. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 377,131.			`	nent) bas	, ,	aepi	reciation				
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e Other 1,600. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 377,131.		40 00= 40 00= 0									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)					19,235.		19,23	5.			
Goldhir (d) mast eddar i om ooc, i arex, coldhir (B), iiile i oc,			•	•						_	
	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line	e 10c.)						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FOUNDA'TION		/ 3	-6108032 Page
Part VII Investments - Other Securities.	F 000 D-+ N/ E	44h Oca Farm 000 Bart V Pag 40	
Complete if the organization answered "Yes" (l af a a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) 1	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)	45)		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			(h) Poek velve
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3) (4)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

Schedule D (Form 990) 2022

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

FOUNDATION Schedule D (Form 990) 2022

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Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents Wit	h Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.						
1	Total revenue, gains, and other support per audited financial statements		1	11,540,716.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	3,149,528.					
b	Donated services and use of facilities	2b	1,501,354.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	4,650,882.			
3	Subtract line 2e from line 1			3	6,889,834.			
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	16,880.					
С	Add lines 4a and 4b	4c	16,880.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,906,714.				
Pa	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 1			1				
1	Total expenses and losses per audited financial statements			1	12,757,499.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1						
а	Donated services and use of facilities	2a	1,501,354.					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	1,501,354.			
3	Subtract line 2e from line 1			3	11,256,145.			
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	11,256,145.				
Pa	rt 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 XI, 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.

Schedule D (Form 990) 2022

Part XIII | Supplemental Information (continued)

PART IV, LINE 2B:

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) 2022

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, 2023 AND 2022. 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 16,880.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

UNIVERSITY OF CENTRAL OKLAHOMA **Employer identification number** Name of the organization 73-6108032 FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE 73-1353314 501(C)(3) EDMOND, OK 73034 7,984,941. 0 UNIVERSITY SUPPORT UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE 73-1353314 501(C)(3) 0. SCHOLARSHIPS EDMOND, OK 73034 1,728,647. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

UNIVERSITY OF CENTRAL OKLAHOMA

<u>Schedule I (Form 990) 2022</u> **FOUNDATION** 73-6108032

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	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 requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
SCHOLARSHIPS AND GRANTS ARE APPROVE	ED BY THE	BOARD OF	DIRECTORS	OF THE					
FOUNDATION. SCHOLARSHIPS AND GRANTS	S ARE PAI	D DIRECTLY	TO THE UN	IVERSITY					
OF CENTRAL OKLAHOMA FOR ITS STUDENT SCHOLARSHIPS AND OPERATIONS.									

Page 2

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Attach to Form 990. Department of the Treasury Internal Revenue Service

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

UNIVERSITY OF CENTRAL OKLAHOMA

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

FOUNDATION 73-6108032 **Types of Property** Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 231,556. FAIR MARKET VALUE Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 64,900. FAIR MARKET VALUE (STEINWAY PIANO Х 25 Other (AIRLINE TICKETS) 27,734.FAIR MARKET VALUE Х 1 Other 26 Х 1,000.FAIR MARKET WHEELCHAIR 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

232141 09-09-22

LHA

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA FOIINDATTON

Employer identification number 73-6108032

TOUNDATION 75 0100032
FORM 990, PART VI, SECTION A, LINE 2:
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, 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 XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN BENEFICIAL INTEREST -16,880.

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

Schedule O (Form 990) 2022

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\underline{JUL} \ 1$, 2022, and ending $\underline{JUN} \ 30$, 20 $\underline{23}$

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

	Revenue Service			www.irs.gov/Form88/911	= for the latest information) <u>. </u>	FIN - COT		
Name	ONITVENDETT		CENTI	RAL OKLAHOMA			73-61	0003	2
Name a	FOUNDATION		7\ D!	T COTTON			/3-61	0003	<u> </u>
Name a	and title of officer or person sub	ject to i		ESIDENT					
Par	Type of Return	n and							
Check				g this Form 8879-TE and en	ter the applicable amount if	any fron	n the return	Form 8	038-CP and
Form	5330 filers may enter dollars	and c	ents. For a	ll other forms, enter whole d	ollars only. If you check the	box on lir	ne 1a, 2a, 3	3a, 4a, 5	ia, 6a, 7a, 8a, 9a,
				eturn being filed with this for					
	ever is applicable, blank (do one line in Part I.	not en	iter -u-). Bu	t, if you entered -0- on the re	turn, then enter -U- on the ap	pplicable	line below.	Do not	complete more
1a	Form 990 check here		□ ь.	Total revenue, if any (Form	990. Part VIII. column (A). lir	ne 12)		1b	
2a	Form 990-EZ check here			Total revenue, if any (Form					
За	Form 1120-POL check he			Total tax (Form 1120-POL, I					
4a	Form 990-PF check here			Tax based on investment i					
5a	Form 8868 check here			D. 1 /F 0000 !!	0 \				
6a	Form 990-T check here		Х ь	Balance due (Form 8868, III Total tax (Form 990-T, Part I Total tax (Form 4720, Part I	III, line 4)			6b	7,730.
7a	Form 4720 check here		b .	Total tax (Form 4720, Part I	II, line 1)			7b	
8a	Form 5227 check here			FMV of assets at end of tax					
9a	Form 5330 check here		b .	Tax due (Form 5330, Part II,	line 19)				
10a	Form 8038-CP check her			Amount of credit payment			ne 22)		
Par	t II Declaration ar	nd Sig	gnature <i>i</i>	Authorization of Offic	er or Person Subject	to Tax			
Under	penalties of perjury, I decla	re that	X I am	an officer of the above entit	y or 🔲 I am a person sub	oject to ta	x with resp	ect to (na	ame
of ent	ity)				, (EIN)	and	that I have	examine	d a copy of the
later ti payme persoi	nan 2 business days prior to ent of taxes to receive confic nal identification number (Pl check one box only	the pa dential N) as n	ayment (set informatior ny signatur	nt. To revoke a payment, I m ttlement) date. I also authori n necessary to answer inqui re for the electronic return ar	ze the financial institutions in ies and resolve issues relate nd, if applicable, the consent	nvolved ir ed to the t to electr	n the proces payment. I h onic funds v	ssing of t nave sele withdraw	the electronic ected a val.
L	X I authorize ARLEDG	E &	ASSO			to	enter my Pl	···	08032
				ERO firm name					five numbers, but t enter all zeros
Г	with a state agency(ies) on the return's disclosu	regula re cons	ting charitionsent screer	ctronically filed return. If I ha es as part of the IRS Fed/St n. h respect to the entity, I will	ate program, I also authorize	e the afore	ementioned	ERO to	enter my PIN
_	return. If I have indicate	d withi	n this retur	n that a copy of the return is N on the return's disclosure	s being filed with a state age				
Signatur Par	e of officer or person subject to tax			IS IS NOT A FI ation	LEABLE COPY **	* *	Date	02	/18/24
ERO's	EFIN/PIN. Enter your six-d	igit ele	ctronic filin	ng identification					
numb	er (EFIN) followed by your fiv	e-digit	self-select	ed PIN.	7332496	3003			
					Do not enter	all zeros			
submi				ich is my signature on the 2 rements of Pub. 4163, Mod					
ERO's	signature				Date	02/	21/24		
	<u>-</u>			Must Retain This For					
		o No	ot Submi	it This Form to the IR	S Unless Requested	To Do S	50		
LHA	For Privacy Act and Paper	work F	Reduction	Act Notice, see instruction	ıs.			Form 8	879-TE (2022)

202521 12-16-22

EXTENDED TO MAY 15 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		2022
		For ca	lendar year 2022 or other tax year beginning $\ \underline{ m JUL} \ \ 1$, $\ 2022$, and ending $\ \underline{ m JUN} \ \ 30$, $\ 20$	23	2022
Depart Interna	ment of the Treasury Il Revenue Service	ı	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 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (DEmple	oyer identification number
B Ex	empt under section	Print	FOUNDATION	7	3-6108032
X] 501(c)(3)] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 100 NORTH UNIVERSITY DRIVE	E Group (see in	p exemption number instructions)
] 408A		City or town, state or province, country, and ZIP or foreign postal code EDMOND , OK 73034	F _	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u> (Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1 (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1
K [Ouring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.		
	he books are in car		ART COTTON Telephone number	405-	974-2770
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	37,810.
2	Reserved			2	
3	Add lines 1 and 2				37,810.
4	Charitable contribu	utions (see instructions for limitation rules) STMT 1 STMT 2	. 4	2.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	37,808.
6	Deduction for net	operati	ng loss. See instructions	. 6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	37,808.
8	Specific deduction	ı (gene	rally \$1,000, but see instructions for exceptions)	. 8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	. 9	
10	Total deductions.	Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	36,808.
Pa	rt II Tax Com	putat	ion		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	7,730.
2	Trusts taxable at		ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı: [Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax ((trusts only)	5	
6	Tax on noncompl	iant fa	cility income. See instructions	. 6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	7,730.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)

Part	III Tax and Payments		r age <u>z</u>
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Ollow and the (see instructions)		
c	General business credit. Attach Form 3800 (see instructions) 1b 1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7		7,730.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	··· -	
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		_
	section 1294. Enter tax amount here	4	7,730.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		0.
6a	Payments: A 2021 overpayment credited to 2022		
b	2022 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	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total 6g		
7	Total payments. Add lines 6a through 6g	7	<u> 14,193.</u>
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	6,463.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 6,463. Refund	led 11	0.
Part			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other autho	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign coun	try	77
_	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		V
	foreign trust?		Х
•	If "Yes," see instructions for other forms the organization may have to file.		
3 4	Enter the amount of tax-exempt interest received or accrued during the tax year \$		_
4	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't rec	*	
3	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructi		
	Business Activity Code Available post-2017 No		
	\$	<u>JE Garryover</u>	
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
-	explain in Part V		
Part			
Provide	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	lowledge and belief,	it is true,
Sign	correct, and complete. Declaration of preparer (until than taxpayer) is based on all morniation of which preparer has any knowledge.	May the IBS disc	cuss this return with
Here	PRESIDENT	the preparer sho	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- emplo		
Prepa	arer JENNIFER LINDSTROM JENNIFER LINDSTROM 02/21/24		083973
Use C	Only Firm's name ARLEDGE & ASSOCIATES, P.C. Firm's EIN	<u>√ 73-</u>	1185089
	309 N. BRYANT AVENUE	46	0 061-
	Firm's address EDMOND, OK 73034 Phone no.	. 405-34	
223711 0	11-16-23	Fo	orm 990-T (2022)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - CARLYLE CGI AIV, LP	N/A	2.
TOTAL TO FORM 990-T, PART I, LI	NE 4	2.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2 3,681	-
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	-
ALLOWABLE CONTRIBUTIONS DEDUCTION		2
TOTAL CONTRIBUTION DEDUCTION		2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only UNIVERSITY OF CENTRAL OKLAHOMA Name of the organization B Employer identification number FOUNDATION 73-6108032 523000 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business INVESTMENTS - FORMS 1065 K-1 Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 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 Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 37,810. 37,810. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 37,810. **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 Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 37,810. column (C) 16 Deduction for net operating loss. See instructions 17

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

 $\overline{37,810}$

18

Pac	ıe	4

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	nn		Page Z		
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 7						
8	Cost of goods sold. Subtract line 7 from line 6. Enter h						
9	Do the rules of section 263A (with respect to property p	•			Yes No		
Part							
1	Description of property (property street address, city, st	•					
•	A	ate, Zii Godej. Oncok i	r a dadi doc. Occ irioti	dottorio.			
	В						
	c \square						
	D						
		Α	В	С			
2	Rent received or accrued		<u> </u>				
a	From personal property (if the percentage of						
a	rent for personal property is more than 10%						
	but not more than 50%)						
b							
D	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						
•	Tatal wants was invaded as a second of Add line On columns A	thusuah D. Estauhaus	and an Dark Libra C. a.	all man in (A)	0.		
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	Diumin (A)	<u></u>		
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
_	Tabal da da Mara Add Pas A a da mara A Nasarah D. Est	landa and an Dadd D	(D)		0.		
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	ter nere and on Part I, II	ne 6, column (B)		0.		
1	Description of debt-financed property (street address, c		and if a dual upa. Can	inatruationa			
'		ity, state, ZIP codej. Gr	ieck ii a duai-use. See	instructions.			
	A						
	B						
	D		В	0			
•		Α	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	%	%	%	%		
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	<u> </u>	0.		
	,			т			
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro				0.		
11	Total dividends-received deductions included in line	10			0.		

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganization	s (see inst	ructions)	Page 3
		-					Exempt Contro	, , , , , , , , , , , , , , , , , , , ,		
	Name of controlled organization		2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Part of of that is included controlling tion's gross	olumn 4 ded in the organiza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
		1		1	Controlled O	-				
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization' income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I column (A)	, Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals).	0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructio	ns)	
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attac	Set-asides h statemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve		g Income	see instruction	ons)	-
1	Description of exploite	ed activity:		-						
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	_ 2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								. 3	
4	Net income (loss) from									
	lines 5 through 7								. 4	
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	me				5	
6	Expenses attributable								. 6	
7	Excess exempt expen			6, but do no	ot enter mor	e than th	he amount on I	ine		
	4. Enter here and on F	Part II, line	12						. 7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a d	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on I	· · · · · · · · · · · · · · · · · · ·			0.
а	, and the second				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on I	•			0.
4	Advertising gain (loss). Subtract line 3 from line	e			
	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 zero 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 les	s			
	than line 6, enter zero	I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	· · · · · · · · · · · · · · · · · · ·	al or zero here and on		
	Dort II, line 12				0.
	Part II, line 13				
Part		ectors, and Trustees (Se	ee instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction of Name	ectors, and Trustees (sectors). Title	ee instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (Si	ee instructions)	3. Percentage	4. Compensation
	X Compensation of Officers, Dire	ectors, and Trustees (Si	ee instructions)	3. Percentage f time devoted	4. Compensation attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (Si	ee instructions)	3. Percentage f time devoted to business	4. Compensation attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (Si	ee instructions)	3. Percentage f time devoted to business	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (Si	ee instructions)	3. Percentage f time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Compensation of Officers, Dire 1. Name	ectors, and Trustees (Si	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to
1) 2) 3) 4)	Compensation of Officers, Dire Name I. Name . Enter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (so	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
CARLYLE GLOBAL INFRASTRUCTURE OPPORTUNITY - INTEREST INCOME CARLYLE CGI MARS, LP - ORDINARY BUSINESS INCOME (LOSS) ALPHAKEYS MILLENNIUM FUND II, LLC - OTHER INCOME (LOSS) CARLYLE CGI AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	577. 6,707. 50,153. -19,627.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	37,810.

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STATE COPY

<u>TAXABLE YEAR</u> **2022**

California Exempt Organization Business Income Tax Return

228961	01-12-23
	FORM
_	109

	2022 or fiscal year beginning (mm/dd/yyyy)		, and ending (m	m/dd/yyyy)	0	6/30/2	1023	<u>.</u>
Corporation FOUND	Organization name UNIVERSITY (TION	OF CENTRAL OF	ILAHOMA		Ca	lifornia corpo 827925	ration number 52	r
Additional	formation. See instructions.				FE			
<u> </u>						73-610	18032	
	s (suite/room no.) RTH UNIVERSITY DRIVE	!			PMB no.			
	rporation has a foreign address, see instruct			State	ZIP code			
EDMON	rporution has a foreign address, see mistraet	10113.)			73034			
Foreign co	ntry name	Foreign province/	state/county		Foreign po	stal code		
R&TC So C Is the or audited in D Final retripo Enter da E Amende F Account	education IRA within the meaning of tion 23712? Inization under audit by the IRS or has the IR a prior year? In? Insolved Surrendered (Withdrawn) In (mm/dd/yyyy) In (mm/dd/yyy) In (mm/dd/yyy) In (mm/dd/yyy) In (mm/dd/yy	Yes X No RS Yes X No Merged/Reorganized Yes X No Yes X No X Accrual (3) Other MENT 1 Side 2, Part II, line 30 % from the Sch. R, Applated bus. activity is wholly in CA n Side 2, Part II, line 30 n line 3 or line 4 duction eral Information N Subtract line 8 from line 5	stock bonus plan as of K Unrelated Business A L Is this a hospital? If "Yes," attach federa or A Sch. R was not complied, ed.	tion 4947(a)(aiming any form ncy Military B Tax Area (TT. MEA) tax bene qualified pen described in I ctivity (UBA) or Part B, In 5. Inter the amt fror	1)? primer; Enter lase Recover A), or Manurefits? sion, profits RC Section (code 5 (Form 990) See instr. m In 1	prise ry Area facturing sharing, or 401(a)? 123000	YesYesYesYes−1	00 00 00
	10 Tax 8.84 % x line 9. See					10		00
	11 Tax credits from Schedule B. See instru					11		00
Total	12 Balance. Subtract line 11 from line 10. I					12		00
Tax	13 Alternative minimum tax. See General Ir					13		00 00
	14 Total tax. Add line 12 and line 13	ac a cradit	a 15		00	14		0 00
	15 Overpayment from a prior year allowed16 2022 estimated tax payments. See instr	as a creuit	16		00			
Payments	17 Withholding (Form 592-B and/or 593).				00			
1 ayınıcınıs	18 Amount paid with extension (form FTB)		• 18		00			
	19 Total payments and credits. Add line 15					19		00
	OO Haaday Caalaatayatiaaa					20		00
		Payments balance. If line 19 is more than line 20, subtract line 20 from line 19						00
Use Tax/	•	•			Г	21 22		00
Tax Due/ Overpay-		Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions						00
ment		Overpayment. Subtract line 14 from line 21. See instructions						00
		Enter amount of line 24 to be applied to 2023 estimated tax						

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		•	26	T	00
	a Fill in the account information to have the refund directly deposited. Routing number				•	
Refund Amount	b Type: Checking Savings C Account Number					
Due	27 Penalties and interest. See General Information M		•	27		00
200	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806					
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24			29		00
Unrel	ated Business Taxable Income					
Part I	Unrelated Trade or Business Income					
1 a G	Pross receipts or gross sales b Less returns and allowances c Balan	nce	•	10	(00
2 Cos	st of goods sold and/or operations (Schedule A, line 7)		•	2		00
3 Gro	iss profit. Subtract line 2 from line 1c		•	3		00
4 a C	Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)		•	4a	i	00
b N	let gain (loss) from Part II, Schedule D-1		•	4b		00
c C	Capital loss deduction for trusts		•	40	<u>; </u>	00
	ome (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.					
	ach Schedule K-1 (565, 568, or 100S) or similar schedule		•	5	-13	00
6 Ren	ntal income (Schedule C)		•	6		00
7 Unr	elated debt-financed income (Schedule D)		•	7		00
	estment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8		00
	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
10 Exp	loited exempt activity income (Schedule G)		•	10		00
	vertising income (Schedule H, Part III, Column A)		•	11		00
	er income. Attach schedule		•	12	12	00
	al unrelated trade or business income. Add line 3 through line 12			13	-13	00
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the u				icome.)	Τ
	npensation of officers, directors, and trustees from Schedule I		•	14	+	00
	aries and wages		•	15	+	00
	pairs		•	16	+	00
	I debts		•	17	+	00
	erest. Attach schedule		•	18	+	00
19 Tax	res. Attach schedule		•	19	0	00
	ntributions. See instructions and attach schedule SEE STATEMENT Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) • 21a	4	•	20	1 0	00
			00	21		Too
	dos, depresention of announce of conceder 72 does more actions		•	22	+	00
	oletion. Attach schedule Contributions to deferred compensation plans			23a	,	00
	contributions to deterred compensation plans Imployee benefit programs. See instructions			23b		00
	and deliver Albert asked de		•	24	+	00
	er deductions. Attach schedule al deductions. Add line 14 through line 24			25		00
26 Unr	related business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26	-13	_
	ess advertising costs (Schedule H, Part III, Column B)		•	27		00
	related business taxable income before specific deduction. Subtract line 27 from line 26		•	28	-13	
	ecific deduction. See instructions		•	29	1,000	
30 Unr	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			$\overline{}$	-	_
	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statemen locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and er	nt, or go to nter form co	ftb.ca de 94	.gov/fo 8 whe	orms and search for 1131 to n instructed.	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my	y knov	vledge	and belief, it is true, correct,	
Here	Signature Title Dat				Telephone	
	of officer ▶ PRESIDENT			4	105-974-2770	
Da!d	Preparer's Date Che	eck if self-			• PTIN	
Paid Prepare	signature ▶JENNIFER LINDSTROM 02/21/24 em	ployed	▶ [202083973	
Use Onl	y Firm's name (or yours,				• Firm's FEIN	
	if self-employed) ARLEDGE & ASSOCIATES, P.C.			_ [73-1185089	
	and address 309 N. BRYANT AVENUE				• Telephone	
	EDMOND, OK 73034				<u> 105-348-0615</u>	
	May the FTB discuss this return with the preparer shown above? See instructions				• X Yes No	

	hedule A Cost of Goods Sold and/or Operations.			N/A						
	hod of inventory valuation (specify)									
	Inventory at beginning of year							2		00
	Purchases Cost of labor							3		00
J	Cost of labor							4a		00
7								4b		00
5								5		00
	Total. Add line 1 through line 4b							6		00
7	Cost of goods sold and/or operations. Subtract line 6 fro	m line 5. Enter here and on	Side 2 Par	t I line 2						00
•	Do the rules of IRC Section 263A (with respect to proper								Yes X	No
Sc	hedule B Tax Credits.	y produced or dequired for	100010) 466	,	or garm				100	
1	Enter credit name	code ●	•	1			00			
2	Enter credit name	code ●	•	2			00			
3	Enter credit name Enter credit name	code ●	•	3			00			
4	Total. Add line 1 through line 3. If claiming more than 3	credits, enter the total of all	_ claimed cre	dits						$\overline{}$
								4		oc
Sc	hedule K Add-On Taxes or Recapture of Tax. Se									
1	Interest computation under the look-back method for co	mpleted long-term contracts	s. Attach for	m FTB 38	34		•	1		00
	Interest on tax attributable to installment: a Sales of c							2a		00
		or non-dealer installment obl						2b		00
3								3		00
	 3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles 4 Credit recapture. Credit name 						_	4		00
5	Total. Combine the amounts on line 1 through line 4. See							5		00
Sc	hedule R Apportionment Formula Worksheet. Us	se only for unrelated trade or	r business a	amounts.						
Part	A. Standard Method - Single-Sales Factor Formula. C	omplete this part only if the	corporation		single-			l .	,	
			Tota	(a) I within an	ıd	Total	o) within		Percent	
			outsid	de Califorr	nia	Calif	ornia		California [(b) ÷ (a)] x 100
1	Total sales		•			•				
2	Apportionment percentage. Divide total sales column (I	, -								
	and multiply the result by 100. Enter the result here and								•	
Part	B. Three Factor Formula. Complete this part only if the	corporation uses the three-	factor form	ula. (a)		1 //	o)		T (c	2)
				l within an		Total			Percent	t within
				de Califorr	nia	Calif	ornia		California [(b) ÷ (a)] x 100
	Property factor: See instructions		•			•			•	
	Payroll factor: Wages and other compensation of emplo					•			•	
	Sales factor: Gross sales and/or receipts less returns an	id allowances	•			•			•	
	Total percentage: Add the percentages in column (c)									
5	Average apportionment percentage: Divide the factor of								l.	
80	result here and on Form 109, Side 1, line 2. See instructine the control of the c		of the December 1						•	
						2 1				
	ental income from debt-financed property, use Schedule D, R&TC Se escription of property	ection 2370 lg, Section 2370 ll, and	d Section 237	u in organiz	T			1.		
I De	scription of property				2 Rer	nt received or acc	rued		rcentage of rent at rsonal property	tributable to
					 			+		9/
										9/
4 C	omplete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complet	e if any iten	n in colu	mn 3 is more thar	10%	hut not r	nore than 50%	%
		Tax	· ·	-		(b) Deductions dire			T	
(a) D	eductions directly connected	(b) Income includible, column 2 less column 4(a)		come repor 2 x column		with personal p	property		(c) Net income i column 5(a)	includible, less column 5(b
		 				(attach schedu	i¢)		+	
_									+	
		 							+	
Λ d q	columns 4(b) and column 5(c). Enter here and on Side 2	Dart Lling 6								
HUU	COMMINIS 4(D) AND COMMINI S(C). EIREI HEIE AND ON SIDE 2	., raiti, iiiic U								

S	chedule D Unrelated [Debt-Finance	d Income										
1 Description of debt-financed property						2 Gross income from or allocable to debt-financed		3 Deduction	s directly c	onnected wi	th or allocable to	debt-fina	nced property
						property	bt-financed	(a) Straight (attach	-line depr schedule)	reciation			ductions chedule)
a •						•		•			•		
b •					•		•			•	•		
c •					•		•	•)			
	Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	allocable of or allocable to		6 Debt basis percentage, column 4 ÷ column 5		7 Gross income reportable, column 2 x column 6		8 Allocable deductions, total columns 3(a) and 3(b) x column 6		of 9 Net income (or loss) includible, column 7 less column 8		ncludible,	
a	•	•		•	%	•		•	•				
b	•	•		•	%	•		•			•		
C	•	•		•	%	•		•			•		
To	otal. Enter here and on Side 2,	Part I, line 7									•		
	=		R&TC Section	on 23701g,	Section 2	23701i, or Section	on 23701n	Organizati	n				
1	Description		2 Amount			tions directly cted		stment incom 2 less column		Set-asides	:	o in	alance of investment icome, column 4 less olumn 5
_									+			+-	
т,	otal. Enter here and on Side 2,	Dart I lina 9			<u> </u>							+-	
			c charges or	eimilar ame	ounte)							+-	
	nter gross income from member chedule F Interest. Ar	nuities, Roya				Organizations							
_	The dialog is a minorout, 7th	munios, moye	antioo unu mo	110 110111 00	introlled C	Exempt Contro	lled Organi	izations					
Name of controlled organizations		2	2 Employer identification number		3 Net unrelated income (loss)		Total of specified payments made		5 Part of column (4) that is included in the controlling organization's gross income		6	Deductions directly connected with income in column (5)	
										9, 555			
1												+	
2												+	
3													
ľ	Nonexempt Controlled Organiza	ations				T				1			
7	Taxable income					8 Net unrelated income (loss)	9	Total of specified payments made		10 Part of column (9) that is included in the controlling organization's gross income			1 Deductions directly connected with income in column (10)
1													
2													
3													
4	Add columns 5 and 10												
5	Add columns 6 and 11												
6	Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	rt I, line 9									
		xempt Activity				Income							
•	Description of exploited activity (atta schedule if more than one unrelated is exploiting the same exempt activi	activity b ty) fr	Gross unrelated usiness income om trade or usiness	production	d with	4 Net income from unrelated trade or business, column 2 less column 3	from a	s income activity that unrelated ess income	6 Expen attribu colum	table to	7 Excess exert expense, confidence of less column but not mort column 4	olumn nn 5	8 Net income includible, column 4 less column 7 but not less than zero
To	otal. Enter here and on Side 2.	line 10											

Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodicals Reporte	ed on	a Consolidat	ed Basis										
1 Name of periodical		2 Gross advertising income		3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 2 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.		5 Circulation income		6 Rea	6 Readership costs		7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5 and column 3 from the sum of column 5 and column 5 and column 5 and column 12. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
a	•	•		•				•		•				
b	•	•		•				•		•				
С	•	•		•				•		•				
Tot	als	•		•		•		•		•			•	
Pa	art II Income from Periodicals Repor	ted or	a Separate	Basis										
d	•	•		•		•		•		•			•	
e	•	•		•		•		•		•			•	
f	•	•		•		•		•		•			•	
Pa	art III Column A - Net Advertising Inc	come		•		Part	III Colur	nn B - I	Excess Adve	tising (Costs	<u> </u>		
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals	(1	columns 4 or Part II, colum	7, and amount l	I, listed in	(a) Ent	Part III Column B - Excess Advertisi (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals				((b) Enter total and amou	amou nts list	nt from Part I, column 4, ed in Part II, column 4
•		•	ı			•			•			•		
•		•	ı			•		•			•			
•	• •					•					-	•		
Ent	er total here and on Side 2, Part I, line 11	•				Enter	total here and	on Sid	le 2, Part II, I	ine 27	-	•		
	chedule I Compensation of Office	rs, Di	rectors, and	Trustees										
1 ^	lame of officer		2 SSN or IT	ΓIN	3 Title	e			4 Percent of devoted to business	time {	attr	mpensation ributable to related busin	ess	6 Expense account allowances
_										%				
_										%				
_										%				
_										%				
_										%				
	al. Enter here and on Side 2, Part II, line 1	4												
Sc	chedule J Depreciation (Corporati	ons a		ons only. True	sts use	form FT	B 3885F.)							
	Group and guideline class or description of property	2	Date acquired (mm/dd/yyyy)	3 Cost	or other b	oasis	4 Depreciation allowed or a in prior years	llowable	5 Method computing deprecial	ng		Life or rate	7	Depreciation for this year
1	Total additional first-year depreciation (d	lo not	include in ite	ms below) .										
2	Other depreciation: Buildings													
	Furniture and fixtures												T	
	Transportation equipment													
	Machinery and other equipment										T		\top	
	Other (specify)													
	other (specify)												+	
2	Other depreciation										+		+	
	Other depreciation										+		+	
	Total Amount of depreciation claimed elsewhe										1		+	
	Balance. Subtract line 5 from line 4. Ente												\vdash	
•				_,	- iu								1	

022 3645224 Form 109 2022 **Side 5**

CA 109	NATURE OF	TRADE OR	BUSINESS	STATEMENT 1

INVESTMENTS - FORMS 1065 K-1

TO FORM 109, PAGE 1

CA 109 CASH CHARITABLE CONTRIBUTIONS	STATEMENT	2
DESCRIPTION	AMOUNT	
CHARITABLE CONTRIBUTIONS - CARLYLE CGI AIV, LP LESS EXCESS CONTRIBUTIONS		2. -2.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20		0.

2022

Attach to F	orm 100, Form 100)W, Form 100S,	or Form 109.					
Corporation							California corporation n	umber
	ATION		OZTAIIOMA				0070252	
			C OKLAHOMA ed the NOL, the corporation	on was a(n).	C corneration		8279252 FEIN	
					ecting to be taxed as a co	rnoration)	73-6108	032
					e corporation name and C	. ,		
<u> </u>	, ,			,		·		
If the corp	oration is included	in a combined r	eport of a unitary group,	see instructions, Gene	eral Information C, Comb	ined Reporting.		
			does not have a current y					
		•	0W, line 18; Form 100S,	,				13 00
Enter a	as a positive numb	er od in line 1. Ente						13 00
								13 00
					4a			
					4b			
c Ad	d line 4a and line 4	b				4c _		00
	al NOL. Subtract lir							13 00
6 Currer	nt year NOL. Add lir	ne 2, line 4c, and	line 5. See instructions			• 6 <u> </u>		13 00
Dart II Mi	OL carryover and o	licaetar lace car	ryover limitations. See ii	netructions				
raitii iv	OL Carryover and C	11343161 1033 6411	iyovei illilitations. See il	istructions.		(g) Available ba	ance	
1 Net inc	come - Enter the ar	nount from Form	100, line 18; Form 100V	V, line 18; Form 100S, li	ne 15 less line 16;	(g) / (validatio ad	41100	
or For	m 109, line 2; (but	not less than -0-)				0	
<u>Prior Year</u>	NOLs							
(a)	(b) Code - See	(c)	(d)	(e)	(f)		(h)	
Year o loss	f instructions	Type of NOL - See below *	Initial loss - See instructions	Carryover from 2021	Amount used in 2022		Carryover col. (e) mini	
		See below	Coo mon donono	110111 2021	111 2022		0011 (0) 1111111	
2 💿				•			•	
				-				
•				•			•	
_								
				•		-	•	
(•			•	
Current Ye	 ar N∩I e			<u> </u>			<u> </u>	-
Ouricine To	ai NOLS						col. (d) minu See instru	s col. (f)
3 2022		DIS					355 1115414	
								_
4 2022		GEN	13					13
2022								
2022								
2022								
2022								
* Type of I	NOL: General (GEN), New Business	(NB), Eligible Small Busii	ness (ESB), or Disaster	(DIS).			
	022 NOL deduction							
	he amounts in Part		()			• 1 <u> </u>		00
				0	nd on Form 100, line 21;	0		
			9. Form 109 filers enter - It here and on Form 100,		 e 19: Form 100S	2 _		00
	; or Form 109, line	-	,	,		⊚ 3		00
0 17	, 5 51.11 100, 1110					~ ~ ~ _		100

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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 income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) UNIVERSITY OF CENTRAL OKLAHOMA print FOUNDATION 73-6108032 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 100 NORTH UNIVERSITY DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. EDMOND, OK 73034 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ART COTTON The books are in the care of ► 100 NORTH UNIVERSITY DRIVE - EDMOND, OK 73034 Telephone No. ► 405-974-2770 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , $\underline{\hspace{0.5cm}}$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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223841 04-01-22

LHA

Form 8868 (Rev. 1-2022)

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



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

Legal name of corporation UNIVERSITY OF CENTRAL OKLAHOMA Payment FOUNDATION 604 0 0 enclosed 2. CT13 Return type 73 6108032 4 Employer ID number (EIN) MM7 5 5. File number (FCC) 07-01-22 6. 6 Period beginning date (mm-dd-yy) 06-30-23 7 Period ending date (mm-dd-yy) 0 8 Amended (Y=1; N=0)9 9. Final (Y=1; N=0)523000 10. 10 NAICS code 11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3) 11. Federal 1120-H filed (Y = 1; N = 0)12. 12 13. 13 REIT/RIC indicator (Y = 1; N = 0)604.00 14 Tax due/MTA surcharge 14. 15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000 15. 604.00 16 Balance due 16. 17. 17 Amount of overpayment credited to next period - NYS 18. 18 Refund of overpayment 19. 19 Refund of unused tax credits 20. 20 Tax credits to be credited as an overpayment to next year's return 21 Amount of overpayment credited to next period - MTA 21 22 22. Amount of MTA surcharge retaliatory tax credit to be refunded 23. 23 Fixed dollar minimum 24. 24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN 25 New York receipts 25. Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? 26. 26 73 1185089 27 27. Paid preparer's EIN 28. 28 Preparer's NYTPRIN 29. 03 29 Excl. code



For office use only

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

Page 2 of 2 CT-2 (2022)

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.
32	Total excise tax on telecommunication services	32.
33	Tax on gross income - NYS	33.
34	MTA surcharge related to telecommunication services	34.
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.
36	Total MTA surcharge related to telecommunication services	36.
37	MTA surcharge on gross income	37.
38	Balance due - NYS	38.
39	Balance due - MTA	39.
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3)	40.
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; $Both = 3$) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44.
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45.
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax · NYS Overpayment credited to next year's tax · MTA Refund of overpayment · NYS Refund of overpayment · MTA Refund of unused tax credits · NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45. 46.



CT-200-V

Payment Voucher for E-Filed Corporation Tax Returns and **Extensions**

				Type of form e-filed
Employer identification number	Primary return type	Tax period beginning (mm-dd-)	yyyy) Tax period ending (mm-dd-yyyy)	(mark correct box; see instructions)
73-6108032	CT13	07-01-2022	06-30-2023	Return X
Legal name of corporation				
UNIVERSITY OF CENTRAL	L OKLAHOMA	FOUNDATION		Extension
Mailing name (if different from legal name)				Mandatory first
c/o				installment (MFI)
Number and street or PO Box				Amount(s) due
100 NORTH UNIVERSITY	DRIVE			NYS amount
City	State	ZIP code E	Business telephone number	604.00
EDMOND	OK	73034	405-974-2770	MTA amount
	•	•		<u> </u>

Make your check or money order payable in U.S. funds to: New York State Corporation Tax. Do not staple	
or clip your check or money order. Detach all check stubs.	604.00
Enter payment enclosed	

File this entire page with your payment

Where to mail

Mail your payment along with this entire page to: **NYS DEPT OF TAXATION & FINANCE CORP - V PO BOX 15163 ALBANY NY 12212-5163**





Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2022

TR-579-CT

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.							
Legal name of corporation UNIVERSITY OF CENTRAL OKI	AHOMA						
Return type (mark an X for all that apply): CT-3 CT-3-A CT-33-A CT-33-C CT-33-M CT-33-NL CT-186-E CT-300 CT-400 CT-400 CT-186-E CT-300 CT-400	CT-3-M CT-3-S CT-13 _X CT-33 CT-183 CT-183-M CT-184 CT-184-M CT-184 CT-184-M CT-183-M CT-184 CT-184-M CT-186-M CT-184-M CT-186-M CT-186-M						
CT-400, Estimated Tax for Corporations. Financial institution information (required if electronic payment is authorized)	New York State Authorization for Electronic Funds Withdrawal For Tax Yea 2022 Corporation Tax Extensions edl						
1 Amount of authorized debit	,						
2 Financial institution routing number							
	3						

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183-M, CT-184-M, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filling includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	Date
	ART COTTON, PRESIDENT	02-18-24

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name JOSHUA L MULLINS	Date 02-21-24
Paid preparer's signature	Print name	Date
JENNIFER LINDSTROM	JENNIFER LINDSTROM	02-21-24

<i></i>	NEW
5	YORK STATE
3033	SIAIE

CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

2022 mended	rax Re	turn	ΔII ·	filars anta	r tax period:		
nmended return	Tax Law - A	Article 13			7-01-22	end	ing 1 06-30-23
Employer identification number (EIN)	File number	Business telephone				I	If you claim an
73-6108032	MM7	405-974	-277	0			overpayment, mark an χ in the box
Legal name of corporation UNIVERSITY O	F CENTRAL (Frade name/Di	ВА		
FOUNDATION		-					
Mailing address				State or countr	y of incorporation		
Care of (c/o)				OKLAH	OMA		
Number and street or PO Box			[Date of incorpo		Foreign corp	orations: date began business in NYS
100 NORTH UNIVERSITY D	RIVE			03-01	-54		
City U.S. state/Canadian		de Country (if no				For office use	e only
EDMOND, OK 73034							
NAIGO business and much or (form fordered unburn)	f you need to update	vour address or r	nhone in	formation			
J =00000	for corporation tax, or						
Principal unrelated business activity (see instructions)	or corporation tax, o	online. See Busin					
INVESTMENTS - FORMS 10	65 K-1	Form CT-1.	iess iriio	mation "			
THV DETILINIE TOTALS TO	05 It I	Form C1-1.			L		
Form CT-247 Application for Examples from	Composition Franchi	aa Tayaa by a Nat	Гож Dио	£:1			
Form CT-247, Application for Exemption from Organization - Have you filed this New You							Yes No X
Organization - Have you filed this New To	ik State application i	or exemption: (Se	ee instru	ctions)			165 140 [21]
Mark an χ in this box if you are an employee t	rust as defined in Inte	ornal Povonuo Co	do (IDC)	soction 40	11(2)		
Mark an χ in this box if you ceased operating							
(see section Who must file Form CT-13 in ti		-		•			•
A. Pay amount shown on line 22. Make pay					······		Payment enclosed
■ Attach your payment here. Detach all ch	rable to. New York S	tate Corporation I	ax .)			\ \	604.
7 iliaen year paymont nore. Betaer all er	10011 014100. (000 111311	uctions for details	-/			`	004.
Computation of income and tax							
1 Federal unrelated business taxable income befo	re net operating loss de	duction and after \$1	.000 spec	ific deduction	on	1	36,808.
2 New York State Article 13 and Article 23 t.							
3 Additions required for shareholders of federal							
4 Grossed-up taxes for shareholders of New							
5 Other additions (see instructions)						5	
6 Add lines 1 through 5						6	36,808.
7 Other income (see instructions)				<u> </u>		+ • •	
8 Federal S corporation shareholder subtractions							
9 Other subtractions (see instructions)	SEE STAT	^{,s)} Р ЕМЕNT 1	9		30,101		
						10	30,101.
10 Total subtractions (add lines 7, 8, and 9)11 Taxable income before net operating loss	deduction (subtract)	lina 10 from lina 6				11	6,707.
12 New York net operating loss deduction (a							577575
13 Taxable income (subtract line 12 from line						13	6,707.
14 Allocated taxable income (multiply line 13						10	577575
	-					• 14	6,707.
from line 13 if allocation is not claimed)						15	604.
15 Tax based on income (multiply line 14 by \$						16	250 . 00
16 Minimum tax						17	604.
17 Tax (line 15 or line 16, whichever is larger)						• 18	0010
18 Total prepayments from line 46						19	604.
19 Balance (if line 18 is less than line 17, subt							004.
20 Interest on late payment (see instructions)						• 20 • 21	
21 Late filing and late payment penalties (see							604.
22 Balance due (add lines 19, 20, and 21 and						22	004•
23 Overpayment (if line 17 is less than line 1824 Amount of overpayment on line 23 to be of						24	
25 Amount of overpayment on line 23 to be a						25	
Zu , anount of overpayment on mic 20 to be I	Sianaca (Subtract III)	<u> </u>				- 20	

See page 3 for third-party designee, certification, and signature entry areas.



Have	you been audited by the Internal Revenue Service in the past 5 y	years?	Yes	No	Σ If γ _{es,} list years:			_
Fede	ral return was filed on: 990-T X Other:			At	tach a complete copy	of yo	ur federal return.	
Sch	edule A - Unrelated business allocation							-
If you	did not maintain a regular place of business outside New York S nouse, or other space regularly used by the taxpayer in its unrelation, nature of activities, and number and duties of employees	ted bus			•		•	
Ave	rage value of:		A New York Sta	ate	B Everywhere			
26	Real estate owned (see instructions)	26						
	Gross rents (attach list; see instructions)	27						
28	Inventories owned	28						
29	Other tangible personal property owned (see instructions)	29						
30	Total (add lines 26 through 29)	30						_
31 Rec	Percentage in New York State (divide line 30, column A, by line seipts in the regular course of business from:	30, colu	ımn B)			31	9	6
32	Sales of tangible personal property shipped to							
	points within New York State	32						
33	All sales of tangible personal property	33						
34	Services performed	34						
35	Rentals of property	35						
36	Other business receipts	36						
37	Total (add lines 32 through 36)	37						_
38	Percentage in New York State (divide line 37, column A, by line	3 <u>7, colu</u>	umn В)			38	9	6
39	Wages, salaries, and other compensation of employees							
	(except general executive officers; see instructions)	39						_
40	Percentage in New York State (divide line 39, column A, by line	39, colu	лтп В)			40	9	6
41	Total of New York State percentages (add lines 31, 38, and 40	0)				41	9	6
42	Business allocation percentage (divide line 41 by three or by the	numbe	er of percentages)	<u></u>	Data said	42		6
Con	nposition of prepayments claimed on line 18*				Date paid		Amount	_
	Payment with extension request, Form CT-5, line 5		Г	43				_
	Second installment from Form CT-400			44a				_
	Third installment from Form CT-400			44b				_
	Fourth installment from Form CT-400		_	44c				_
	Amount of overpayment credited from prior years							_
46	Total prepayments (add lines 43 through 45; enter here and on li	ine 18)			46			_
	* Taxpayers subject to the unrelated business income tax are r If you did make these unrequired payments, report them on l			nated ta	ax payments.			
Ame	ended return information							_
If filin	g an amended return, mark an χ in the box for any items that ap	oply and	d attach documenta	ation.				_
Final	federal determination • If marked, enter	date of	determination:	•_				
Capit	al loss carryback Federal return fil	led			Form 1139 •			
Amer	nded Form 990-T							



Third - part	Yes No Designee's name (print)			Designee's phone number
(see instructions	Designee's email address JOSH.MULLINS@ARLEDGE. It certify that this return and any attachments are to the best of my known.		helief true correct and co	PIN
Authorized	Printed name of authorized person Signature of authorized		Official title PRESIDENT	присс.
person	Email address of authorized person ACOTTON4@UCO.EDU		Telephone number 405-974-27	70 Date 02-18-24
	Firm's name (or yours if self-employed) ARLEDGE & ASSOCIATES, P.C.		Firm's EIN 73-1185089	Preparer's PTIN or SSN P02083973
Paid preparer use only	Signature of individual preparing this return Address 309 N. BRYAN JENNIFER LINDSTROM EDMOND, OK 7		City IUE	State ZIP code
(see instr.)	Email address of individual preparing this return JENNIFER . LINDSTROM@ARLEDGE . CPA	Prepare	rer's NYTPRIN or Excl. cc	Date 02-21-24

See instructions for where to file.

FORM CT-13	OTHER SUBTRACTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OUT OF STATE INCOME		30,101.
TOTAL TO FORM CT-13, PAGE	1, LINE 9	30,101.

SCHEDULE A (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

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).

UNIVERSITY OF CENTRAL OKLAHOMA

501(c)(3) Organizations Only

B Employer identification number

	FOUNDATION			73-61080	32
C L	Unrelated business activity code (see instructions) 52300	0		D Sequence:	1 of 1
	TABLECOMPANIE	ПО	DWG 1065 TZ 1		
<u> </u>	Describe the unrelated trade or business INVESTMENTS	- FO	KMS 1065 K-I		
Pai	t I 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 (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			
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 4	5	37,810.		37,810.
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	37,810.		37,810.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			s must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
4	Repairs and maintenance Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			_	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9	Depletion				
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. So	ubtract I	ine 15 from Part I, line 13,		
	column (C)				37,810.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				37,810.
_HA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022
LHA	For Paperwork Reduction Act Notice, see instructions.			Scnedu	ie A (Form 990-1) 20/

n		
rac	ıe.	- 2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	nn		Page Z
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 h				
9	Do the rules of section 263A (with respect to property p	•			Yes No
Part					
1	Description of property (property street address, city, st	•			
•	A	ate, Zii Godej. Oncok i	r a dadi doc. Occ inoti	dottorio.	
	В				
	c \square				
	D				
		Α	В	С	
2	Rent received or accrued		<u> </u>		
a	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
b					
D	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				
•	Tatal wants was invaded as a second of Add line On columns A	thusuah D. Estauhaus	and an Dark Libra C. a.	all man in (A)	0.
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	Diumin (A)	<u></u>
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_	Tabal da da Mara Add Pas A a da mara A Nasarah D. Est	landa and an Dadd D	(D)		0.
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	ter nere and on Part I, II	ne 6, column (B)		0.
1	Description of debt-financed property (street address, c		and if a dual upa. Can	inatruationa	
'		ity, state, ZIP codej. Gr	ieck ii a duai-use. See	instructions.	
	A				
	B				
	D		D	0	
•		Α	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	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	<u> </u>	0.
	,			т	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line	10			0.

Schedule A (Form 990-T) 2022

	Interest, Annu	ities, Ro	oyalties, and Re	ents fror	n Control	ed Or	ganizations	3 (s	ee instruct	tions)		r age o
		<u> </u>	_			E	xempt Contro	lled O	rganization	ns .		_
1	. Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	that is	art of colur s included rolling orga s gross inc	in the aniza-		Deductions directly connected with come in column 5
(1)												
(2)												
(3)												
(4)												
7 T	avaleta la accesa			 	Controlled Or		I	-£ l.			D-	du ationa diva att.
7. 18	axable Income	in	Net unrelated acome (loss) e instructions)		otal of specific yments mad		that is inc controlling gross	luded	in the zation's		cor	ductions directly nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and o	n Part I,		er he	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part VI	I Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou		3. Deduction directly connected (attach states	ected	4. Set- (attach st		′ I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
Totals					Add amou column 2. here and or line 9, colu	Enter Part I, mn (A) 0 •						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part VI			ctivity Income,	Other 1	Than Adve	rtising	g Income	see in	structions)			
	escription of exploite	-										
	ross unrelated busine						•	. ,		2		
	penses directly con											
	e 10, column (B)									3		
	et income (loss) from					-	-					
			a not unvaleted busi							4		
	ross income from act									5 6		
	kpenses attributable kcess exempt expens									\vdash		
	Enter here and on P			•						7		

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated basis.		
	A				
	В				
	с 🗆				
	D				
Enter a	amounts for each periodical listed above in the o	corresponding column.			
		A	В	С	D
2	Gross advertising income		_		_
	Add columns A through D. Enter here and on			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	•		•	0.
4	Advertising gain (loss). Subtract line 3 from lin	ie			
	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 zero on line 8	I			
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 les	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7	l l			
а	Add line 8, columns A through D. Enter the gre		al or zero here and o	n .	
	Part II, line 13				0.
Part		ectors, and Trustees (S	ee instructions)		
				3. Percentage	4. Compensation
	d Name			of time devoted	attributable to
	1. Name	2. Title			
	1. Name	2. Title		to business	unrelated business
(1)	1. Name	2. Title		to business %	
(1) (2)	1. Name	2. Title			
(2)	1. Name	2. Title		%	
(2) (3)	1. Name	2. Title		% %	
(2) (3)	1. Name	2. Title		% % %	
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4)	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business

FORM 990-T (A) I	NCOME (LOSS)	FROM PARTNERSHIPS	STATI	EMENT 4
DESCRIPTION				INCOME (LOSS)
CARLYLE GLOBAL INFRASTRUC INCOME CARLYLE CGI MARS, LP - OR ALPHAKEYS MILLENNIUM FUND CARLYLE CGI AIV, LP - ORD	DINARY BUSIN	ESS INCOME (LOSS) THER INCOME (LOSS)	,	577. 6,707. 50,153. -19,627.
TOTAL INCLUDED ON SCHEDUL	E A, PART I,	LINE 5		37,810.

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



Oklahoma Corporate, Fiduciary and Partnership Estimated Tax

Tax Year 2023 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	1,205	00
2	Enter the income tax credits		00
3	Enter the estimated Oklahoma income tax liability (subtract line 2 from line 1)	1,205	00
4	A. Multiply line 3 by 70% 844 00		
	B. Enter the tax liability shown on the previous year's tax return 1,205 00		
	C. Enter the smaller of line 4A or 4B. Note: If line 3 is less than \$500, estimated tax payments are not required	844	00
5	Estimated amount of withholding		00
6	Subtract line 5 from line 4C	844	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)	220	00

Record of Estimated Tax Payments

Mandatory inclusion of Social Security and/or Federal Identification Numbers are required on forms filed with the OTC pursuant to 68 Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the OTC.

The OTC is not required to give actual notice of change in any state tax law.

Quarter	Date Paid	Amount
Applied from 2	2022 Tax Return	
1		220.
2		220.
3		220.
4		220.
	Total	880.

^{*} 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.

272621 09-26-22		
• Do not fold, staple, or paper clip Detach Here and Re	eturn Coupon with Payment • Do not tear	or cut below line
ITE OW-8-ESC Oklahoma Corporate, Partnership Estimated		
Mailing Address Change (Enter new mailing address below)		© <i>680</i> :
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Taxpayer FEIN 73-6108032	
Name	Tax Year 2023	
100 NORTH UNIVERSITY DRIVE	Quarter 1	
Address		Cents
EDMOND, OK 73034 City State ZIP	– Amount of Payment:	220.

2022.05050 UNIVERSITY OF CENTRAL OKL 7573___1

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

272621 09-26-22	
Do not fold, staple, or paper clip Detach Here and Re	turn Coupon with Payment • Do not tear or cut below line
Oklahoma Corporate, F Partnership Estimated	
Mailing Address Change (Enter new mailing address below)	国6岁0·
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Taxpayer FEIN 73-6108032
Name	Tax Year 2023
100 NORTH UNIVERSITY DRIVE	Quarter 2
Address	Dollars Cents
EDMOND, OK 73034 City State ZIP	Amount of Payment: 220 •.

2022.05050 UNIVERSITY OF CENTRAL OKL 7573___1

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

272621 09-26-22	
Do not fold, staple, or paper clip Detach Here and Re	turn Coupon with Payment • Do not tear or cut below line
OW-8-ESC Oklahoma Corporate, Partnership Estimated	
Mailing Address Change (Enter new mailing address below)	■ 6級で:
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Taxpayer FEIN 73-6108032
Name	Tax Year 2023
100 NORTH UNIVERSITY DRIVE	Quarter 3
Address	
EDMOND, OK 73034 City State ZIP	Amount of Payment: 220 .

2022.05050 UNIVERSITY OF CENTRAL OKL 7573___1

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

272621 09-26-22		
• Do not fold, staple, or paper clip Detach Here and Ro	eturn Coupon with Payment • Do not tear or cut below I	line
ITE OW-8-ESC Oklahoma Corporate, Partnership Estimated		
Mailing Address Change (Enter new mailing address below)		F!
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION	Taxpayer FEIN 73-6108032	
Name	Tax Year 2023	
100 NORTH UNIVERSITY DRIVE	Quarter 4	
Address	Dollars (Cents
EDMOND, OK 73034 City State ZIP	- Amount of Payment: 220 •	·

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

2022.05050 UNIVERSITY OF CENTRAL OKL 7573____1

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



PART 1		
For the year January 1 - December 31, 2022, or other taxable year beginning: UUL 1		UN 30 2023
		Date Qualified for Tax Exempt Status
UNIVERSITY OF CENTRAL OKLAHOMA FOUN 73-6	108032	03/01/1954
Address (Number and Street)		
100 NORTH UNIVERSITY DRIVE		
City State or Province Country		ZIP or Foreign Postal Code
EDMOND OKLAHOMA		73034
Place an 'X' if: (1) Initial Return (2) Final Return (3) Am	nended return (See Schedule 512	2E-X on page 2)
PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 3-4)	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	37,808.00	31,116.00
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	1,000.00	1,000.00
C Unrelated business taxable income - enter here and on line 1 below	36,808.00	30,116.00
INCOME SUBJECT TO TAX		
Unrelated business taxable income - from statement above (allocable to Oklahom	a) 1	30,116 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	30,11600
TAX COMPUTATION		
5 Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the built recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured c		
enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	c. 965(h) and	1,20500
6 Less: Other Credits Form (total from Form 511CR)	6	00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7	1,20500
2022 Oklahoma estimated tax and extension payments and prior year carryforwal	rd8	00
9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other with	holding statement) 9	00
10 Amount paid with original return and amount paid after it was filed (amended retu		00
Any refunds or overpayment applied (amended return only)	11	
Total of lines 8 through 11	12	00
Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	00
14. Amount of line 13 to be credited to 2023 estimated tax (original return only)	1.4	00

2022 Form 512-E - Page 2 Oklahoma Return of Organization Exempt from Income Tax



Name of Organization: UNIVERSITY OF CENTRAL OKLAHOMA FOUN			Federal Employer Identification Number: 73-6108032		
			Amount from line 14	on page 1	00
Line 15 provides you the opportu organizations. Place the line num the amount you are donating. If g schedule showing how you would	ber of the organization from	n page 4 of this	s form in the box below	w and enter	
Donations from your refund	\$2	\$5 :	\$	15	5 00
16 Add lines 14 and 15 and enter	amount			16	3 00
Amount to be refunded to you	(line 13 minus line 16)			Refund 17	7 00
Direct Deposit Note:	Is this refund going to o	r through an acco	unt that is located outside	of the United St	ates? Yes No
All refunds must be by direct deposit. See Direct Deposit	Deposit my refund in	my: Cł	necking Account	Savings	Account
Information on page 5 for details.	Routing Number:				
	Account Number:				
Tax Due (if line 7 is larger than	line 12 enter tax due)			Tax Due 18	1,205 00
19 Donation: Public School Class	sroom Support Fund (For info	ormation regardi	ng this fund, see page	4, #5) 19	00
For delinquent payment, add p	penalty of 5% plus interest at	1.25% per mon	th	20	00
21 Underpayment of estimated ta	ax interest		Annual	ized 2	127 00
22 Total tax, penalty and interest	due - Add lines 18-21; pay in	full with return	В:	alance Due 22	1,33200
Under penalty of perjury, I declare the information	n contained in this document, attachme	1	e true and correct to the best of	my knowledge and	belief.
Signature of Officer or Trustee Printed Name	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your	Signature of Preparer JENNIFER LI Printed Name of Preparer	NDSTROM	Date
ART COTTON		tax preparer.	JENNIFER LI	NDSTROM	
	Phone Number		Phone Number:	_	Preparer's PTIN:
PRESIDENT	405-974-2770		405-348-061	<u> </u>	P02083973
SCHEDULE 512-E-X: AMENDED	RETURN SCHEDULE (See	instructions on	 page 3)		
A Did you file an amended Federa			es X No		
Provide a copy of the amende				nd check or dep	posit slip.
B If this return is being filed due t	o a Federal audit, provide a	complete copy	of the RAR.		
C Explanation or reason for amer	nded return (Provide all nece	ssary schedules	s):		

State of Oklahoma

Underpayment of Estimated Tax Worksheet



Name as shown on return

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATIO

SSN or FEIN 73-6108032 **OW-8-P**

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 enclose 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	1,205	
2. Oklahoma credits (refundable and nonrefundable)	0		
3. Oklahoma tax liability. Subtract line 2 from line 1	3	1,205	
If less than \$1,000, stop here; you do not owe the interest.			
4. Multiply line 3 by 70% (0.70)	4		844
5. Withholding taxes			
Do not include any estimated tax payments on this line.			
6. Subtract line 5 from line 3	6	1,205	
If less than \$500, stop here; you do not owe the interest.			
7. Tax liability shown on your previous year's tax return	7		
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	8		844
Note: If line 5 is equal to or more than line 8, stop here; you do not owe the interest.	Due Date	of Installments	

Column A Column B Column C Column D Part 2: Figure Your Underpayment April 15th June 15th Sept. 15th Jan. 15th First Quarter Second Quarter Third Quarter **Fourth Quarter** 211211 211 211 9. Required annual payment 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) b. Estimated tax paid (see instructions) c. Add lines 10a and 10b 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 12. Add lines 10c and 11 211 422 633 13. Add amounts on lines 15 and 16 of the previous column 14. For Column A only, enter the amount from line 10c 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 12 211 422 16. Underpayment. If line 9 is equal to or more than line 14, 211 211 211 211 subtract line 14 from 9. Then go to line 11 of next column 17. Overpayment. If line 14 is equal to or more than line 9, 0 subtract line 9 from 14. Then go to line 11 of next column Complete lines 18 and 19 after completion of Part 3... SEE ATTACHED WORKSHEET 18. Interest due for each quarter (from Part 3) 18 127 19. Total Interest. Add line 18, Columns A, B, C and D 19

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.

272601 10-05-22

Oklahoma Underpayment of Estimated Tax Worksheet - Page 2



Name as shown on return
UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATIO

SSN or FEIN
73-6108032

Part 3: Computation of Interest	Column A	Column B	Column C	Column D	Column E
Complete each quarter before going to the next quarter.	Date of Payment	Amount of Payment	Balance Due After Payment	Number of Days	Interest
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.					

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

OK

Name(s) FOUNDATION					Identifying Nu	ımber
UNIVERSITY		OKLAHOMA			73-610	08032
(A)	(B)	(C) Adjusted	(D) Number Days	(E Dai	=)	(F)
*Date	Amount	Balance Due	Balance Due	Penalty	/ Rate	Penalty
		-0-				
10/15/22	211.	211.	61	.000	547945	7.
12/15/22	211.	422.	90	.000	547945	21.
03/15/23	211.	633.	122	.000	547945	42.
07/15/23	211.	844.	123	.000	547945	57.
Penalty Due (Sum of Col	umn F).					127.

212511 04-01-22

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

** PUBLIC DISCLOSURE COPY ** 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 not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	e 2022 calendar year, or tax year beginning $$ JUL $1,2022$ and er	nding J	<u>UN 30, 2023</u>	
	heck if pplicable	UNIVERSITY OF CENTRAL OKLAHOMA		D Employer identifie	cation number
	Addres	FOUNDATION			
	□Name □chang □Initial	Doing business as		73-61080	
	_return _Final _return/	100 NORTH UNIVERSITY DRIVE	Room/suite	E Telephone number 405-974-	2770
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,525,813.
	Ameno	EDMOND, OK /3034		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: AK1 CO11ON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
	rt I	organization: X Corporation Trust Association Other Summary			1 State of legal domicile: OK
Φ		Briefly describe the organization's mission or most significant activities: FUNDI	NG OF	COLLEGE SCI	HOLARSHIPS
Governance		AND SUPPORT OF UNIVERSITY PROGRAMS.			
ern	-	Check this box if the organization discontinued its operations or disposed			
ું	l .			3	47 47
જ		Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			47
<u>`</u>		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			6,585.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			36,808.
_		Net difficiated business taxable moone from 500 1,1 art 1, fine 11		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		20,072,988.	5,718,397.
nue	l	Program service revenue (Part VIII, line 2g)		60,636.	60,636.
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,498,937.	1,127,681.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,312.	0.
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,644,873.	6,906,714.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,332,529.	9,713,588.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e b	b	Total fundraising expenses (Part IX, column (D), line 25) 53,946	6.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,542,557.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,304,730.	
	19	Revenue less expenses. Subtract line 18 from line 12		11,340,143.	-4,349,431.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		57,594,022.	57,111,883.
et A	21	Total liabilities (Part X, line 26)		4,232,173.	4,966,817.
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		53,361,849.	52,145,066.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etatama	nte, and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and belief, it is
ii uo,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of which	on proparer	nas any knowicage.	
Sigi	1	Signature of officer		Date	
Her		ART COTTON, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JENNIFER LINDSTROM JENNIFER LINDSTRO	OM 0	2/21/24 if self-employ	P02083973
Prep	arer	Firm's name ARLEDGE & ASSOCIATES, P.C.			3-1185089
Use	Only	Firm's address 309 N. BRYANT AVENUE			
		EDMOND, OK 73034		Phone no. 40	5-348-0615
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Ра	Check if Schoolule O contains a res	ponse or note to any line in this Part III		
1	Briefly describe the organization's mission			
_				
2		icant program services during the year which		Yes X No
3	•	r make significant changes in how it conducts	s, any program services?	Yes X No
4	If "Yes," describe these changes on Sche	edule O. ice accomplishments for each of its three larg	oet program conjece, se moseured by	, ovnoncos
7		ons are required to report the amount of grant		
4a	(Code:) (Expenses \$10,	563,925. including grants of \$9,		60,636.
		ARSHIPS, AND ORGANIZATIO OKLAHOMA AND ITS STUDE		
	ONIVERDITI OF CHAIRME	ONDAIGHT AND TIS STOPE	714 1 10 •	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sch	edule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses	10,663,925.		Form 990 (2022)

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	Х	
2	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			
	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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	Schedule D, Part III	8	Х	
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	Х	
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	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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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		X
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			٠,,
	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			_v
	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			_V
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III	20a		X
zua b	and the second s	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

FOUNDATION

Part IV	Checklist of Rec	uired Schedules	(continued)

			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		<u> </u>
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			37
	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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
	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		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	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			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
b	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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 24	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	¥ 12-13-22	Form	990	(2022)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	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			
	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?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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).	_	v	
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 payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٦		7c		1
d		7e		х
e f		7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	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	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			
	Enter the amount of reserves on hand	44-		v
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	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
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.			
	• •			

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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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 47 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 47 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members or stockholders? 5 6 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 appoint one or more members of the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 a The governing body? 8 b Each committee with authority to act on behalf of the governing body? 8 b Each committee with authority to act on behalf of the governing body? 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a 1	47 2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X
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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Table Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bable Each committee with authority to act on behalf of the governing body? Bable Committee with authority to act on behalf of the governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The bescribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of i	47 2 X 3 4 5 6 7a 7b 8a X 8b X	X X X X X X
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Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	···	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14 2	
	150	Х
 a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15a 15b 		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	123
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	160	Х
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a	125
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
exempt status with respect to such arrangements?	16h	
Section C. Disclosure	16b	
Section C. Disclosure 17. List the states with which a copy of this Form 990 is required to be filed. AT, AR, CO, KY, ME, OK	16b	
17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, KY, ME, OK		lablo
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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 ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ì than d	one	Reportable	Reportable	Estimated
	hours per	box	. unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		liecto	Tri us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	<u>~</u>	Key employee	sst co	-e	1		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) ART COTTON	35.00									
PRESIDENT				Х				0.	0.	0.
(2) BRANDON WEBSTER	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) CAROLYN STAGER	1.00									
DONOR COMMITTEE CHAIR		Х		Х				0.	0.	0.
(4) EMILY LANG	1.00	1								_
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(5) JACK EVANS	1.00									
INVESTMENT COMMITTEE CHAIR		Х		Х				0.	0.	0.
(6) JEFF ATKINS	1.00									
GOVERNANCE COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(7) JOHN BOBB-SEMPLE	1.00	ļ		l						
MEMBER AT-LARGE	1 00	Х		Х				0.	0.	0.
(8) MIKE PATTERSON	1.00									
CHAIRPERSON	1 00	Х		Х				0.	0.	0.
(9) PEGGY KATES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) RANDY ROSS	1.00	ļ								
AUDIT COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(11) SHEILA STINSON	1.00	ļ		l						
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(12) TODD RUSSELL	1.00	.,		,,						
TRUSTEE COMMITTEE CHAIR	1 00	Х		Х				0.	0.	0.
(13) ALEXIS LOPRESTO	1.00	.,								
TRUSTEE	1 00	Х						0.	0.	0.
(14) ANA CARMINA DANGE	1.00	v								
TRUSTEE	1 00	X						0.	0.	0.
(15) ANCEL AIRINGTON	1.00	v								_
TRUSTEE (16) ANN DENIAMIN	1 00	Х						0.	0.	0.
(16) ANN BENJAMIN TRUSTEE	1.00	Х						0.	0.	0.
(17) BRIAN DOWNS	1.00	Λ		<u> </u>	\vdash	\vdash	_	1 0.	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
IKODIEE		Λ						1 0.	1 0.	U •

232007 12-13-22 Form **990** (2022)

(C)

Position

(D)

Reportable

(B)

Average

Name and title

(E)

Reportable

(F)

Estimated

	hours per week			s per d a di				compensation	compensation		amount	
	(list any hours for related organizations below line)	tee or director	In stit utional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	other compens from the organiza and rela organizat	ation ne tion ted
(18) CANDACE HOBBS	1.00											•
TRUSTEE	1 00	Х						0.		0.		0.
(19) CARLOS EVANS	1.00	. ,								_		^
TRUSTEE (20) CASEY MOORE	1.00	Х			-			0.		0.		0.
TRUSTEE	1.00	Х						0.		0.		0.
(21) DAVIS PURYEAR	1.00	Λ						0.		•		<u> </u>
TRUSTEE	1.00	Х						0.		0.		0.
(22) DERREK BELASE	1.00	22						•		•		<u> </u>
TRUSTEE	1.00	х						0.		0.		0.
(23) FREDA DESKIN	1.00							•		•		
TRUSTEE		х						0.		0.		0.
(24) GARLAND WILKINSON	1.00							•		-		
TRUSTEE		х						0.		0.		0.
(25) JEANETTE NANCE	1.00											
TRUSTEE		Х						0.		0.		0.
(26) JEFF COIL	1.00											
TRUSTEE		Х						0.		0.		0.
1b Subtotal	•							0.		0.		0.
c Total from continuation sheets to Part VII								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
		000	licta	d 0h	01/0	\ wh	o re	sociual mare than \$100	000 of reportable			
2 Total number of individuals (including but no	ot limited to th	ose	liste	u ab	ove,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 10	eceived more man \$100,	ooo or reportable			
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	u ab	ove,) WIII	010	eceived more than \$100,	000 of reportable			0
· · · · ·	ot limited to th	ose	11316	u ab	Ove,	, , ,		eceived more than \$100,	ooo or reportable		Yes	0 N o
· · · · ·									·		Yes	No
compensation from the organization	director, trust	ee, k	кеу е	mple	oyee	e, or	hig	hest compensated emp	loyee on	·	Yes	,
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compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compensation B. Independent Contractors 1 Complete this table for your five highest contractors the organization. Report compensation for the (A)	director, trustouch individual m of reportable 1,000? If "Yes, accrue comper plete Schedule mpensated incide calendar years."	ee, k co sati	mple on fr or su	emplo ensate soom a ach p	oyee tion Sche any	e, or and dule unre	oth	hest compensated emper compensation from to such individual ed organization or individual at received more than \$ the organization's tax y	loyee on the organization dual for services s100,000 of complear.	 bensat	3 4 5 cion from	X X X
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compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set. 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compensation B. Independent Contractors 1 Complete this table for your five highest contractions. Report compensation for the organization. Report compensation for the organization.	director, trustouch individual m of reportable 1,000? If "Yes, accrue comperplete Schedule mpensated inche calendar year address	ee, k e co " co satii e J fd depe ear e	mple on from Sunder	mplomensate som a control of the con	oyeection Cheersontra	e list	hig oth	hest compensated emponer compensation from to such individual and received more than the organization's tax your (B) Description of services above) who received more above the organization's tax your (B)	loyee on the organization dual for services s100,000 of complear. services	eensat	3 4 5 cion from	No X X X

Form 990 FOUNDAT	ON								73-610	8032
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week					96		from the	from related organizations	other compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	ordire	a			ted er		(W-2/1099-MISC)		organization
	related	istee (truste		e)	ben sa				and related
	organizations below	ual tru	ional		ploye	tcom				organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JONI MCCLAIN	1.00	 -	_		_	_	_			
TRUSTEE		x						0.	0.	0.
(28) JOSHUA HART	1.00							-	-	
TRUSTEE		Х						0.	0.	0.
(29) KATE ONEILL RAUBER	1.00									
TRUSTEE		Х						0.	0.	0.
(30) KEVIN HILL	1.00									
TRUSTEE		Х						0.	0.	0.
(31) KIRBY ROSS	1.00	1								
TRUSTEE		Х						0.	0.	0.
(32) LEE BEASLEY	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(33) MARK HOLLAND	1.00								•	
TRUSTEE	1 00	Х						0.	0.	0.
(34) MICHAEL CHANDLER	1.00	₹.						0.	0	_
TRUSTEE (35) MIKE KLOIBER	1.00	Х						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(36) MIKE STEFFEN	1.00							0.	0.	.
TRUSTEE	1.00	х						0.	0.	0.
(37) PAIGE SHEPHERD	1.00									•
TRUSTEE		x						0.	0.	0.
(38) PATRICK MOK	1.00									
TRUSTEE		Х						0.	0.	0.
(39) PEGGY GEIB	1.00									
TRUSTEE		Х						0.	0.	0.
(40) SCOTT WAUGH	1.00									
TRUSTEE		Х						0.	0.	0.
(41) SHANE PATE II	1.00]								
TRUSTEE		Х						0.	0.	0.
(42) SHERRY BEASLEY	1.00	1								_
TRUSTEE	1	Х						0.	0.	0.
(43) STACY BOZARTH	1.00	٠,,							_	_
TRUSTEE (44) TAMMY ALGER	1 00	Х	\vdash			\vdash		0.	0.	0.
	1.00	₩.						_	0	_
TRUSTEE (45) TOM KUPIEC	1.00	Х	\vdash			\vdash		0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(46) TOM THOMPSON	1.00	┢	\vdash					•	0.	
	1.00	Х						0.	0.	0.
TRUSTEE										

Form 990 F'OUNDA'I' I	ON									8032
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(c			ition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
·	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(47) VICTORIA CALDWELL	1.00									
TRUSTEE	1	Х						0.	0.	0
(48) VIOLET FORD	1.00	ļ								_
TRUSTEE		Х						0.	0.	0
(49) RUTH BOSS	0.00	ļ								_
EMERITUS TRUSTEE	0.00	Х						0.	0.	0
(50) GERRY PINKSTON	0.00									_
EMERITUS TRUSTEE	0.00	Х						0.	0.	0
(51) DARREN HELM	0.00	. .						_		_
EMERITUS TRUSTEE	0.00	Х						0.	0.	0
(52) JOSH MOORE	0.00	٠,,							0	
EMERITUS TRUSTEE	0 00	Х						0.	0.	0
(53) KEITH KERSTEN EMERITUS TRUSTEE	0.00	х						0.	0.	_
(54) LARRY WESTMORELAND	0.00	Δ				_		0.	0.	0
EMERITUS TRUSTEE	0.00	Х						0.	0.	0
(55) BRAD PUMPHREY	0.00	Δ						0.	0.	0
EMERITUS TRUSTEE	0.00	Х						0.	0.	0
EMERIIOS IROSIEE		Δ						0.	0.	0
		-								
		}								
		1		i	1			i	I	

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
ည်း ရွ		Membership dues						
Ţ\$,		Fundraising events						
ig ig		Related organizations						
ns, Sim		Government grants (contribution						
e ti	Ť	All other contributions, gifts, grants		F 710 207				
듗됨		similar amounts not included above		5,718,397.				
d of	_	Noncash contributions included in lines 1a	a-1f 1g \$	325,190.	F 710 207			
<u>0 g</u>	h	Total. Add lines 1a-1f		I -	5,718,397.			
				Business Code				
9	2 a	JAZZ LAB RENTAL		900099	60,636.	60,636.		
e Š	b	·						
S E	С	·						
am eve	d							
Program Service Revenue	е							
Ā	f	All other program service reven	nue					
	g	Total. Add lines 2a-2f			60,636.			
	3	Investment income (including o						
					1,509,073.		6,585.	1502488.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a		. ,				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a	1 1	3,696,651.	541,056.				
		assets other than inventory 7a	3,030,031.	341,030.				
	D	Less: cost or other basis	4 600 000	10,000.				
ž		and sales expenses	4,609,099. -912,448.					
e e		Gain or (loss) 7c			201 202			201 202
her Revenue		Net gain or (loss)		I	-381,392.			-381,392.
Ę.	8 a	Gross income from fundraising eve	· ·					
Ò		including \$						
		contributions reported on line 1	, I					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundr	· —					
	9 a	Gross income from gaming act	ivities. See					
		Part IV, line 19	9 <u>a</u>					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gamin	ng activities					
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
				Business Code				
Miscellaneous Revenue	11 a							
nec	b							
ella	c							
isc. Re		All other revenue						
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			6,906,714.	60,636.	6,585.	1121096.

08000221 251366 7573

Form 990 (2022) FOUNDATION Part IX Statement of Functional Expenses

0	504(-)(0) 1.504(-)(4) 1.504(-)(4)	. I. I II I All . II.		(.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	ise or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,713,588.	9,713,588.		
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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	58,690.		58,690.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	231,861.	171,999.	59,862.	
g g	Other. (If line 11g amount exceeds 10% of line 25,			00,0020	
9	column (A), amount, list line 11g expenses on Sch 0.)	227,271.	151,316.	22,009.	53,946.
12	Advertising and promotion	10,858.	3,558.	7,300.	00,0200
13	Office expenses	99,145.	14,330.	84,815.	
14	Information technology	58,373.	21,0001	58,373.	
15	Royalties	3070701		3073731	
16	Occupancy				
17	Travel	206,121.	195,752.	10,369.	
	Payments of travel or entertainment expenses	200,121.	13377320	10/3031	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,061.	37,855.	52,206.	
20		860.	860.	52,200	
21	Payments to affiliates	000.			
22	Depreciation, depletion, and amortization	38,839.		38,839.	
23		13,371.	5,374.	7,997.	
23 24	Other expenses. Itemize expenses not covered	23,3,1.	3 / 3 / 1 •	. , , , , ,	
4 4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) EXHIBITIONS , SHOWS , SPE	278,325.	193,369.	84,956.	
	ATHLETIC UNIFORMS	118,359.	115,493.	2,866.	
b	PUBLIC SERVICE	35,954.	113,730	35,954.	
c d	MEMBERSHIP DUES	24,786.	21,771.	3,015.	
		49,683.	38,660.	11,023.	
	All other expenses Add lines 1 through 24a	11,256,145.	10,663,925.	538,274.	53,946.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	11,4JU,14J•	10,003,343.	330,414.	33,340.
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)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)
Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			623,498.	1	209,344
	2	Savings and temporary cash investments				2	3,934,595
	3	Pledges and grants receivable, net			4,374,703.	3	1,050,684
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B				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	845,540.	425,970.	10c	377,131
	11	Investments - publicly traded securities			51,864,421.	11	51,221,357
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			305,430.	15	318,772
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	57,594,022.	16	57,111,883
	17	Accounts payable and accrued expenses			1,660,269.	17	1,771,878
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			256,828.	20	197,057
	21	Escrow or custodial account liability. Complete P			2,315,076.	21	2,997,882
es	22	Loans and other payables to any current or forme					
Ě		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			4 000 170	25	4 066 017
	26	<u> </u>		7	4,232,173.	26	4,966,817
s		Organizations that follow FASB ASC 958, chec	k here	e X			
ور ا		and complete lines 27, 28, 32, and 33.			12 020 656		6 264 045
alar	27			·····	13,020,656.	27	6,364,045
B	28	Net assets with donor restrictions			40,341,193.	28	45,781,021
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here			
ř		and complete lines 29 through 33.					
ţţ.	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			53,361,849.	31	52 115 0 <i>66</i>
ž	32	Total net assets or fund balances				32	52,145,066
	33	Total liabilities and net assets/fund balances			57,594,022.	33	57,111,883

Form **990** (2022)

Form **990** (2022)

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	6,90	6,7	<u>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,25	6,1	<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,34	9,4	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,36	1,8	49.
5	Net unrealized gains (losses) on investments	5	3,14	9,5	28.
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	-1	6,8	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	52,14	5,0	66.
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		Х
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	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 Scho	edule O.			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

CENTRAL OKLAHOMA

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 73-6108032 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

73-6108032 Page 2

Part II 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	, ,		` ,	
	membership fees received. (Do not						
	include any "unusual grants.")	5467748.	4735581.	4274564.	18726950.	5228972.	38433815.
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	1382122.	1351614.	1256844.	1346205.	1501354.	6838139.
4	Total. Add lines 1 through 3	6849870.	6087195.		20073155.		45271954.
	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)						8271262.
6	Public support. Subtract line 5 from line 4.						37000692.
	etion B. Total Support						5,0000520
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6849870.	6087195.		20073155.	6730326.	45271954.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1096117.	946,783.	840,169.	1257060.	1752207.	5892336.
9	Net income from unrelated business			,			
·	activities, whether or not the						
	business is regularly carried on		25,133.	76,990.	28,460.	5,585.	136,168.
10	Other income. Do not include gain			, , , , , ,		0,0001	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,256.					2,256.
11	Total support. Add lines 7 through 10	_,,					51302714.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stop	-		•			
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	72.12 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	76.16 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	ŭ	•				
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
				,,,	,		/Farm 000\ 0000

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Vas No

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.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4-		
	4b		
	4c		
	-10		
	5a		
	5b		
	5c		
	e		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
عاررا	A (Forn	n 990)	2022
		555)	

232024 12-09-22 Schedule A (Form 990) 2023

Par	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	and or type it capper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
	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		
Sect	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	$oxed{oxed}$	
	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		
	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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	ш	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	cuons).		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(coo instruction	201	
2	Activities Test. Answer lines 2a and 2b below.	(See Instruction	Yes	No
	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.	2a		
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	1 /	i

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	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		
Sect	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):			
a	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		
Sect	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	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

	(Form 990) 2022	FOUNDATION				•
Part V	Type III Non-Fu	inctionally Integrated 5	i09(a))(3) Support	ting Organizations	(continued)

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>е</u>	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Supplemental Information Decide the model of the Detail Section 10 Page 15 and 17 and 17 and 17 and 18 and 19 and
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION

Employer identification number
73-6108032

Organization type (check one):		
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$
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).		

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

Schedule B (Form 990) (2022)

Name of organization
UNIVERSITY OF CENTRAL OKLAHOMA

Employer identification number

73-6108032 FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 341,215. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 200,000. (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person **Payroll** 150,000. Noncash (Complete Part II for

223452 11-15-22 Schedule B (Form 990) (2022)

noncash contributions.)

FOUNDATION

Employer identification number Name of organization UNIVERSITY OF CENTRAL OKLAHOMA 73-6108032

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
UNIVERSITY OF CENTRAL OKLAHOMA
FOUNDATION
73-6108032

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I STOCK 9 03/24/23 231,556. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION 73-6108032 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space 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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

Employer identification number 73-6108032

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

Sche	dule D (Form 990) 2022 FOUNDAT:						08032 Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Siı	milar Asset	S (continued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signifi	cant use of its	
	collection items (check all that apply):						
а	X Public exhibition	d	Loan or excl	hange program			
b	X Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt p	ourpose in Part	XIII.
5	During the year, did the organization solicit or	r receive donations of	f art, historical treas	sures, or other simila	ar asse	ets	
	to be sold to raise funds rather than to be ma						Yes X No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organization	n answered "Yes" o	n For	n 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets no	t inclu	ded	
	on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:		_		
					L		Amount
С	Beginning balance				[1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance				L	1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account liab	ility?	X	Yes No
	If "Yes," explain the arrangement in Part XIII.						X
Par	t V Endowment Funds. Complete in						
		(a) Current year	(b) Prior year	(c) Two years back	+		(e) Four years back
1a	Beginning of year balance	34,830,647.	39,358,150.	31,434,762	+	31,405,419.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
b	Contributions	3,263,643.	1,859,374.	2,628,952	+	1,101,065.	
С	Net investment earnings, gains, and losses	3,502,981.	-4,834,883.	6,636,389	+	364,646.	 ' ' '
d	Grants or scholarships	2,100,716.	1,551,994.	1,341,953		1,436,368.	1,337,826.
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	39,496,555.	34,830,647.	39,358,150		31,434,762.	31,405,419.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment100	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c show						
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	the		
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization						3b
4	Describe in Part XIII the intended uses of the		ment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part)	K, line	10.	
	Description of property	(a) Cost or ot	` '	1 ' '		nulated	(d) Book value
		basis (investm		` '	leprec	ation	
	Land			0,000.			50,000.
	Buildings		1,15	1,836.	826	305.	325,531.
С	Leasehold improvements						
d	Equipment			9,235.	19	,235.	0.
	Other		500.				1,600.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	(. column (B), line 10	Oc.)			377,131.

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
	(b) Book value	(c) Method of Valuation. Cost of end-of-year market	raiue
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n 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
	(b) Doon raise	(c) meaned on valuation cost of one of your maines	
(1)			
1.1			
(3)			
(4)			
(6)			
(7)			
(9)			
• •			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	(b) Book v	alue
(1)		(2) 2001.	
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
``	1 <i>E</i> \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line of Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability		(b) Book v	alue
		(S) BOOK V	uiuc
(1) Federal income taxes			
(2)			
(3)			
(4) (C)			
(5)			
(6)			
(7)			
(8)			
(=)			
(9)			

Schedule	D (E	orm a	an) a	002

ocne	edule D (Form 990) 2022 FOODATION			, ,	Orocoza Page -
Par	rt XI Reconciliation of Revenue per Audited Financial St	atements 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	11,540,716.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,149,528.		
b	Donated services and use of facilities	2b	1,501,354.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,650,882.
3	Subtract line 2e from line 1			3	6,889,834.
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	16,880.		
С	Add lines 4a and 4b			4c	16,880.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)		5	6,906,714.
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wi	th Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	12,757,499.

Amounts included on line 1 but not on Form 990, Part IX, line 25: 1,501,354 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 1,501,354. Add lines 2a through 2d 2e 11,256,145. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part 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.

Part XIII | Supplemental Information (continued)

PART IV, LINE 2B:

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

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, 2023 AND 2022. 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 16,880.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
UNIVERSITY OF CENTRAL OKLAHOMA

OMB No. 1545-0047 **2022**

Open to Public Inspection

Employer identification number

FOUNDATIO	N						73-6108032
Part I General Information on Grants a	ınd Assistance					•	
1 Does the organization maintain records		~			-		
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	∕es" on Form 990, Part	IV, line 21, for any
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)	7,984,941.	0.			UNIVERSITY SUPPORT
UNIVERSITY OF CENTRAL OKLAHOMA 100 N. UNIVERSITY DRIVE EDMOND, OK 73034	73-1353314	501(C)(3)	1,728,647.	0.			SCHOLARSHIPS
EDMOND, OK 73034	73-1333314	501(C)(3)	1,720,047.	0.			SCHOLLARSHIPS
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table		1	-1	1.
3 Enter total number of other organization	•	•					

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 red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			
PART I, LINE 2:							
SCHOLARSHIPS AND GRANTS ARE APPROV	ED BY THE	BOARD OF	DIRECTORS	OF THE			
FOUNDATION. SCHOLARSHIPS AND GRANT	S ARE PAI	D DIRECTLY	TO THE UN	IVERSITY			
OF CENTRAL OKLAHOMA FOR ITS STUDEN	T SCHOLAR	SHIPS AND	OPERATIONS	•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA FOUNDATION

Employer identification number 73-6108032

Pai	נון ואַן	bes of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on		(d) Method of de cash contribu			S
1	Art Works	of art				,					
2		ical treasures									
3		onal interests									
4		publications									
5		nd household goods									
6		ther vehicles									
7		planes									
8	Intellectual	property									
9		Publicly traded	X	1	231	<u>,556.</u>	FAIR	MARKET	VA:	LUE	
10	Securities	Closely held stock									
11	Securities	Partnership, LLC, or									
	trust intere	sts									
12	Securities	Miscellaneous									
13	Qualified c	onservation contribution -									
	Historic str	uctures									
14	Qualified c	onservation contribution - Other									
15	Real estate	e - Residential									
16		e - Commercial									
17		e - Other									
18		s									
19		tory									
20		medical supplies									
21											
22		ırtifacts									
23		pecimens									
24		cal artifacts									
25		STEINWAY PIANO)	Х	1	64	,900.	FAIR	MARKET	VA:	LUE	
26	Other (AIRLINE TICKETS	Х	1				MARKET			
27	Other (WHEELCHAIR	Х	1				MARKET			
28	Other (•					
29		Forms 8283 received by the organi	zation during	the tax vear for co	ontributions						
		he organization completed Form 82	•			29					
			,, -	9						Yes	No
30a	During the	year, did the organization receive b	v contributio	n any property rep	orted in Part I. line	s 1 throug	ıh 28. tha	t it			
	ū	for at least 3 years from the date of	•		*	_					
		•		•	•				30a		Х
b								500			
31	24 Door the organization have a gift accontance policy that requires the review of any popularidard contributions?							31	х		
		rganization hire or use third parties							01		
JZd	contributio			•					32a		Х
L									o∠a		
		escribe in Part II.	olumn (a) fa	r a type of propert	for which column	(a) is obse	skod				
33		nization didn't report an amount in c	oiumn (c) foi	a type of property	TOT WHICH COLUMN	(a) is chec	ckea,				
	describe in	raili.									

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

UNIVERSITY OF CENTRAL OKLAHOMA

Schedule M (Form 990) 2022 FOUNDATION	73-6108032	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	, and whether the organizat	ion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information.	oination of both. Also comp	lete
SCHEDULE M, PART I, COLUMN (B):		
REPORTING THE NUMBER OF CONTRIBUTIONS.		

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF CENTRAL OKLAHOMA

Employer identification number

FOUNDATION	13-0100032						
FORM 990, PART VI, SECTION A, LINE 2:							
BOARD MEMBERS WILLIAM LEE BEASLEY AND SHERRY BEASLEY HAVE A FAMILIAL							
RELATIONSHIP. BOARD MEMBERS ANN BENJAMIN AND STACY BOZART	H ALSO HAVE A						
FAMILIAL RELATIONSHIP.							
FORM 990, PART VI, SECTION B, LINE 11B:							
FINANCE DIRECTOR AND PRESIDENT REVIEW AND CONSULT WITH TA	Х						
ACCOUNTANTS/ADVISORS. ONCE THIS GROUP IS SATISFIED WITH T	HE RETURN IT IS						
CIRCULATED ELECTRONICALLY TO THE FULL BOARD FOR REVIEW AN	D COMMENT.						
FORM 990, PART VI, SECTION B, LINE 12C:							
BOARD MEMBERS AND OTHER APPLICABLE MEMBERS OR EMPLOYEES A	RE REQUIRED TO						
DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO T	HEIR ADHERENCE TO						
THE POLICY.							
FORM 990, PART VI, SECTION C, LINE 19:							
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A	VAILABLE UPON						
REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON T	HE FOUNDATION						
WEBSITE OR UPON REQUEST							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
CHANGE IN BENEFICIAL INTEREST	-16,880.						

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

EXTENDED TO MAY 15, 2024

Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						
		Fan aal	endar year 2022 or other tax year beginning JUL 1, 2022 and ending JUN 30, 20	123	21	022	
		For car		<u>~3</u> .	2		
	tment of the Treasury al Revenue Service	l	Go to www.irs.gov/Form990T for instructions and the latest information. On 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	-	Name of organization (Check box if name changed and see instructions.)			cation number	
^ _	address changed.		UNIVERSITY OF CENTRAL OKLAHOMA				
B F	kempt under section	Print	FOUNDATION	7	3-610	08032	
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Grou	p exemption		
	408(e) 220(e)	(see i	instructions)				
	408A 530(a)		100 NORTH UNIVERSITY DRIVE City or town, state or province, country, and ZIP or foreign postal code	\neg			
	529(a) 529A		EDMOND, OK 73034	F	Check	box if	
	. , ,	С Во	ok value of all assets at end of year		an ame	ended return.	
G	Check organization t	State	college/u	ıniversity			
Н	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439				
1 (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation				
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1		
K [During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes	X No	
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.				
$\overline{}$	The books are in car		ART COTTON Telephone number	405-	974-2	2770	
Pa	rt I Total Unr	elate	d Business Taxable Income				
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see				
	instructions)					37,810.	
2	Reserved			2		25 212	
3	Add lines 1 and 2		Graves 1 Graves 0	3	٠,	37,810.	
4			see instructions for limitation rules) STMT 1 STMT 2		 	2.	
5			taxable income before net operating losses. Subtract line 4 from line 3		,	37,808.	
6		•	ng loss. See instructions	. 6			
7			ss taxable income before specific deduction and section 199A deduction.		.	0.00	
	Subtract line 6 from				٠ .	37,808.	
8			rally \$1,000, but see instructions for exceptions)			1,000.	
9			duction. See instructions			1 000	
10	Total deductions.			10	+	1,000.	
11		ss taxa	Ible income. Subtract line 10 from line 7. If line 10 is greater than line 7,	١	.	26 000	
Pa	enter zerort II Tax Com	nutati	ion	11		36,808.	
				1	Ī	7,730.	
1	-		s corporations. Multiply Part I, line 11 by 21% (0.21)ates. See instructions for tax computation. Income tax on the amount on	· -		7,750.	
2	Part I, line 11 from			2			
3	Proxy tax. See ins			. 2			
4	Other tax amounts			4			
5	Alternative minimu			_			
6			cility income. See instructions		1		
7			h 6 to line 1 or 2, whichever applies	7		7,730.	
LHA			ion Act Notice, see instructions.		Form	990-T (2022)	

	0-T (2022)					Page
Part I	II Tax and Payments		_			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	18			3.50	
b	Other credits (see instructions)	1 <u>t</u>	,		1	
c	General business credit. Attach Form 3800 (see instructions)	10	:			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	10				
	Total credits. Add lines 1a through 1d				1e	
	Subtract line 1e from Part II, line 7				2	7,730.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8611			Form 8866		
	Other (attach statement)				3	
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	•			4	7,730.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)				5	0.
	Payments: A 2021 overpayment credited to 2022	- 1		14,193.		
	2022 estimated tax payments. Check if section 643(g) election applies					
	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	60	_			
	Backup withholding (see instructions)			•		
	Credit for small employer health insurance premiums (attach Form 8941)					
	Other credits, adjustments, and payments: Form 2439					
9		Total 6	.			
7	Total payments. Add lines 6a through 6g				7	14,193.
8					8	
9	Tax due. If line 7 is smaller than the total of lines 4. 5, and 8, enter amount owed				9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount of	*			10	6,463.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax		463.		11	0,100.
Part						
	At any time during the 2022 calendar year, did the organization have an interest i			•		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes,"					103 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ente	-		•		
	here	i die name	or the i	loreign country		X
2	During the tax year, did the organization receive a distribution from, or was it the	arantor of	or trans	eferor to a		
	• • •	•		•		x
	foreign trust? 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				mover	According to the
4	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here				•	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2					J.
9			-			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 1					
	Business Activity Code		ranabie j	oost-2017 NOL c	arryove	ir and the second
-		\$				
		\$				
6a	Did the organization change its method of accounting? (see instructions)			************************		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 9	990-PF, or	Form 11	28? If "No,"		
Dort	explain in Part V		*********	******************		
Part	· · · · · · · · · · · · · · · · · · ·					
Provide	the explanation required by Part IV, line 6b. Also, provide any other additional inf	ormation.	See inst	ructions.		
	Under pegatities of period departs that have examine the return including accompanying schedules	and stateme	ts and to	the best of my knowles	dge and h	pelief It is true
Sign	Under peranties of periods do are that Lhave examined in feture including accompanying schedules correct, and complete the attention of which	preparer has:	ny knowle	dge.	age and b	eliei, k is uue,
Here	//////////////////////////////////////	יוזאיבורו די			•	discuss this return with
	Signature of officer Date Title	IDENT				r shown below (see s)? X Yes No
		15.			_	
	Print/Type preparer's name Preparer's signature	Date		Check i	f PTIN	V.
Paid	TENNITEED I THEATENANT TENNITEED I THEATENA	34 0 0 74	6104	self- employed		0000000
Prepa		M N Z / I	0/24			02083973
Use C	Only Firm's name ARLEDGE & ASSOCIATES, P.C.			Firm's EIN	7.	3-1185089
	309 N. BRYANT AVENUE				۸.	240 0645
	Firm's address EDMOND, OK 73034			Phone no. 4	<u>U5-</u> .	348-0615
223711 0	1-16-23					Form 990-T (202)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - CARLYLE CGI AIV, LP	N/A	2.
TOTAL TO FORM 990-T, PART I, LI	NE 4	2.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2 3,681	-
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	-
ALLOWABLE CONTRIBUTIONS DEDUCTION		2
TOTAL CONTRIBUTION DEDUCTION		2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury 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).

501(c)(3) Organizations Only

A N	lame of the organization UNIVERSITY OF CENTRAL FOUNDATION		B Employer identification number 73-6108032			
<u>c</u> ւ	Unrelated business activity code (see instructions) 52300	0		D Sequer	nce: 1	of 1
E [Describe the unrelated trade or business INVESTMENTS	- FO	RMS 1065 K-	1		
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expen	ises	(C) Net
1 a	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				
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 3	5	37,810.			37,810.
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	37,810.	,		37,810.
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come				nust be
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5						
6	Taxes and licenses				. – – –	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion		· · · · · · · · · · · · · · · · · · ·		9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
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. S column (C)				16	37,810.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 1					37,810.
LHA						(Form 990-T) 2022

	1
Page	2

Part	III Cost of Goods Sold Enter meti	nod of inventory valuati	on		1 ago 2
1		•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)	4			
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 h			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	•			
	В				
	С				
	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				
	500/ if the count is he are deep countity or in a count				
С	Total rents received or accrued by property.				
ŭ	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b	l			
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6, col	umn (Δ)	0.
·	Deductions directly connected with the income	tinoagn B. Enter here		anni (r y	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6. column (B)		0.
Part		ee instructions)	(B)		
1	Description of debt-financed property (street address, of	,	heck if a dual-use. See i	nstructions	
-	A	,,,			
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	- 11			
_	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
4	• .				
E	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)	24	0.1		0/
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6	Fatanbara and S	4.1 Bas 7 bas (A)		0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Par	τι, line /, column (A)		U •
^	Allegable deducations North-to-Dec C 1 P C	Т	T		
9	Allocable deductions. Multiply line 3c by line 6	ough D. Estaultana	Lon Dort Libra 7 1	n (D)	0.
10	Total dividends received deductions included in line				0.
<u>11</u>	Total dividends-received deductions included in line	ıu			U •

Sched	ule A (Form 990-T) 2022 VI Interest, Annu	iities P	nvalties and Da	ants from	n Control	led Or	nanization	S (c.	oo instruct	tions)		Page 3
rait	micrest, Amit	aidos, n	Januos, and ne	J.11.3 11.01	55111101			,	ee instruct			
	Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total		Exempt Controlled Organizational of specified nents made 5. Part of column that is included controlling organization.		art of colur included	mn 4 in the aniza-		Deductions directly connected with come in column 5	
(1)	1)								<i>y</i> , 555 mi			
(2)												
(3)												
(4)												
		1	No		Controlled O		ions					
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specit yments mad		that is inc controlling gross	luded	in the zation's		cor	ductions directly nnected with ne in column 10
(1)												
(2)												
(3)												_
(4)												
Tatala							Add colum Enter here line 8, c	and or	Part I,	Ent	er he	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (9) or (17)	Orgai	nization (s	aa inat	ructions)			0.
		cription of		<u> </u>	2. Amou incor	nt of	3. Deduction directly connected (attach states	ons ected		asides tateme	'	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I, umn (A) 0 •						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertisin	g Income (see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin						•	` '		2		
3	Expenses directly con											
_	line 10, column (B)									3		
4	Net income (loss) from						· .					
5	lines 5 through 7 Gross income from ac		e not unrelated busi							5		
5 6	Expenses attributable									6		
7	Excess exempt expen											
•	4 Enter here and on F			,, 501 00 110	C. SINOI 11101	c andir ti	io amount on i			,		

_	
Page	4

Part	IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportir	a two or n	ana pariadiaala an a	concolidated basis	•	
•		ig two or ii	iore periodicais on a	consolidated basis	S.	
	<u>A</u>					
	В					
	c <u> </u>					
	D					
Enter a	amounts for each periodical listed above in the	correspon	ding column.	_		
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)			0.
а		_				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	_	11, column (B)			0.
	ŭ	,	, , , , , , , , , , , , , , , , , , , ,			
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	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero 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 le					
	than line 6, enter zero	····				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7			 		
а	Add line 8, columns A through D. Enter the g					0.
Part	Y Compensation of Officers, Dir	ractore	and Trustops			0.
rait	Compensation of Officers, Di	ectors,	and musices (see instructions)	0 D	4.0
	4.11		O T'''		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3)					%	
<u>(4)</u>					%	
	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (see	ee instructi	ons)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
CARLYLE GLOBAL INFRASTRUCTURE OPPORTUNITY - INTEREST INCOME CARLYLE CGI MARS, LP - ORDINARY BUSINESS INCOME (LOSS) ALPHAKEYS MILLENNIUM FUND II, LLC - OTHER INCOME (LOSS) CARLYLE CGI AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	577. 6,707. 50,153. -19,627.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	37,810.