Robert L Newbrough RL Newbrough CPA 2640 County Street 2846 Chickasha, OK 73018

> University of Science and Arts of Oklahoma Alumni Association, I USAO Alumni Association 1727 Alabama Chickasha, OK 73018 II...I.II.II....III

> > **Client Mailing Slip**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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.

		the Treasury	 Do not enter social secur Go to www.irs.gov/For 	-	-	-			en to Pu Inspectio	
A	rnal Reven		endar year, or tax year beginning	7/1/2021	, and e			2022	mopeour	011
		applicable:		Science and Arts of Oklaho					number	
Ē	Address		Doing business as USAO Alumni Ass							
\square	Name ch	0000	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	73	-1366971			
	Name ch	ange	1727 Alabama			E	Telephone r	number		
Ш	Initial retu	urn	City or town	State	ZIP code	40	5-574-132	0		
	Final return	n/terminated	Chickasha Foreign country name Foreign	OK	73018					
\square	Amendeo	1 return	Foreign country name Foreign	province/state/county	Foreign postal		Gross recei	nts \$		99,699
	Amenueu	lieluin								
Ш	Applicatio	on pending	F Name and address of principal officer:				group return for	· · · ·	Yes	s X No
			Robert L Newbrough 2640 County St	reet 2846, Chickasha, (OK 73018		subordinates		Yes	s No
Т	Tax-exe	mpt status:	X 501(c)(3) 501(c) () ◀	(insert no.) 4947(a)(1)) or 527	If "No,	" attach a list.	See instruction	ons	
J	Website	: 🕨 www	v.usao.edu			H(c) Group	exemption nu	ımber 🕨		
к	Form of	organization	: X Corporation Trust Associa	tion Other ►	L Yea	ar of formation			legal domicile	e: OK
	Part I	-					1995	in orano or	logal donnom	
			nmary escribe the organization's mission or i	most significant activitie	o: Tho		the Acces	ciation is to		
ė	1	2	ate and promote the interest of the Un	0			THE ASSOC			
Governance			to provide leadership for the alumni;							
, Line				· · · · · · · · · · · · · · · · · · ·						
Š	2		nis box ▶ if the organization disc			of more th	ian 25% of	1	sets.	
ۍ مح	3		of voting members of the governing b					3		14
ŝ	4		of independent voting members of the					4		0
ìti	5		mber of individuals employed in calen		line 2a)		· · ·	5		0
Activities &	6		mber of volunteers (estimate if necess		· · · · ·			6		
◄	7a		related business revenue from Part V					7a		0
	b	Net unre	elated business taxable income from F	Form 990-T, Part I, line 2	11			7b		
						Pr	ior Year		Current Ye	
ne	8		itions and grants (Part VIII, line 1h).					0		0
Revenue	9		service revenue (Part VIII, line 2g) .				194,			38,351
ş	10		ent income (Part VIII, column (A), line					139		59,148
-	11		venue (Part VIII, column (A), lines 5, (,	433		2,200
	12		enue-add lines 8 through 11 (must equ				245,			99,699
	13		and similar amounts paid (Part IX, colu					0		0
	14		paid to or for members (Part IX, colu					0		0
ses	15		other compensation, employee benefits					0		0
kpenses	16a		onal fundraising fees (Part IX, column					0		0
Exp		l otal fun	ndraising expenses (Part IX, column (I	D), line 25) ►	0		400	000		444.000
ш	17		penses (Part IX, column (A), lines 11				108,			144,022
	18		penses. Add lines 13–17 (must equal				108,			144,022
	19	Revenue	e less expenses. Subtract line 18 from			Paginning	136, of Current Y		End of Yea	-44,323
Net Assets or	20	Total ac	sets (Part X, line 16)			веділіні				
Asse	20 21						3,645,	499 0	З,	<u>601,176</u>
Vet /	21		ets or fund balances. Subtract line 21				3,645,	-	2	601,176
	art II		nature Block				3,043,	499	5,	001,170
			/, I declare that I have examined this return, inclu	ding accompanying schedules	and statements	and to the h	est of my kno	wledge		
	•		ct, and complete. Declaration of preparer (other t					•		
~						• •		•		
Si			Signature of officer				Date			
He	ere		Robert L Newbrough		Trea	surer				
			Type or print name and title							
		Print	/Type preparer's name	Preparer's signature		Date	1		PTIN	
Pa	id							eck X if	D0 1075	~ 4
	eparer	r Rob	ů – – – – – – – – – – – – – – – – – – –	Robert L Newbrough		11/29/		f-employed	P010793	04
	se Only		's name 🕨 RL Newbrough CPA			Fir	m's EIN 🕨 7	73-121109	9	
			's address 🕨 2640 County Street 2846,	Chickasha, OK 73018		Ph	one no. (405) 519-9	9890	
Ма	ay the IF	RS discus	s this return with the preparer shown	above? See instructions	S				Yes	X No

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Form 9	90 (2021)	University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
	Duinflue	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	-	escribe the organization's mission: bose of the Association is to perpetuate and promote the interest of the University		
		ce and Arts of Oklahoma (USAO); to provide leadership for the alumni; to encourage		
		ent in the University and to take other action as may be deemed beneficial for the		
		ment of the University and the Association.		
2		organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	· · Yes	X No
4		e the organization's program service accomplishments for each of its three largest program services	s as measured by	,
-		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al		
		expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 129,417 including grants of \$ (Revenue)	Je\$91	1,440)
	Scholar	hips used for USAO students		
4b) (Expenses \$ including grants of \$) (Reven	ue\$)
	Alumni	Special Projects for USAO		
4c	(Code:) (Expenses \$ 13,241 including grants of \$) (Reven	ue \$	10)
	Homeco	ming and other events and projects for alumni and the Universtiy		
		······ V		
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expens		0)	
4e	Total pro	ogram service expenses 142,658		

Form 990 (202	21)	Iniversity	of	Science	and	∆rte	of (Alahoma	Δlumni	Association.	Inc
FUIII 990 (202		University	01	Science	anu	AIIS		JKIanoma	Alumin	Association.	. Inc

73-1366971	Page 3
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Part	V 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- ·		~
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
-		4		^
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		Х
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		Х
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		Х
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	–		~
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
				v
	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		Х
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		х
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	х	
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110	~	
u		11d		v
		_		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
Ť	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
45		140		^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
	If "Yes," complete Schedule G, Part III.	19		х
20-		20a		X
20a				^
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х

Part W Checklist of Raquired Schedule (confined): via No. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, source 10% as complexes Schedule J. Part IX and III. 22 X 23 Did the organization namewer "Yest to Part VII, Section A, line 3, 4, or 5, about compensation of the organization surrent and former officers, directoric, strustess, key employees, and highest compensated employees and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Did the organization naves trave-empt bond issue with an outlianding principal arrount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 244 and complexes Schedule J. 24a X 25 Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 26 Did the organization aware that lengaged in an excerv account other than archited precise Schedule J. 24d X 27 Did the organization aware that lengaged in an excerv account other than archited precise Schedule J. 24d Z 26 Did the organization aware that lengaged in an excerse the ordinit tax schedule J. Part I. 25e X 27 Did the organization nave that lengaged in an excerse tenorelit tamasceton with a disqualited perison of th	Form 9	990 (2021)	University of Science and Arts of Oklahoma Alumni Association, Inc	73-136697	1 ғ	Page 4
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, Grant Part IX, Gran	Par	IV Chec	klist of Required Schedules (continued)			1
Part IX, column (A), line 27. If Yes, "complete Schedule I, Parts 1 and III. 22 X 20 Det be organization avere reverse to Part VI, Section A, line 3, or 6, shout compensation of the organization have a tark exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use data for Deember 31, 2002? If "Yes," amover lines 24b through 24d and complete Schedule K. If "No." go to line 25e. 24a 24a 24a 25a Bection 501(c)(3), 691(c)(4), and 501(c)(29) organizations. Did the organization angage in an ekcess benefit transaction with a discualified person during the year. 24d 24d 25a Section 501(c)(3), 691(c)(4), and 501(c)(29) organizations. Did the organization ongage in an ekcess benefit transaction with a discualified person during the year. 25d X 25a Did the organization neared any amount on Part X. line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anyloy etterol, payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anyloy etterol, payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 25d X 27 X Was the organization aparty to					Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5, about compensation of the organizations current and former officers, directors, liustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 24 Did the organization area tark example bond issue with an outstanding principal amount of more than styling. Advance of the schedule Schedule K. 1970; 70 to line 259 24 24 Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? 246 250 Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? 246 250 Did the organization invest any proceeds of lax-exempt bonds. Diverse than a refunding escow at any time during the year in the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, creator or founder, substantial contributor or amployee creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II. 250 X. 250 Did the organization a prive that we of the discovereators din we discus to any current or form form fore	22	•				
arguitzation's current and former officers, directors, trustees, key employees, and highest componented employees? If "Yes," complete Schedule J, Att "No." to be compared a mount of more than \$100,000 as of the last day of the year. That we issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J, Mt No." to be line 25e. 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization minitain an escrow secount their than a refunding escrew at any time during the vent to diefease any tax-exempt bonds? 24c 25a 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 in a prior year, and that the transaction has not been reported an any of the organization's prior Forms 509 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from on payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finally including an employee therefa, a pair selection, crustee, key employee, creator or founder, substantial contributor or anyothe selections): 26 27 X was the organization report exert, substantial contributor or anyothe thereful and the section for the committee member, or any of the organization report exert substantial contributor? If "Yes," complete Schedule L, Part II. 28 Was the organization ingelociability (including an employee therefa, a pair seleasion contributor? If "Yes," complete Schedu				· · · <u>22</u>		X
employees? If "Yes," complete Schedule I, I the Schedule I, and the stark were theory in the stark were the stark were theory in the stark w	23	0				
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 we issued after December 31, 2002? If "Yes," answer lines 24b through 244 and complete Schedule K. If No." for b line 25a. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Z4b X c Did the organization case on "or behalf of" issuer for bonds outstanding at any time during the year? Z4c Z4b 25a Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not period to any of the organization regroups of the organization regroups on period period. Z5b X 25b X Did the organization regroups on Part X, line 5 or 22, for receivables from groups be tany current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any ot these approxemation report to a 3% oronplete Schedule L, Part II. Z6c X 27 Did the organization report to a substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II. Z6c X 27 Was the organization approved to attrastication more file of the schedule and contributor? If "Yes," complete Schedule L, Part II. Z6c X 28 Max the organization approved organizatio		-				
\$ 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?. 24a c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24a d Did the organization act as an "on behalt of "issuer for bonds outstanding at any time during the year 24a d Did the organization act as an "on behalt of "issuer for bonds outstanding at any time during the year 24a d Did the organization act as an "on behalt of "issuer for bonds outstanding at any time during the year 24a d Did the organization avaits that le ranged in an excess bendful transaction with a disqualified person in a prior year, and that the transaction that the transaction the organization avoit that le ranged in an excess bendful transaction with a disqualified person in a prior year, and that the transaction that or gain z other sestistance to any of the organization private Schedule L Part I. 25b d Did the organization private thuse, kay employee, creator of rounder, substantial contributor or employee thereoft a organize of any of these persons? If "Yes," complete Schedule L, Part II. 26 d Did the organization private these beta below ing parties (see the Schedule L, Part III. 27c X. d Did the organization cavaite the substantial contributor or employee thereoft a organize of any of these persons? II "Yes," complete Schedule L, Part III. 27c X.	• •			23		X
24b through 24d and complete Schedule K. If 'No' go to line 25a. 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b X 25a 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? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization program and that it engaged in an excess benefit transaction with a disqualified person during the year? Y X 25a Did the organization provide a grant or there are stored any of the organization's prof. Proms 590 or 990-E27 if 'Yes'. complete Schedule L, Part I. Z6a X 27b 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 35% controlled entity (including an employee thereof) a grant selection committee member, or to a 35% controlled entity (including an employee, creatent or former officer, director, trustee, key employee, creatent or former officer, or substantial contributor?/If 'Yes'. complete Schedule L, Part IV. 28a X 24b The organization reprove them to Yas'. The SC 'complete Schedule L, Part IV. 28a X 24b The organization provide a grant or other assistance to any current or former officer. 27a X 24b The organization sepite Schedule L, Part IV. 26a X <td>24a</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>	24a	0				
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c Did the organization maintain an excrow account other than a refunding escrow at any time during the year 24c 24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization rangage in an excess benefit transaction with a disquiled person time is any of the organization range to may of the organization range to range the schedule L, Part I. 25b × 25 Did the organization range to any of these persons? If "Yes," complete Schedule L, Part II. 26b × 26 Did the organization range to any of these persons? If "Yes," complete Schedule L, Part II. 26 × 27 Did the organization provide a grant or the rassistance to any orther of range of the organization provide a grant or the range to any current of range of thereof the any direct, thustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (nucled) and enginee thereofs or any orther of any of these persons? If "Yes," complete Schedule L, Part II. 26 × 27 X Was the organization provide the file organization schedule L, Part IV. 28 × 28 Was the organization receive contributions of the folowing parties (see the Schedule L, Part IV. 28b ×	b	-				X
to defease any tax-exempt bonds?. 24c d Did the organization are an "on behalf of "issuer for bonds outstanding at my time during the year". 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess behalf transaction with a disqualified person in a maccess benefit transaction with a disqualified person in a maccess benefit transaction by the organization are prior year, and that the transaction has not been reported on any of the organization spire. Forms 990 or 990-E27 / 1 Ves." complete Schedule L, Part I. 25b X 12b the organization are form any amount on Part X, line 5 or 22, for receivables from on payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity on family member of any of these persons? If "Yes." complete Schedule L, Part II. 26 X 27 Did the organization apart yo a business transaction with one of the following parties (see the Schedule L, Part II). 27 X 28 Was the organization apart yo a business transaction with one of the following parties (see the Schedule L, Part II). 28 X 29 X was the organization reported on any of these persons? If "Yes." complete Schedule L, Part IV. 28a X 29 X was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 29 Did the organization receive core than 520,000 inno cash co		-		240	נ	
d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 501(c)(4), and 501(c)(20) organizations. Did the organization periods in a decess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization space in a decess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization space in a decess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization space in the comparization space in the space into the organization space in the space into a space of the space into the persons? If "Yes," complete Schedule L, Part I. 25b X 27 Did the organization space is the space into the organization space is the organization space is transaction with a of space is the space into the organization space is transaction with or of the following parties (see the Schedule L, Part II). 26b X 28 Was the organization space is transaction with ons of the following parties (see the Schedule L, Part IV). 28a X 29 Not the organization space wors than \$25.000 in more charger, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 20 Did the organization relates were more than \$25.000 in more charger, complete Schedule L, Part IV. 28a X 20 Did the organization relates and \$25.000 in more chasory the organization space is	C	•		24		
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a × b is the organization averate that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization page 10 ° 990-E2? If "Yes," complete Schedule L, Part I. 25b × controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26b × 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 35% controlled entity including an employee thereofina family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 × 27 Did the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV. 26 × 28 A current or former officer, director, trustee, key employee, creator of founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 26 × 29 Did the organization serve we more than 325.000 in more cash contributions? If "Yes," complete Schedule L, Part IV. 28a × 20 Did the organization relevie more than 325.000 in more cash contributions? If "Yes," complete Schedule L, Part IV. 28a × 29 Did the organization relevie more than 325.000 in more cash contributions? If "Yes," complete Sche		•		240	4	
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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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers on an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 37 Did the organization complete Schedule Q 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Ves No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 1a 1a 0 1a <	•					
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1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			•		Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the numb	per reported in box 3 of Form 1096. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and	b			0		
reportable gaming (gambling) winnings to prize winners?	С					
		reportable gam	ing (gambling) winnings to prize winners?	1c	Х	

Form 9	University of Science and Arts of Oklahoma Alumni Association, Inc 73-136	6971	Р	age 5
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
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 10b			
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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand	-		
C 145		14a		V
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		4 5		Y
	excess parachute payment(s) during the year	15		X
	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, any disqualified person, or mine operator engage in any	1		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9		866971		Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
0	Check if Schedule O contains a response or note to any line in this Part VI		• •	
Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	100	
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0		
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		X
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		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0	v	
a b	The governing body?	8a 8b	X X	
b 9	Each committee with authority to act on behalf of the governing body?	00	^	
5	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		v
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
	describe on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tou	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OK	F0.1.1		
18	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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Own website X Upon request Other (explain on Schedule Comparison)))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	,		
	and financial statements available to the public during the tax year.	- ,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	►		
	Robert Newbrough (405) 574-126	6		
	2640 County Street 2846, Chickasha, OK 73018			

Form 990 (2021)	University of Science and Arts of C	klahoma Alumn	i Asso	ociati	on, l	nc			73-13669	71 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ley l	Emp	loyee	s, I	lighest Comp	pensated	
	Employees, and Independent C	ontractors								
	Check if Schedule O contains a r	esponse or no	te to	any	line	in this	s Pa	art VII...		
Section A.	Officers, Directors, Trustees, K	ey Employee	s, an	d H	ighe	est Co	mp	ensated Emp	loyees	
1a Complete	this table for all persons required to be l	listed. Report co	mpen	satic	n for	r the ca	lend	dar year ending v	with or within the	
organization's	s tax year.									
	of the organization's current officers, di						or o	rganizations), re	gardless of amo	unt
	ion. Enter -0- in columns (D), (E), and (
	of the organization's current key emplo									
	organization's five current highest con									oyee)
	reportable compensation (box 5 of Form n the organization and any related orga		99-IVII	SC,	and/	or dox	I OT	Form 1099-NEC	b) of more than	
	of the organization's former officers, ke		d bia	host	com	noncat		mployoos who	received more th	20
	eportable compensation from the organ							employees who i	eceived more in	an
	of the organization's former directors	-		-				as a former direc	tor or trustee of	the
	more than \$10,000 of reportable compe									uie
•	ictions for the order in which to list the p						,			
<u> </u>	is box if neither the organization nor any		ation	com	nens	ated a	nv c	urrent officer, di	rector or trustee	
				00111		atou a	i, j e			·
					(C) Positio	n				
	(A)	(B)		not che	eck mo	ore th an o		(D)	(E)	(F)
	Name and title	Average hours				on is both ctor/trust		Reportable compensation	Reportable compensation	Estimated amount of other
		per week		I I			· ·	from the	from related	compensation
		(list any hours for	divic dire	stitu	Officer	ghes nplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	Individual or director	tion		st co	ñ	1099-NEC)	1099-NEC)	related organizations
		organizations below	Individual trustee or director			Highest compe employee Kev employee				
		dotted line)	tee	Institutional trustee		Highest compensated employee Kev employee				
				Φ		Ited				
(1) Dawn F	Reitan-Brockman	15.00								
Executive Dire	ector	35.00	X							
(2) Heidi V	Valker	7.00								
President		0.00			Х					
(3) Robert	Newbrough	6.00								
Treasurer		0.00			Х					
(4)										
(5)										
(6)	X_\									
(=)										
(7)	·····									
(9)										
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(9)				$\left \right $	-+					
(10)					+					
. <u>.</u>		{	1	1		1	1			1

(11)

(12)

(14)

(13)

	University of Science and Arts									66971	Page 8
Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghest (Compensated En	ployees (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirecto	e than one is both a pr/trustee employee	Reportable compensation	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	com / fi orgar	(F) ated amount of other ppensation rom the nization and organizations
(15)									N		
(16)											
(17)											
(18)											
(19)											
(20)								2			
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal						•	• 0	()	0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A						0)	0
2	Total number of individuals (including but not lin reportable compensation from the organization	mited to those lis						d more than \$100		-	0
3	Did the organization list any former officer, dire	ector, trustee, ke	•				•				Yes No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of the organization and related organizations grea	of reportable con	npens	satic	on a	nd c	other co	mpensation from		3	X
5	individual				•		• • •			4	X
	for services rendered to the organization? If "Ye ion B. Independent Contractors									5	х
1	Complete this table for your five highest compe	nsated independ	dent (cont	ract	ore	that rea	eived more than	\$100 000 of		
·	compensation from the organization. Report co							g with or within the			
	(A) Name and business add	ress						(B) Description of ser	vices	(C) Compens	sation
											0
											0
											0
											0
2	Total number of independent contractors (inclu- more than \$100,000 of compensation from the	•		tho	se l	iste		e) who received			0
		organi∠au011 ₽						<u> </u>			

Form 9	90 (202	21) University of Science and Arts of Oklahor	na Alumni Associa	ation, Inc		73-13669	971 Page 9
Part	t VIII			,			
		Check if Schedule O contains a response or	note to any line in	this Part VIII			🗌
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanoion lovollao	buoinees revenue	sections 512–514
s s	1a	Federated campaigns 1a	0				
ant	b	Membership dues 1b	0				
ΩĘ	С	Fundraising events 1c	0				
ifts r A	d	Related organizations	0				
, G Jila	е	Government grants (contributions) 1e	0				
ons Sin	f						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	0				
oth Oth	g	Noncash contributions included in					
no D		lines 1a–1f 1g	\$0				
90	h	Total. Add lines 1a–1f		0			
			Business Code				
ice		Homecoming	900099	10	10		l
erv ue	b	Endowed Scholarship Donations	900099	29,047	29,047		
en S	С	Undesignated Scholarship Donations	900099	3,255	3,255		
Program Service Revenue	d	Alumni Projects Income		164	164	ļ	l
Ъ	е	Operating Undesignated		5,875	5,875		
L L	f	All other program service revenue		0			
$ \longrightarrow $	g	Total. Add lines 2a–2f		38,351			
	3	Investment income (including dividends, interes			//-		
		other similar amounts)		59,148	59,148		
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		1,990	1,990		
	6-		(II) Personal	-			
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b Rental income or (loss) 6c 0					
	C L			0			-
	d 7a	Net rental income or (loss)	► (ii) Other	0			
	1 a	sales of assets	(ii) Ourier				
		other than inventory 7a	o				
ne	b	Less: cost or other basis	0				
	D D	and sales expenses 7b	0				
e ve	с	Gain or (loss) 7c					
Ř	d	Net gain or (loss)	•	0			
Other Rever		Gross income from fundraising		0			
ð	•••	events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	b	Less: direct expenses 8b	0				
	с	Net income or (loss) from fundraising events	►	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold	0				
	С	Net income or (loss) from sales of inventory		0			
รา	_		Business Code				
eor	11a	Amazon Smiles	900099	210	210		
an(b	Reimbursements		0	0		
cellaneo Revenue	С			0			
Miscellaneous Revenue	d	All other revenue		0			
Σ		Total. Add lines 11a–11d		210			
	12	Total revenue. See instructions		99,699	99,699	0	Eorm 990 (2021)

eci	ion 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			· ·	
_	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
0	Payroll taxes	0			
1	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c		862	862		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	00.004		
f	Investment management fees	22,234	22,234		
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
~	(A), amount, list line 11g expenses on Schedule O.)	0		0	
2	Advertising and promotion	0	5 000	4.004	
3	Office expenses	6,400	5,036	1,364	
4	Information technology	0			
5		0			
6		0			
7		0			
8	Payments of travel or entertainment expenses	0			
~	for any federal, state, or local public officials Conferences, conventions, and meetings	0 6,648	6.649		
9			6,648		
0 1	Interest	0			
2	Depreciation, depletion, and amortization	0	0	0	
2 3		0	0	0	
3 4	Other expenses. Itemize expenses not covered	0			
•	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.)				
а	Chudent Orientation and Londowskin	4,854	4,854		
b	Cabalanshina Avyandad ta UCAO	101,585	101,585		
c	Reimbursements	1,439	1,439		
d		0	1,400		
e	All other expenses	0			
5	Total functional expenses. Add lines 1 through 24e	144,022	142,658	1,364	
6	Joint costs. Complete this line only if the	1-1-1,022	1-12,000	1,004	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	n 990 (2	· · · · · · · · · · · · · · · · · · ·			73-1366971 Page 11
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X .			[]
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	580,460	2	475,457
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	45	4	45
	5	Loans and other receivables from 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	5		
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ass	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			-
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	2,950,448	13	3,011,128
	14	Intangible assets	14,546	14	14,546
	15	Other assets. See Part IV, line 11.	100,000	15	100,000
	16	Total assets. Add lifles 1 through 15 (must equal lifle 35)	3,645,499	16	3,601,176
	17 18	Accounts payable and accrued expenses	0	17 18	
	19	Grants payable	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
ŝ	22	Loans and other payables to any current or former officer, director,	0	21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lidi		controlled entity or family member of any of these persons	0	22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	-		-
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D.	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here ► X			
ŭ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,221,973	27	1,181,795
B	28	Net assets with donor restrictions	2,423,526		2,419,381
ŭ		Organizations that do not follow FASB ASC 958, check here 🕨			
Ē		and complete lines 29 through 33.			
0 S	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
As	31	Retained earnings, endowment, accumulated income, or other funds	0		
Net Assets or Fund Balances	32	Total net assets or fund balances	3,645,499		3,601,176
z	33	Total liabilities and net assets/fund balances	3,645,499	33	3,601,176
					Form 990 (2021)

	990 (2021) University of Science and Arts of Oklahoma Alumni Association, Inc	7	3-1366971	Pag	je 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		99	9,699
2	Total expenses (must equal Part IX, column (A), line 25)	2		144	,022
3	Revenue less expenses. Subtract line 2 from line 1	3		-44	,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,645	5,499
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10		3,601	,176
Part	XII Financial Statements and Reporting	Ť		i	
	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••	. <u>2a</u>		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?	• •	. 2 b	Х	
	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?		. <u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		2-		v
h	the Single Audit Act and OMB Circular A-133?	• •	. <u>3a</u>		X
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
				990	(2021)
					()
	$\overline{\mathbf{v}}$				

SCHEDULE	A
(Form 990)	

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.

2021 Open to Public

OMB No. 1545-0047

	nent of the T Revenue S		► Go		1990 for instructions an		st informa		Inspection
	of the organ			le minielgem em				Employer identification	
Unive	rsity of So	cience an	d Arts of Oklaho	ma Alumni Associat	tion, Inc			73-13	66971
Part	Re	ason fo	r Public Char	ity Status. (All or	ganizations must co	omplete t	his part.)	See instructions.	
The o			•	•	or lines 1 through 12, of four the second seco	-		,	
2	A sch	ool descr	ibed in section	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3	=				ation described in sec		b)(1)(A)(iii	i).	
4	A me	dical rese	-	n operated in conju	nction with a hospital d	-			ter the
5 [An or	ganizatio	-	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6					ital unit described in se	ection 170)(b)(1)(A)(v).	
7				eceives a substantia (A)(vi). (Complete P	al part of its support fro Part II.)	om a govei	rnmental u	unit or from the gene	ral public
8	A con	nmunity ti	ust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9 [An ag or uni unive	versity or	research organi a non-land-grar	zation described in s at college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	() operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or
10 [X An org receip suppo	ganizatio ots from a ort from g	ctivities related to ross investment	to its exempt functio income and unrelate	an 33 1/3% of its suppo ns, subject to certain e ed business taxable in See section 509(a)(2) .	exceptions come (les	; and (2) r s section {	no more than 33 1/3° 511 tax) from busine	% of its
11	An or	ganizatio	n organized and	operated exclusivel	y to test for public safe	ety. See se	ection 509	9(a)(4).	
12	of one	or more	publicly support	ed organizations de	y for the benefit of, to period scribed in section 509 ibes the type of suppo	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	the	support	ed organization(ervised, or controlled b larly appoint or elect a tions A and B.				
b	Ty col	pe II. A sintrol or m	upporting organi anagement of th	zation supervised or	r controlled in connecti zation vested in the sa				
С	Ту	pe III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d	Ty tha	pe III noi It is not fu	n-functionally in Inctionally integr	tegrated. A support ated. The organizat	ting organization operation generally must sation generally must sationer	ated in cor isfy a distr	nnection w	vith its supported org	
е	Ch	eck this l	ox if the organiz	ation received a wr	itten determination fror illy integrated supportir	m the IRS	that it is a		e III
f			er of supported						0
g				about the support					
	(i) Name of	supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total								0	0

Par	t II Support Schedule for Orga	nizationa Dea	anihad in Casi	470/h//4/	(A)/i) and 47(N/I=\///\//	
	Support Schedule for Orga	mizations Des	cribed in Sect	ions 170(b)(1)	(A)(IV) and 170	J(D)(1)(A)(VI)	
	(Complete only if you checke	d the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify un	der
	Part III. If the organization fail	Is to qualify un	der the tests lis	sted below, plea	ase complete P	Part III.)	
Sect	tion A. Public Support				•	*	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(0) = 0	(,	(0) = 0 + 0	(.,	(0) = 0 = 0	()
	membership fees received. (Do not						
	include any "unusual grants.")	192,287	52,445	188,311	192,626	38,271	663,940
	Tax revenues levied for the	192,207	52,445	100,511	192,020	30,271	003,940
	organization's benefit and either paid						0
	to or expended on its behalf						0
	The value of services or facilities						
	furnished by a governmental unit to the						
(organization without charge						0
4 .	Total. Add lines 1 through 3	192,287	52,445	188,311	192,626	38,271	663,940
5	The portion of total contributions by						
(each person (other than a						
ę	governmental unit or publicly						
5	supported organization) included on						
I	line 1 that exceeds 2% of the amount						
5	shown on line 11, column (f)						
6 1	Public support. Subtract line 5 from line 4						663,940
Sect	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	192,287	52,445	188,311	192,626	38,271	663,940
8 (Gross income from interest, dividends,	,			,		,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	53,199	60,531	55,667	50,957	61,129	281,483
	Net income from unrelated business	00,100		00,001	00,001	01,120	201,100
	activities, whether or not the business is						
	regularly carried on						0
	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
							945,423
	Total support. Add lines 7 through 10					12	940,423
12 (Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga	e instructions).	منافات مناف			12	
	organization, check this box and stop here .						
	,						
-	tion C. Computation of Public Sur		-				
	Public support percentage for 2021 (line 6, c		•	. , ,		14	70.23%
	Public support percentage from 2020 Schedu					15	72.73%
	33 1/3% support test—2021. If the organiza						r1
	and stop here. The organization qualifies as		•				▶ X
	33 1/3% support test—2020. If the organization						
I	box and stop here. The organization qualifie	s as a publicly sup	ported organizatio	n			Þ 🔄
	10%-facts-and-circumstances test—2021						
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts		•				. —
	organization						· · · · ►
	10%-facts-and-circumstances test—2020	-					
	15 is 10% or more, and if the organization mo in Part VI how the organization meets the fac						
	organization		-	•			
	č						🚩 🛄
	Private foundation. If the organization did r						
1	instructions						· · · · P

Schedule A (Form 990) 2021

-		of Science and A	rts of Oklahoma A	Alumni Associatio	on, Inc	73-136697	71 Page 3
Pa	rt III Support Schedule for Orga	nizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	d the box on li	ne 10 of Part I o	or if the organiz	zation failed to	qualify under Pa	art II.
	If the organization fails to qua						
Sec	tion A. Public Support				• • •		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	192,287	112,363	245,243	197,919	38,271	786,083
2	Gross receipts from admissions, merchandise	,	,		,		,
	sold or services performed, or facilities						
	furnished in any activity that is related to the					A	0
2	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
							0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						0
-						•	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
•		400.007	440.000	245 242	197,919	20.074	0
6	Total. Add lines 1 through 5	192,287	112,363	245,243	197,919	38,271	786,083
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			•			786,083
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	192,287	112,363	245,243	197,919	38,271	786,083
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	4					
	royalties, and income from similar sources	53,199	0	0	0	54,850	108,049
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	53,199	0	0	0	54,850	108,049
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	245,486	112,363	245,243	197,919	93,121	894,132
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sur	port Percenta	age				
15	Public support percentage for 2021 (line 8, c	•		f))		15	87.92%
16	Public support percentage from 2020 Schedu					16	85.20%
-	ction D. Computation of Investmen			<u></u>	<u></u>		
17	Investment income percentage for 2021 (line			olumn (f))		17	12.08%
18	Investment income percentage from 2020 So		-			18	14.80%
	33 1/3% support tests—2021. If the organiz					-	
	not more than 33 1/3%, check this box and s						> 🗙
b	33 1/3% support tests—2020. If the organiz				-		
	line 18 is not more than 33 1/3%, check this						🕨 🗌
20	Private foundation. If the organization did n						
			,, 5. 100	,			· · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
	res	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
46		
5a		
5b		
5c		
6		
-		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

Sched	ule A (Form 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc 73-13669	71	P	age 5
Part	V 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			
	A		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	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		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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			
		1		
Soot	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vee	No
			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		
2	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		
3	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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 University of Science and Arts of Oklahoma Alum			366971 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VII) Soo
instructions. All other Type III non-functionally integrated supporting organ	-		
Section A - Adjusted Net Income	IL Cati	(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	0	C
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	0	C
Section 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	(
e 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	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section 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		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting o	organization (see
instructions)			

instructions).

Schedule A (Form 990) 2021

University of Science and Arts of Oklahoma Alumni Association, Inc

Part	V Type III Non-Functionally Integrated 509(a)(3				5-1500971 Page 1
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	provide details in Part V	7)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7				7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution		(iii) Distributable
		Excess Distributions	Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required— <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016 0				
b	From 2017 0				
С	From 2018 0				
d	From 2019 0				
е	From 2020				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount				0
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from				
	Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributable amount				0
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j and 4c.	0			
8	Breakdown of line 7.				
а	Excess from 2017 0				
b	Excess from 2018 0				
С					
d	Excess from 2020 0				
е					
					-

Schedule A (Form 990) 2021

Schedule A (Fo	rm 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or		
	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,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	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,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	,	
		-	
	*. V		
	_		

Schedule B (Form 990)							
(FOTTH 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021					
Name of the organization		Employer identification number					
University of Science a Organization type (cho	nd Arts of Oklahoma Alumni Association, Inc	73-1366971					
organization type (on							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation					
	527 political organization	\sim					
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on					
501(c)(3) taxable private foundation							
Note: Only a section 50 instructions.	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	ւ Special Rule. See					
For an organiz or more (in mo	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution ney or property) from any one contributor. Complete Parts I and II. See instructions tal contributions.						
Special Rules							
regulations und 16b, and that r	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 9 der sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), F eceived from any one contributor, during the year, total contributions of the greater mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	Part II, line 13, 16a, or r of (1) \$5,000; or					
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 <i>exclusively</i> 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.							
contributor, du contributions to during the year General Rule	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organizati must answer "No" on F	on that isn't covered by the General Rule and/or the Special Rules doesn't file Scho Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on n't meet the filing requirements of Schedule B (Form 990).	edule B (Form 990), but it					

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

Schedule B (F	Form 990) (2021)		Page 2
Name of org	-	E	mployer identification number
	of Science and Arts of Oklahoma Alumni Association, Inc		73-1366971
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Lila Hoover c/o 1727 Alabama Chickasha OK 73018 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USAO Foundation c/o 1727 Alabama Chickasha OK 73018 Foreign State or Province: Foreign Country:	\$6,101	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
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

ame of orga	nization f Science and Arts of Oklahoma Alumni Association, Inc		Employer identification numbe 73-1366971
	Noncash Property (see instructions). Use duplicate co	nies of Part II if additional	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Fo	orm 990) (2021)				Page 4			
Name of org University c	anization of Science and Arts of Oklahoma Alumni Ass	ociation, Inc		E	Employer identification number 73-1366971			
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any o completing Part r. (Enter this inf	one contributor. Comp III, enter the total of ex formation once. See ins	elete columi Anticiatively re	ns (a) through (e) and			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held			
			(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relation	ship of tra	nsferor to transferee			
(a) No. from	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held			
Part I								
	Transferee's name, address, and a		ransfer of gift Relation	Prof gift Relationship of transferor to transferee				
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held			
	Transferee's name, address, and		ransfer of gift Relation		nsferor to transferee			
	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held			
		(e) T	ransfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relation	Relationship of transferor to transferee				
	 For. Prov. Country		·					

SCHEDULE C (Form 990)										
(10111330)	For Organizations Exempt From Inco	me Tax Under sect	tion 501(c) and section 527	2021						
Department of the Treasury Internal Revenue Service	 Complete if the organization is describe Go to www.irs.gov/Form990 for 	d below. 🕨 Atta	ch to Form 990 or Form 990-E	Z. Open to Public Inspection						
	ered "Yes," on Form 990, Part IV, line 3, or I									
 Section 501(c)(3) organ 	nizations: Complete Parts I-A and B. Do not cor	nplete Part I-C.								
 Section 501(c) (other the section 501 (c) (other the section 501 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	nan section 501(c)(3)) organizations: Complete	Parts I-A and C belo	w. Do not complete Part I-B.							
 Section 527 organization 	ons: Complete Part I-A only.									
If the organization answe	ered "Yes," on Form 990, Part IV, line 4, or I	orm 990-EZ, Part V	/I, line 47 (Lobbying Activities)	s), then						
 Section 501(c)(3) organ 	• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.									
 Section 501(c)(3) organ 	• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.									
-	f the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c									
(Proxy Tax) (See separat	e instructions), then									
	or (6) organizations: Complete Part III.									
Name of organization			Employer	identification number						
	d Arts of Oklahoma Alumni Association, Ind		(a) an is a costing 507 an	73-1366971						
	te if the organization is exempt und									
	on of the organization's direct and indirect p	political campaign a	activities in Part IV. See instru	ictions for						
•	al campaign activities."									
	activity expenditures. See instructions		· · · · · · · · · • • • • •							
	te if the organization is exempt und		(c)(3)							
	f any excise tax incurred by the organization									
	of any excise tax incurred by organization m									
	incurred a section 4955 tax, did it file Form		· · ·	Yes No						
•	neurred a section 4955 tax, did it me form			Yes No						
b If "Yes," describe in		lar postion 501	(a) avaant coation 501/a)/2)						
	te if the organization is exempt und			<u>)(</u> 3).						
activities			· · · · · · · ▶ \$ <u>.</u>							
	of the filing organization's funds contributed	to other organizati								
3 Total exempt funct	on expenditures. Add lines 1 and 2. Enter l		· · ·							
line 17b			Þ \$	0						
•••	ization file Form 1120-POL for this year? .			Yes No						
	ddresses and employer identification numb									
	payments. For each organization listed, en cal contributions received that were promp									
	egated fund or a political action committee									
`										
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and						
			funds. If none, enter -0	promptly and directly						
				delivered to a separate political organization. If						
				none, enter -0						
(1)		ł								
(2)										
(3)										
(4)		•								
(5)										
(6)										
· /										

University of Science and Arts of Oklahoma Alumni Association, Inc Schedule C (Form 990) 2021

	- () -	-		Fage Z				
P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) and filed	l Form 5768 (elec	tion				
	Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ► if the filing organization checked box A and "limited control" provisions apply.							
В	Check F in the hing organization checked box A and infined control provisions apply.							
	Limits on Lobb (The term "expenditures" me	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	A	0				
b	Total lobbying expenditures to influence a le		0					
С	Total lobbying expenditures (add lines 1a an	0	0					
d	Other exempt purpose expenditures		0					
е	Total exempt purpose expenditures (add line	es 1c and 1d)	0	0				
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both						
-	columns.		0	0				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
_	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
_	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
_	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	0	0				
h	Subtract line 1g from line 1a. If zero or less,	enter -0	0	0				
i	Subtract line 1f from line 1c. If zero or less, e	enter -0	0	0				
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 472	0 reporting					
	section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·	[Yes No				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a	Lobbying nontaxable amount	0	0	0	0	0			
b	Lobbying ceiling amount (150% of line 2a, column(e))					0			
с	Total lobbying expenditures	0	0	0	0	0			
d	Grassroots nontaxable amount	0	0	0	0	0			
е	Grassroots ceiling amount (150% of line 2d, column (e))					0			
f	Grassroots lobbying expenditures	0	0	0	0	0			
Schedule C (Form 990) 2021									

Page 2

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	ule C (Form 990) 2021					Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 576		
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	ı)		(b)	
		Yes	No	Α	moun	t
1 a b c d e f g h i j 2a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Mailings to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Mailings to members? Other activities? Mailines 1c through 1i. Direct contact with legislators, their staffs, government officials, or any similar means? Mailines 1c through 1i. Direct contact with legislators, their staffs, government officials, or any similar means? Mailines 1c through 1i. Total. Add lines 1c through 1i. Mailines 1c through 1i. Mailines 1c through 1i. Mit the activities in line 1 cause the organization to be not described in section 501(o)(3)? Mailines 1c through 1i. Mit the interviewed under section 4912. Mailines 1c through 1i. Mailines 1c through 1i.					0
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				_	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or s	ection		
	501(c)(6).				Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	?)(5),	or s	2 3 ection		3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а			2a			
b	Carryover from last year		2b			
C 2	Total		2c 3			0
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			0
Part			-			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	st); F	Part II-	A, lines	and	i

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Part IV	Supplemental Information (continued)
	. ()
	O
	\mathbf{C}

► Complete			nental Financial Stateme the organization answered "Yes" on Form 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, ▶ Attach to Form 990.	990,	OMB No. 1545-0047 2021 Open to Public
	ment of the Treasury I Revenue Service	► Go to www.irs.gov	✓ Attach to Form 990. Form990 for instructions and the latest in	formation.	Inspection
Name	of the organization	-		Employer identificati	on number
Unive		nd Arts of Oklahoma Alumni A			-1366971
Part			dvised Funds or Other Similar Fur	nds or Accounts	6.
	Complete i	f the organization answere	d "Yes" on Form 990, Part IV, line 6.	Γ	
			(a) Donor advised funds	(b) Funds	and other accounts
1		end of year			
2 3		contributions to (during year)			
3 4		grants from (during year)			
5			or advisors in writing that the assets held in	donor advised	
•	-		the organization's exclusive legal control		. Yes No
6	-		s, and donor advisors in writing that grant f		
			efit of the donor or donor advisor, or for an	ny other purpose	
		missible private benefit?			. Yes No
Part		tion Easements.			
			d "Yes" on Form 990, Part IV, line 7.		
1			the organization (check all that apply).		
		of land for public use (for exampl			mportant land area
	Protection of	f natural habitat	Preservatio	on of a certified hist	oric structure
		n of open space			
2			n held a qualified conservation contributior	n in the form of a co	onservation
		last day of the tax year.			Id at the End of the Tax Year
a		conservation easements		<u>2a</u>	
b		stricted by conservation easem			
c d			ed historic structure included in (a) (c) acquired after 7/25/06, and not on a	<u>2c</u>	
u		listed in the National Register		2d	
3			ansferred, released, extinguished, or term		nization during
	the tax year 🕨			, ,	Ū
4	Number of states	where property subject to cor	servation easement is located		
5	-		arding the periodic monitoring, inspection,	-	
			easements it holds?		. Yes No
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting, handling of violations, and enforcing c	conservation easeme	nts during the year
-					L
7	Amount of expense	es incurred in monitoring, inspect	ng, handling of violations, and enforcing conse	ervation easements d	luring the year
8		ervation easement reported on	line 2(d) above satisfy the requirements o	f section $170(h)(4)(4)$	(B)(i)
					. Yes No
9			rts conservation easements in its revenue		
	balance sheet, a	nd include, if applicable, the te	xt of the footnote to the organization's final	ncial statements th	at describes the
		counting for conservation ease			
Pari			ons of Art, Historical Treasures, or	Other Similar A	Assets.
			d "Yes" on Form 990, Part IV, line 8.		
1a	5		FASB ASC 958, not to report in its revenue		
			r assets held for public exhibition, education of the second statements that do the second statements that do the second statements that do the second statement of the		
b			FASB ASC 958, to report in its revenue sta		
	-	-	r assets held for public exhibition, education		
		ovide the following amounts re	-	, e	
					\$
					\$
2			, historical treasures, or other similar asset		, provide the
	following amount	s required to be reported unde	r FASB ASC 958 relating to these items:	C C	
					\$
b	Assets included i	in Form 990, Part X....		•	\$

	ule D (Form 990) 2021 University of Science and					73-136			Page 2
Part	III Organizations Maintaining Colle	ctions of Art, Histor	rical Trea	asures, or	<u>Other</u>	Similar Asset	s (contil	nued)	
3	Using the organization's acquisition, accessi	on, and other records, o	check any	of the followi	ing that	make significant	t use of it	s	
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan or	exchange pr	ogram				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow thev fu	urther the ora	anizatio	on's exempt purp	ose in Pa	art	
	XIII.	I I	,	5					
5	During the year, did the organization solicit of	or receive donations of a	art historio	cal treasures	or othe	er similar			
•	assets to be sold to raise funds rather than t						Υe	s	No
Part				,				<u> </u>	
i ait	Complete if the organization answe		990, Part	IV, line 9, c	or repo	orted an amoun	t on For	m	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-		ther as	sets not	Π.,		
	included on Form 990, Part X?				••••		Ye	÷S	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table	:			<u> </u>		
						,	Amount		
C	Beginning balance				10	-			0
d	Additions during the year				10				
e	Distributions during the year				10	-			
f	Ending balance								0
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escr	ow or custodi	al acco	ount liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	anation ha	as been provi	ded on	Part XIII			1
Part	V Endowment Funds.	•							
	Complete if the organization answe	ered "Yes" on Form 9	990, Part	IV, line 10.					
			or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0	0		0		0		0
b	Contributions	0	0		0		0		0
с	Net investment earnings, gains,		-						
	and losses	0	0		0		0		0
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0	0		0		0		0
2	Provide the estimated percentage of the cur	ent year end balance (line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Term endowment 🕨 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	on that are	held and ad	minister	red for the			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiz						3b		<u> </u>
4	Describe in Part XIII the intended uses of the		nent funds	S.					
Part									
	Complete if the organization answe	ered "Yes" on Form §	<u>990, Part</u>	IV, line 11a	a. See	Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost o	or other basis	• • •	Accumulated	(d) Bo	ook value	e
		(investment)	(0	other)		depreciation			
1a	Land	0		0					0
b	Buildings	0		0		0			0
С	Leasehold improvements	0		0		0			0
d	Equipment	0		0		0			0
е	Other	0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	column (E	B), line 10c.)		🕨			0

Complete if the organization answered "	Yes" on Form 990.	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ►	0	
Part VIII Investments—Program Related.		
	Yes" on 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
(1) Fidelity Investments	3,011,128	
(2)		
(3)		
(4)		
(5)		
(6)	*	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ►	3,011,128	
Part IX Other Assets.		
		Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	ption	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(9) Total (Column (b) must ocual Form 900, Part X, col. (P) li	no 15)	_
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ne 15.)	<u>.</u>
	Voo" on Form 000	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	res on Form 990,	
	ion of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.).	· · · · · · · · · · · · •
2. Liability for uncertain tax positions. In Part XIII. provide the tex		organization's financial statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Schedu	ule D (Form 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C.	Other losses	-	
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d		
e		2e	0
3 ⊿	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	0
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
-	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. line 4: Part 2	X. line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,
-			

Schedule D (Fo		University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 5
Part XIII	Supplem	ental Information (continued)		
			•	
		$\mathbf{\lambda}$		
		• ()		
		V		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	O) 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.							OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	-							ification number
University of Science a								73-1366971
			and Assistance	unt of the grante or oc	viotance the grantees!	eligibility for the grants	and and	
the selection cri	teria used to	award the grants	s or assistance? .					. Yes No
 2 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. 								
1 (a) Name and address o or governmen		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						0		
(2)								
(3)								
(4)								
(5)								
(6)			6					
(7)								
(8)								
(9)								
(10)								
(11)								
(12)		•						
2 Enter total numb	ber of sectior	n 501(c)(3) and g	overnment organiz	ations listed in the line	1 table		• • • • • • • • •	• •
				e				• 0
For Paperwork Reduct	ion Act Notic	e, see the Instru	ctions for Form 990).				Schedule I (Form 990) 2021

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

Page **2**

Part III	t 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1						1		
2								
3								
4					\bigcirc			
5				ć				
6					2			
7								
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
			$\cdot \mathbf{G}$					
·								

SCHEDULE O	Supplemental Information to Form 990 or 99	0-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information	ons on	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	, , , , , , , , , , , , , , , , , , ,	Employer ide	ntification number
University of Science a	and Arts of Oklahoma Alumni Association, Inc	73-1366971	
Form 990, Part III, Lind	e 4a: Permantly restricted scholarship earnings are used to provide		
scholarships to USAO			
)	
	O		
	• ()		
	. 01		
	V		

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971

SCHEDULE (Form 990)		 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.)047 blic
Department of the Internal Revenue			Go to w	ww.irs.gov/For			he late	st informatio	n.				Open Insp	to Pu bectio	
Name of the orga	anization											Employer	identifica		
University of	Science ar	nd Arts of Oklahoma	Alumni Association,	nc								73-13669	971		
Part I	Identific	ation of Disrega	rded Entities. Con	nplete if the c	organization	answered '	'Yes" d	on Form 99	0, Par	t IV, line 33					
	Name, a	(a) ddress, and EIN (if applica	ble) of disregarded entity			(b) ry activity		(c) domicile (state reign country)	Т	(d) otal income	End-o	(e) of-year assets	Dire	(f) ct contro entity	olling
(1)					-										
(2)					4										
(3)															
(4)]										
							-								
(6)															
Part II			Tax-Exempt Orgation			he organiza	tion ar	nswered "Ye	es" or	n Form 990,	Part I	V, line 34, t	becau	se it h	ad
	Name, ado	(a) dress, and EIN of related c	rganization	Prima	(b) ry activity	(c) Legal domicile or foreign co		(d) Exempt Code	section	(e) Public charity (if section 501		(f) Direct contro entity	olling	Section 5 contr	g) i12(b)(13) rolled ity?
(1)														Yes	No
(2)															
			U												
(3)															
<u>(4)</u>															
<u>(5)</u>															
(6)															
(7)															
				1											

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

Schedule R (Form 990) 2021

University of Science and Arts of Oklahoma Alumni Association, Inc

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Part III		Related Organization ie or more related org							ed "Ye	es" o	n Form 990	, Part I∖	', line	34,
	(a) address, and EIN of ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income (rela unrelated excluded fro tax under sections 512-	ed, om	(f) are of total income	(g) Share of end-o year assets	- Disprop alloca	h) ortionate tions?	(i) Code V—UE amount in box of Schedule K (Form 1065	81 Gen 20 mar -1 par)	(j) eral or naging tner?	(k) Percentage ownership
(1)									Yes	No		Yes	No	
(2)														
(3)														
(4)							Ċ							
(5)								2						
(6)														
(7)														
Part IV		Related Organizations is the second s									d "Yes" on I	Form 99	0, Pa	rt
Nam	(a) ne, address, and EIN of relate		(b) Primary activity	(C	omicile Dire	(d) ct controlling entity	Туре	(e)	(f) are of tot income	al	(g) Share of ind-of-year assets	(h) Percentag ownershi	p	(i) tion 512(b)(13) controlled entity?
(1)													Ye	es No
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

Schedule R (Form 990) 2021

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b	Gift, grant, or capital contribution to related organization(s).	1b		
с	Gift, grant, or capital contribution from related organization(s).	1c		
d	Loans or loan guarantees to or for related organization(s).	1d		
е	Loans or loan guarantees by related organization(s).	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s).	1g		
h	Purchase of assets from related organization(s).	1h		
i	Exchange of assets with related organization(s).	1i		
j	Lease of facilities, equipment, or other assets to related organization(s).	1j		
k	Lease of facilities, equipment, or other assets from related organization(s).	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
ο	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1р		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		nolds.	
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethod of determine	d) iing amo	unt involv	/ed
	type (a—s)	0		
(1)				
(2)				
<i>(</i> -)				
(3)				
(4)				
(7)				
(5)				
(0)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all p sec 501((f) Share of total income	(g) Share of end-of-year assets	(h Dispropo allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1	(j Gene mana parti	ral or aging	(k) Percentage ownership
			from tax under sections 512-514)	organiz	No			Yes	No	(Form 1065)	Yes	No	
(1)													
(2)													
(3)													
(4)							2						
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)	C												
12)	0												
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2021

Schedule R (Fo		73-1366971	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. Se	e instructions.	
		A	
	• ()		
	\sim		
	•		

Form 8879-TE		IRS <i>e-file</i> Signature for a Tax Exem		n	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar y	year 2021, or fiscal year beginning 7/1 ► Do not send to the IRS. Keep Go to www.irs.gov/Form8879TE fo	, 2021, and ending 6, 6 , 	/30 , 20 <u>22</u> 1.	- 2021
Name of filer	nd Arts of Oklaha	oma Alumni Association, Inc	EI	N or SSN	-1366971
Name and title of officer or per		And Alumni Association, Inc		73-	1300971
Robert L Newbrough				Treasurer	
Part I Type of	Return and Re	turn Information			
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10a	may enter dollars a below, and the an b, whichever is app	re using this Form 8879-TE and enter the ind cents. For all other forms, enter whole nount on that line for the return being filed plicable, blank (do not enter -0-). But, if yo e than one line in Part I.	e dollars only. If you cheo I with this form was blan	ck the box on line k, then leave line	1a, 2a, 3a, 4a, 1b, 2b, 3b, 4b,
1a Form 990 check he	re 🕨 📘	b Total revenue, if any (Form 990			1b 99,699
2a Form 990-EZ check	<here td="" ►<=""><td>b Total revenue, if any (Form 990</td><td></td><td></td><td>2b</td></here>	b Total revenue, if any (Form 990			2b
3a Form 1120-POL ch	+	b Total tax (Form 1120-POL, line			3b
4a Form 990-PF check		b Tax based on investment inco	•	,	4b
5a Form 8868 check h		b Balance due (Form 8868, line 3	,		5b
6a Form 990-T check l		b Total tax (Form 990-T, Part III, I			6b
7a Form 4720 check h 8a Form 5227 check h	- +	b Total tax (Form 4720, Part III, line b EMV of assots at and of tax w			7b 8b
9a Form 5330 check h	÷	 b FMV of assets at end of tax ye b Tax due (Form 5330, Part II, line 			9b
10a Form 8038-CP che	÷	b Amount of credit payment requested	,		10b
		ture Authorization of Officer or			
the date of any refund. If a (direct debit) entry to the return, and the financial in 1-888-353-4537 no later t processing of the electror	applicable, I author financial institution nstitution to debit th than 2 business da nic payment of taxe sted a personal ide	jection of the transmission, (b) the reason ize the U.S. Treasury and its designated account indicated in the tax preparation s be entry to this account. To revoke a payn ys prior to the payment (settlement) date. s to receive confidential information necess ntification number (PIN) as my signature	Financial Agent to initiat software for payment of t nent, I must contact the I I also authorize the fina ssary to answer inquiries	e an electronic fur he federal taxes o J.S. Treasury Fina ncial institutions ir s and resolve issu	nds withdrawal owed on this ancial Agent at nvolved in the ues related to
PIN: check one box o	nlv				
I authorize	-	RL Newbrough CPA	to enter my PIN	99020	as my signature
		ERO firm name		Enter five numbers	s, but
a state agenc enter my PIN X As an officer electronically	y(ies) regulating on the return's di or person subject filed return. If I ha	cally filed return. If I have indicated wi charities as part of the IRS Fed/State sclosure consent screen. to tax with respect to the entity, I will ave indicated within this return that a he IRS Fed/State program, I will enter	program, I also author enter my PIN as my s copy of the return is be	opy of the returr rize the aforeme ignature on the t eing filed with a s	n is being filed with entioned ERO to tax year 2021 state agency(ies)
Signature of officer or person	subject to tax 🕨		[Date 🕨	11/29/2022
	tion and Auth				
ERO's EFIN/PIN. Enter number (EFIN) followed		ctronic filing identification t self-selected PIN.		3173173 hter all zeros	
	s return in accord	ny PIN, which is my signature on the ance with the requirements of Pub. 4 s.			
ERO's signature Rob	pert L Newbrough		Date 🕨		
		ERO Must Retain This Form-	Soo Instructions		
	Do Not S	Submit This Form to the IRS U		o Do So	

Form 8879-TE		IRS <i>e-file</i> Signature for a Tax Exe	mpt Entity		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar ye	■ 2021, or fiscal year beginning 7/1 Do not send to the IRS. Ke Go to www.irs.gov/Form8879TE	ep for your records.	/30, 20 <u>22</u>	2021
Name of filer	•			N or SSN	-
		na Alumni Association, Inc		73-136	6971
Name and title of officer or per	son subject to tax			Traceurer	
Robert L Newbrough	Poturn and Pot	urn Information		Treasurer	
		using this Form 8879-TE and enter t	he applicable amount if a	av from the return For	m 8038_
CP and Form 5330 filers r 5a, 6a, 7a, 8a, 9a, or 10a	may enter dollars an below, and the amo b, whichever is appli	d cents. For all other forms, enter wh bunt on that line for the return being fi cable, blank (do not enter -0-). But, if	ole dollars only. If you cheo ed with this form was blan	ck the box on line 1a, 2 k, then leave line 1b, 2	2a, 3a, 4a, 2b, 3b, 4b,
1a Form 990 check her	re 🕨 🗌	b Total revenue, if any (Form 9	90, Part VIII, column (A), li	ine 12) 1b	
2a Form 990-EZ check	(here 🕨 🗌	b Total revenue, if any (Form 9	90-EZ, line 9)	2b	
3a Form 1120-POL che	eck here 🕨 🗌	b Total tax (Form 1120-POL, lir	ne 22)	3b	
4a Form 990-PF check	(here 🕨	b Tax based on investment in		. ,	
5a Form 8868 check he	ere 🕨 🛛 🗙	b Balance due (Form 8868, line	e 3c)		0
6a Form 990-T check h		b Total tax (Form 990-T, Part II			
7a Form 4720 check he		b Total tax (Form 4720, Part III			
8a Form 5227 check he		b FMV of assets at end of tax			
9a Form 5330 check he		b Tax due (Form 5330, Part II, I			
10a Form 8038-CP chec Part II Declarat		b Amount of credit payment reques ure Authorization of Officer	· · · · ·		
complete. I further declare intermediate service provi acknowledgement of rece the date of any refund. If a (direct debit) entry to the f return, and the financial in 1-888-353-4537 no later t processing of the electron	e that the amount in ider, transmitter, or e- sipt or reason for reje- applicable, I authoriz financial institution a institution to debit the han 2 business days ic payment of taxes ited a personal ident al.	edules and statements, and, to the be Part I above is the amount shown on electronic return originator (ERO) to s action of the transmission, (b) the rea- te the U.S. Treasury and its designate ccount indicated in the tax preparatio entry to this account. To revoke a part is prior to the payment (settlement) da to receive confidential information ne ification number (PIN) as my signature	the copy of the electronic end the return to the IRS a son for any delay in proces ed Financial Agent to initiat n software for payment of f yment, I must contact the te. I also authorize the fina cessary to answer inquirie	return. I consent to allo and to receive from the ssing the return or refur te an electronic funds w the federal taxes owed U.S. Treasury Financia incial institutions involv s and resolve issues re	ow my IRS (a) an nd, and (c) vithdrawal on this al Agent at red in the elated to
I authorize	-	RL Newbrough CPA	to enter my PIN	20211	as my signature
		ERO firm name	,	Enter five numbers, but	
a state agenc enter my PIN X As an officer o electronically	y(ies) regulating cl on the return's dis or person subject t filed return. If I hav	ally filed return. If I have indicated harities as part of the IRS Fed/Sta closure consent screen. to tax with respect to the entity, I w ve indicated within this return that e IRS Fed/State program, I will en	te program, I also autho rill enter my PIN as my s a copy of the return is bo	rize the aforemention ignature on the tax y eing filed with a state	ned ERO to rear 2021 agency(ies)
Signature of officer or person s			I	Date 🕨	
	tion and Authe				
number (EFIN) followed		tronic filing identification self-selected PIN.		3173173 nter all zeros	
	s return in accorda	y PIN, which is my signature on the nce with the requirements of Pub .			
ERO's signature Rob	ert L Newbrough		Date 🕨	11/29/2	2022
		ERO Must Retain This Form ubmit This Form to the IRS		o Do So	

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

	ц Т	For the year Janua beginning:	• •				an 'X' if:				
	PART	7/1	2021	6/30	2022	(1)	Initial r	eturn (2)	Final return (ided return (See Schedule -X on page 2)
	N	ame of organization						Federal Empl	oyer Identification Numbe	er Date	qualified for tax exempt status
	U	NIVERSITY	OF SCI	ENCE AND	ARTS OF	OKLAH	AMOH	73-136	6971		4/1/1995
	Α	ddress (number and	l street)								
	1	727 ALABAN	AN								
	с	ity			Stat	e or Provinc	e	Co	untry		ZIP or Foreign Postal Code
	С	HICKASHA			OK						73018
Γ	P/		TEMENT			SINES	ς ταχά		DME (Please read ir	structions on	nades 2-3)
	. /						<u> </u>		Total Fede		Allocable Oklahoma
	А	Total unrelate	ed trade or	business inc	ome - applic	able Fed	leral Forr	n(s) 990		0	
,	В	Total unrelate	ed trade or	business de	ductions - ap	plicable	Fed. For	m(s) 990		0	
	С	Unrelated bus	siness taxa	able income -	enter here a	and on lir	ne 1 belo	W		0	0
	IN	COME SUB.									
3	1	Unrelated bus	siness taxa	able income -	from statem	ent abov	/e (alloca	ble to Oklah	homa)		0 00
	2										00
	3		•			,					00
Ļ	4	Oklahoma tax	able incor	ne (total of lir	nes 1, 2 and	3)				4	0 00
Ŀ	_	X COMPUT									
	5	Tax at 6% of					-				
									d credit here and		
									Sec. 965(h) and		0.00
	~								e box	5	0 00
	6										0 00
	7		•				,				00
3	8							-	rward		00
	9		•	-					withholding statem		0 0 0
	10		-					•	eturn only)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	1 2	-									0 00
	12		-								0 00
	4										0 00
									tions. Place the line numb		0 0 0
		nization from page 3 e box and attach a s					donating. If	giving to more t	han one organization, put	a "99"	
	15	Donations fro			-		\$5	\$	0	15	0 00
	6		2								0 00
									Ref		0 00
~	_				-	- /			-		
(D	irect Depos	it Note:	H Is t	his refund goir	ng to or thr	ough an a	ccount that is	located outside of the	United States?	Yes No
		I refunds must be	by direct de	De De	posit my ref	und in m	iy:	checking a	account s	avings acco	unt
	Se	e Direct Deposit									
	ра	age 4 for details.			uting mber:			Account Number:			
	_										
1	8	Tax Due (if lin	ne 7 is larg	er than line 1	2 enter tax o	lue)			Тах	Due 18	0 0 0
1	9	Donation: Public	School Clas	ssroom Support	Fund (For infor	mation rega	arding this fu	und, see page 3	6, #5)	19	0 0 0
2	20	-						-			0 0 0
2	21	Underpaymer	nt of estim	ated tax inter	est				Annualized	21	0 0 0
2	22	Total tax, pen	alty and ir	nterest due - /	Add lines 18	-21; pay	in full wit	h return	Balance	Due 22	0 0 0

Form 512-E

2021

Under penalty of perjury, I declare the info	rmation contained in this document, at	ttachments and sche	dules are true and correct to the best of my known	owledge and belief.	
Signature of Officer	Date	Check this box if	Signature of Preparer		Date
or Trustee		the Oklahoma Tax Commission	Robert L Newbrough		11/29/2022
Print Name		may discuss this return with your tax preparer.	Printed Name of Preparer ROBERT L NEWBRO	DUGH	
Title TREASURER	Phone Number 405-574-1320		Phone Number: (405) 519-9890	Preparer's PTIN: P01079304	1

UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA ALUMNI #73-1366971

2021 Form 512-E - Page 2 - Return of Organization Exempt from Income Tax

Schedule 512-E-X: Amended Return Schedule

A Did you file an amended Federal income tax return?

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

C Explanation or reason for amended return (**Provide** all necessary schedules):

Instructions for filing an Amended Return

No

When filing an amended return, place an "X" in the Amended return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 10. Enter any refund previously received or overpayment applied on line 11. Complete the Amended Return Schedule, Schedule 512E-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service (IRS) when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.

General Instructions

Every organization shall make a return for each year. 68 Oklahoma Statutes (OS) Section 2368.

Part 1 and the signature section must be completed by all organizations. If you were required to file an annual information return with the IRS, enclose a copy of the information return including any supporting schedules (e.g. Form 990, 990-EZ, 990-PF).

Part 2 is to be completed by organizations who have unrelated trade or business income. If you were required to file an income tax return with the IRS, enclose a copy of the tax return including any supporting schedules (e.g. Form 990-T).

Corporate returns shall be due no later than 30 days after the due date established under the Internal Revenue Code (IRC).

Exempt Organizations are subject to tax on unrelated business income. 68 OS Sec. 2359.

Investment income of exempt organizations subject to federal excise tax is not subject to Oklahoma income tax; however, any income subject to income tax under the IRC is subject to Oklahoma income tax.

Complete the Oklahoma Statement of Unrelated Business Income and attach a schedule of any other taxable income.

Total unrelated trade or business deductions includes the "specific deduction" allowed on the Federal return.

If you do not have a Federal Employer Identification Number, you may obtain one by visiting the IRS website at **www.irs.gov**.

If you are a member, either directly or indirectly, of an electing pass-through entity (PTE), subtract Oklahoma income and add Oklahoma losses covered by the election pursuant to the provisions of the Pass-Through Entity Act of 2019. **Provide** a schedule listing the PTE, federal identification number, the year of the election, federal taxable income (loss) and Oklahoma taxable income (loss) that is covered by the election pursuant to this Act. Also provide a copy of the OTC acknowledgement letter received by the PTE. (68 O.S. §2355.1P-4).

Line 5 - TAX

The income tax rate is 6%.

Trust: If the exempt organization is a trust, the following rates apply. Enter a '1' in the box on Form 512-E, line 5.

If taxable income is:	<u>At least</u>	-	<u>But less than</u>					
_	-0-	-	1,000	Pay	1/2 of 1%	o of T	axable I	ncome
	1,000	-	2,500	Pay	5.00	+	1%	over1,000
	2,500	-	3,750	Pay	20.00	+	2%	over2,500
_	3,750	-	4,900	Pay	45.00	+	3%	over3,750
_	4,900	-	7,200	Pay	79.50	+	4%	over4,900
	7,200	-	over	Pay	171.50	+	5%	over7,200

Recapture of the Oklahoma Affordable Housing Tax Credit:

If under IRC Section 42 a portion of any federal low-income housing credits taken on a qualified project is required to be recaptured during the first 10 years after a project is placed in service, the taxpayer claiming Oklahoma Affordable Housing Tax Credits with respect to such project shall also be required to recapture a portion of such credits. The amount of Oklahoma Affordable Housing Tax Credits subject to recapture is proportionally equal to the amount of federal low-income housing credits subject to recapture. Add the recaptured credit to the Oklahoma income tax and enter a "2" in the box on Form 512-E, line 5.

Making an Oklahoma installment payment pursuant to IRC Section 965(h):

If a taxpayer elected to make installment payments of tax due pursuant to the provisions of subsection (h) of Section 965 of the IRC, such election may also apply to the payment of Oklahoma income tax, attributable to the income upon which such installment payments are based. Add the installment payment to the Oklahoma income tax and enter a "3" in the box on Form 512-E, line 5. **Provide** a schedule of the tax computation. 68 O.S. Sec. 2368(K)

Mail to: Oklahoma Tax Commission • PO Box 26800 • Oklahoma City, OK 73126-0800



Line 15 (OK 512E) - Donations From Your Refund

Do	nations Eligible with Refund Due	\$2	\$5	Other		
1	Support of Programs for Volunteers to Act as Court Appointed Special					
	Advocates for Abused or Neglected Children				0	
2	Y.M.C.A. Youth and Government Program				0	
3	Support the Wildlife Diversity Fund				0	
4	Support of Programs for Regional Food Banks in Oklahoma				0	
5	Oklahoma Pet Overpopulation Fund				0	
6	Support the Oklahoma AIDS Care Fund				0	
7	Oklahoma Silver Haired Legislature and Alumni Association Programs 7		_		0	
Do	nations Eligible with Refund Due or Tax Owed					
1	Public School Classroom Support Fund				0	
	Total				. 0	

Line 20 (OK 512E) - Late Filing Penalty and Interest

End of tax year	6/30/2022
Tax return due date	11/15/2022
Taxes due with return	0
Late payment penalty does not apply if at least 90% of tax is paid by the original due date of the return. Late filing penalty does not apply.	
Late Payment Penalty	
Enter the date that total payment will be made	
Number of months late	
Penalty rate for late payment	
Total late payment penalty	0
Late Filing Penalty and Interest	
Enter the date the tax return will be filed	
Number of months filed late	
Late filing penalty	
Monthly penalty rate for late filing	
Total late filing penalty	0
Late interest	
Monthly interest rate	
Total late interest	0
Total Late Payment/Filing Penalty and Interest	0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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.

		the Treasury	 Do not enter social secur Go to www.irs.gov/For 	-	-	-			en to Pu Inspectio	
A	rnal Reven		endar year, or tax year beginning	7/1/2021	, and e			2022	mopeour	011
		applicable:		Science and Arts of Oklaho					number	
Ē	Address		Doing business as USAO Alumni Ass							
\square	Name ch	0000	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	73	-1366971			
	Name ch	ange	1727 Alabama			E	Telephone r	number		
Ш	Initial retu	urn	City or town	State	ZIP code	40	5-574-132	0		
	Final return	n/terminated	Chickasha Foreign country name Foreign	OK	73018					
\square	Amendeo	1 return	Foreign country name Foreign	province/state/county	Foreign postal		Gross recei	nts \$		99,699
	Amenueu	lieluin								
Ш	Applicatio	on pending	F Name and address of principal officer:				group return for	· · · ·	Yes	s X No
			Robert L Newbrough 2640 County St	reet 2846, Chickasha, (OK 73018		subordinates		Yes	s No
Т	Tax-exe	mpt status:	X 501(c)(3) 501(c) () ◀	(insert no.) 4947(a)(1)) or 527	If "No,	" attach a list.	See instruction	ons	
J	Website	: 🕨 www	v.usao.edu			H(c) Group	exemption nu	ımber 🕨		
к	Form of	organization	: X Corporation Trust Associa	tion Other ►	L Yea	ar of formation			legal domicile	e: OK
	Part I	-					1995	in orano or	logal donnom	on OK
			nmary escribe the organization's mission or i	most significant activitie	o: Tho		the Acces	ciation is to		
ė	1	2	ate and promote the interest of the Un	0			THE ASSOC			
Governance			to provide leadership for the alumni;							
, Line				· · · · · · · · · · · · · · · · · · ·						
Š	2		nis box ▶ if the organization disc			of more th	ian 25% of	1	sets.	
ۍ مح	3		of voting members of the governing b					3		14
ŝ	4		of independent voting members of the					4		0
ìti	5		mber of individuals employed in calen		line 2a)			5		0
Activities &	6		mber of volunteers (estimate if necess		· · · · ·			6 7a		
◄		7a Total unrelated business revenue from Part VIII, column (C), line 12								0
	b	Net unre	elated business taxable income from F	Form 990-T, Part I, line 2	11			7b		
						Pr	ior Year	0	Current Ye	
ne	8	8 Contributions and grants (Part VIII, line 1h).								0
Revenue	9		service revenue (Part VIII, line 2g) .				194,			38,351
ş	10		ent income (Part VIII, column (A), line					139		59,148
-	11		venue (Part VIII, column (A), lines 5, (,	433		2,200
	12		enue-add lines 8 through 11 (must equ				245,			99,699
	13		and similar amounts paid (Part IX, colu					0		0
	14		paid to or for members (Part IX, colu					0		0
ses	15		other compensation, employee benefits					0		0
kpenses	16a		onal fundraising fees (Part IX, column					0		0
Exp		l otal fun	ndraising expenses (Part IX, column (I	D), line 25) ►	0		400	000		444.000
ш	17		penses (Part IX, column (A), lines 11				108,			144,022
	18		penses. Add lines 13–17 (must equal				108,			144,022
	19	Revenue	e less expenses. Subtract line 18 from			Paginning	136, of Current Y		End of Yea	-44,323
Net Assets or	20	Total ac	sets (Part X, line 16)			веділіні				
Asse	20 21						3,645,	499 0	З,	<u>601,176</u>
Vet /	21		ets or fund balances. Subtract line 21				3,645,	-	2	601,176
	art II		nature Block				3,043,	499	5,	001,170
			/, I declare that I have examined this return, inclu	ding accompanying schedules	and statements	and to the h	est of my kno	wledge		
	•		ct, and complete. Declaration of preparer (other t					•		
~						• •		•		
Si			Signature of officer				Date			
He	ere		Robert L Newbrough		Trea	surer				
			Type or print name and title							
		Print	/Type preparer's name	Preparer's signature		Date	1		PTIN	
Ра	id							eck X if	D0 1075	~ 4
	eparer	r Rob	ů – – – – – – – – – – – – – – – – – – –	Robert L Newbrough		11/29/		f-employed	P010793	04
	se Only		's name 🕨 RL Newbrough CPA			Fir	m's EIN 🕨 7	73-121109	9	
			's address 🕨 2640 County Street 2846,	Chickasha, OK 73018		Ph	one no. (405) 519-9	9890	
Ма	ay the IF	RS discus	s this return with the preparer shown	above? See instructions	S				Yes	X No

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Form 9	90 (2021)	University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
	Duinflue	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	•	escribe the organization's mission: bose of the Association is to perpetuate and promote the interest of the University		
		ce and Arts of Oklahoma (USAO); to provide leadership for the alumni; to encourage		
		ent in the University and to take other action as may be deemed beneficial for the		
		ment of the University and the Association.		
2		organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	· · Yes	X No
4		e the organization's program service accomplishments for each of its three largest program services	s as measured by	,
-		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al		
		expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 129,417 including grants of \$ (Revenue)	Je\$91	1,440)
	Scholar	hips used for USAO students		
4b) (Expenses \$ including grants of \$) (Reven	ue\$)
	Alumni	Special Projects for USAO		
4c	(Code:) (Expenses \$ 13,241 including grants of \$) (Reven	ue \$	10)
	Homeco	ming and other events and projects for alumni and the Universtiy		
		······ V		
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expens		0)	
4e	Total pro	ogram service expenses 142,658		

Form 990 (202	21)	1 Iniversity	of	Science	and	∆rte	of (Alahoma	Δlumni	Association.	Inc
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73-1366971	Page 3
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Part	V 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- -		~
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
-		4		^
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		Х
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		Х
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		Х
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	–		~
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
				v
	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		Х
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		х
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	х	
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110	~	
u		11d		v
		_		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
Ť	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
45		140		^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
	If "Yes," complete Schedule G, Part III.	19		х
20-		20a		X
20a				^
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part W Checklist of Raquired Schedule (confined): via No. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, source 10% as complexes Schedule J. Part IX and III. 22 X 23 Did the organization namewer "Yest to Part VII, Section A, line 3, 4, or 5, about compensation of the organization surrent and former officers, directoric, strustess, key employees, and highest compensated employees and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Did the organization naves trave-empt bond issue with an outlianding principal arrount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 244 and complexes Schedule J. 24a X 25 Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 26 Did the organization avare that lengaged in an excerv account other than architeding secrow at any line during the year it transacton with a disqualified period in an excerv account other darge and brief transacton with a disqualified period in an excerv account of the organization avare that lengaged in an excerse benefit transacton with a disqualified period in a more of period exerce in the organization period exerce in the transacton with a discupatified period in the exerce in	Form 9	990 (2021)	University of Science and Arts of Oklahoma Alumni Association, Inc	73-136697	1 ғ	Page 4
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, Grant Part IX, Gran	Par	IV Chec	klist of Required Schedules (continued)			1
Part IX, column (A), line 27. If Yes, "complete Schedule I, Parts 1 and III. 22 X 20 Det be organization avere reverse to Part VI, Section A, line 3, or 6, shout compensation of the organization have a tark exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use with an outstanding principal amount of more than \$100,000 as of the last day of the year. In this use data for Deember 31, 2002? If "Yes," amover lines 24b through 24d and complete Schedule K. If "No." go to line 25e. 24a 24a 24a 25a Bection 501(c)(3), 691(c)(4), and 501(c)(29) organizations. Did the organization angage in an ekcess benefit transaction with a discualified person during the year. 24d 24d 25a Section 501(c)(3), 691(c)(4), and 501(c)(29) organizations. Did the organization ongage in an ekcess benefit transaction with a discualified person during the year. 25d X 25a Did the organization neared any amount on Part X. line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anyloy eters. Complete Schedule L, Part II. 26k X 27a Did the organization repart and may amount on Part X. line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anyloy eterescience, furul y fres, "complete Schedule L, Part II. <					Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5, about compensation of the organizations current and former officers, directors, liustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 24 Did the organization area tark example bond issue with an outstanding principal amount of more than styling. Advance of the schedule Schedule K. 1970; 70 to line 259 24 24 Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? 246 250 Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? 246 250 Did the organization invest any proceeds of lax-exempt bonds. Diverse than a refunding escow at any time during the year in the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, and that the transaction with a disqualified person lin a prior year, creator or founder, substantial contributor or amployee creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II. 250 X. 250 Did the organization a prive that we of the discovereators din we discus to any current or form form fore	22	•				
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26 Did the organization report any amount on Part X. line 5 or 22, for receivables from of 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.) 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "res," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in moneash contributions? If "res," complete Schedule N, Part I. 28c X 29 Did the organization receive contributions of art, historical treascurse, or other similar assets, or qualified conservation contributions? If "res," complete Schedule N, Part I. 20 X 20 Did the organization scleated to any tax expend or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 20 X 30 Did the or				25		х
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 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. 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. 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and 	-					
organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 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? Note: All Form 990 filers are required to complete Schedule O. 38 X Part 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0 1b 0 1b 0 Other the organization comply with backup withholding rules for reportable payments to vendors and	36	•			-	
 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. 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 Part 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. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. b Did the organization comply with backup withholding rules for reportable payments to vendors and 				36		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 Part 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. 38 X Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Part V. Image: Schedule O contains a response or note to any line in this Par	37					
19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part 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. Image: Check if Schedule O contains a response or note to any line in this Part V. Image: Check if Schedule O contains a response or note to any line in this Part V. Image: Vest No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . Image: Vest No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . Image: Vest No C Did the organization comply with backup withholding rules for reportable payments to vendors and Image: Vest No		and that is trea	ted as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part 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. Image: Check if Schedule O contains a response or note to any line in this Part V. Image: Check if Schedule O contains a response or note to any line in this Part V. Image: Vest No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . Image: Vest No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . Image: Vest No C Did the organization comply with backup withholding rules for reportable payments to vendors and Image: Vest No	38	Did the organiz	ation complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Part 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 0 1a 0 1a 0 1a 0 1b 0 0 1b 0 1b 0 1b 0 1b 0 1c 1b 0 1c		•		38	Х	
Yes No 1a 0 1a 0 0 1a 0 0 1a 0 0 1a 0 1b 0 1b 0 1a 1a 0 1a 1a 0 1a 1a <th1a< th=""> 1a <th1a< th=""></th1a<></th1a<>	Par	t V State	ments Regarding Other IRS Filings and Tax Compliance			
1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			•		Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the numb	per reported in box 3 of Form 1096. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and	b			0		
reportable gaming (gambling) winnings to prize winners?	С					
		reportable gam	ing (gambling) winnings to prize winners?	1c	Х	

Form 9	University of Science and Arts of Oklahoma Alumni Association, Inc 73-136	6971	Р	age 5
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
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 10b			
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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand	-		
C 145		14a		V
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		4 5		Y
	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, any disqualified person, or mine operator engage in any	1		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9		866971		Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
0	Check if Schedule O contains a response or note to any line in this Part VI		• •	
Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	100	
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0		
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		X
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		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	v	
a b	The governing body?	8a 8b	X X	
b 9	Each committee with authority to act on behalf of the governing body?	00	^	
5	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		v
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
	describe on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tou	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OK	F0.1.1		
18	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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Own website X Upon request Other (explain on Schedule Comparison)))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	,		
	and financial statements available to the public during the tax year.	- ,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	►		
	Robert Newbrough (405) 574-126	6		
	2640 County Street 2846, Chickasha, OK 73018			

Form 990 (2021)	University of Science and Arts of C	klahoma Alumn	i Asso	ociati	on, l	nc			73-13669	71 Page 7
Part VII										
	Employees, and Independent Contractors									
	Check if Schedule O contains a r	esponse or no	te to	any	line	in this	s Pa	art VII...		
Section A.	Officers, Directors, Trustees, K	ey Employee	s, an	d H	ighe	est Co	mp	ensated Emp	loyees	
1a Complete	this table for all persons required to be l	listed. Report co	mpen	satic	n for	r the ca	lend	dar year ending v	with or within the	
organization's	s tax year.									
	of the organization's current officers, di						or o	rganizations), re	gardless of amo	unt
	ion. Enter -0- in columns (D), (E), and (
	of the organization's current key emplo									
	organization's five current highest con									oyee)
	reportable compensation (box 5 of Form n the organization and any related orga		99-IVII	SC,	and/	or dox	I OT	Form 1099-NEC	b) of more than	
	of the organization's former officers, ke		d hia	host	com	noncot		mployoos who	received more th	20
	eportable compensation from the organ							employees who i	eceived more in	an
	of the organization's former directors	-		-				as a former direc	tor or trustee of	the
	more than \$10,000 of reportable compe									uie
•	ictions for the order in which to list the p						,			
<u> </u>	is box if neither the organization nor any		ation	com	nens	ated a	nv c	urrent officer, di	rector or trustee	
				00111		atou u	i, j e			·
					(C) Positio	n				
	(A)	(B)		not che	eck mo	ore th an o		(D)	(E)	(F)
	Name and title	Average hours				on is both ctor/trust		Reportable compensation	Reportable compensation	Estimated amount of other
		per week		I I			· ·	from the	from related	compensation
		(list any hours for	divic dire	stitu	Officer	ghes nplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	Individual or director	tion		st co	ñ	1099-NEC)	1099-NEC)	related organizations
		organizations below	Individual trustee or director			Highest compe employee Kev employee				
		dotted line)	tee	Institutional trustee		Highest compensated employee Kev employee				
				Φ		Ited				
(1) Dawn F	Reitan-Brockman	15.00								
Executive Dire	ector	35.00	X							
(2) Heidi V	Valker	7.00								
President		0.00			Х					
(3) Robert	Newbrough	6.00								
Treasurer		0.00			Х					
(4)										
(5)										
(6)	X_\									
(=)										
(7)	·····									
(9)										
(8)										
(9)				$\left \right $	-+					
(10)					+					
. <u>.</u>		{	1	1		1	1			1

(11)

(12)

(14)

(13)

	University of Science and Arts									66971	Page 8
Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghest (Compensated En	ployees (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirecto	e than one is both a pr/trustee employee	Reportable compensation	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	com / fi orgar	(F) ated amount of other ppensation rom the nization and organizations
(15)									N		
(16)											
(17)											
(18)											
(19)											
(20)								2			
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal						•	• 0	()	0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A						0)	0
2	Total number of individuals (including but not lin reportable compensation from the organization	mited to those lis						d more than \$100		-	0
3	Did the organization list any former officer, dire	ector, trustee, ke	•				•				Yes No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of the organization and related organizations grea	of reportable con	npens	satic	on a	nd c	other co	mpensation from		3	X
5	individual				•		• • •			4	X
	for services rendered to the organization? If "Ye ion B. Independent Contractors									5	х
1	Complete this table for your five highest compe	nsated independ	dent (cont	ract	ore	that rea	eived more than	\$100 000 of		
·	compensation from the organization. Report co							g with or within the			
	(A) Name and business add	ress						(B) Description of ser	vices	(C) Compens	sation
											0
											0
											0
											0
2	Total number of independent contractors (inclu- more than \$100,000 of compensation from the	•		tho	se l	iste		e) who received			0
		organi∠au011 ₽						<u> </u>			

Form 9	90 (202	21) University of Science and Arts of Oklahor	na Alumni Associa	ation, Inc		73-13669	971 Page 9
Part	t VIII			,			
		Check if Schedule O contains a response or	note to any line in	this Part VIII			🗌
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanoion lovollao	buoinees revenue	sections 512–514
s s	1a	Federated campaigns 1a	0				
ant	b	Membership dues 1b	0				
ΩĘ	С	Fundraising events 1c	0				
ifts r A	d	Related organizations	0				
, G Jila	е	Government grants (contributions) 1e	0				
ons Sin	f						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	0				
oth Oth	g	Noncash contributions included in					
no D		lines 1a–1f 1g	\$0				
90	h	Total. Add lines 1a–1f		0			
			Business Code				
ice		Homecoming	900099	10	10		l
erv ue	b	Endowed Scholarship Donations	900099	29,047	29,047		
en S	С	Undesignated Scholarship Donations	900099	3,255	3,255		
Program Service Revenue	d	Alumni Projects Income		164	164	ļ	l
Ъ	е	Operating Undesignated		5,875	5,875		
L L	f	All other program service revenue		0			
$ \longrightarrow $	g	Total. Add lines 2a–2f		38,351			
	3	Investment income (including dividends, interes			//-		
		other similar amounts)		59,148	59,148		
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		1,990	1,990		
	6-		(II) Personal	-			
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b Rental income or (loss) 6c 0					
	C L			0			-
	d 7a	Net rental income or (loss)	► (ii) Other	0			
	1 a	sales of assets	(ii) Onici				
		other than inventory 7a	o				
ne	b	Less: cost or other basis	0				
	D D	and sales expenses 7b	0				
e ve	с	Gain or (loss) 7c					
Ř	d	Net gain or (loss)	U	0			
Other Rever		Gross income from fundraising		0			
ð	•••	events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	b	Less: direct expenses 8b	0				
	с	Net income or (loss) from fundraising events	►	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold	0				
	С	Net income or (loss) from sales of inventory		0			
รา	_		Business Code				
eor	11a	Amazon Smiles	900099	210	210		
an(b	Reimbursements		0	0		
cellaneo Revenue	С			0			
Miscellaneous Revenue	d	All other revenue		0			
Σ		Total. Add lines 11a–11d		210			
	12	Total revenue. See instructions		99,699	99,699	0	Eorm 990 (2021)

eci	ion 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			· ·	
_	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
0	Payroll taxes	0			
1	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c		862	862		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	00.004		
f	Investment management fees	22,234	22,234		
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
~	(A), amount, list line 11g expenses on Schedule O.)	0		0	
2	Advertising and promotion	0	5 000	4.004	
3	Office expenses	6,400	5,036	1,364	
4	Information technology	0			
5		0			
6		0			
7		0			
8	Payments of travel or entertainment expenses	0			
~	for any federal, state, or local public officials Conferences, conventions, and meetings	0 6,648	6.649		
9			6,648		
0 1	Interest	0			
2	Depreciation, depletion, and amortization	0	0	0	
2 3		0	0	0	
3 4	Other expenses. Itemize expenses not covered	0			
•	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.)				
а	Chudent Orientation and Londowskin	4,854	4,854		
b	Cabalanshina Avyandad ta UCAO	101,585	101,585		
c	Reimbursements	1,439	1,439		
d		0	1,400		
e	All other expenses	0			
5	Total functional expenses. Add lines 1 through 24e	144,022	142,658	1,364	
6	Joint costs. Complete this line only if the	1-1-1,022	1-12,000	1,004	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	n 990 (2	· · · · · · · · · · · · · · · · · · ·			73-1366971 Page 11
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X .			[]
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	580,460	2	475,457
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	45	4	45
	5	Loans and other receivables from 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	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ass	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			-
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	2,950,448	13	3,011,128
	14	Intangible assets	14,546	14	14,546
	15	Other assets. See Part IV, line 11.	100,000	15	100,000
	16	Total assets. Add lifles 1 through 15 (must equal lifle 35)	3,645,499	16	3,601,176
	17 18	Accounts payable and accrued expenses	0	17 18	
	19	Grants payable	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
ŝ	22	Loans and other payables to any current or former officer, director,	0	21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lidi		controlled entity or family member of any of these persons	0	22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	-		-
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D.	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here ► X			
ŭ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,221,973	27	1,181,795
B	28	Net assets with donor restrictions	2,423,526		2,419,381
ŭ		Organizations that do not follow FASB ASC 958, check here 🕨			
Ē		and complete lines 29 through 33.			
0 S	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
As	31	Retained earnings, endowment, accumulated income, or other funds	0		
Net Assets or Fund Balances	32	Total net assets or fund balances	3,645,499		3,601,176
z	33	Total liabilities and net assets/fund balances	3,645,499	33	3,601,176
					Form 990 (2021)

	990 (2021) University of Science and Arts of Oklahoma Alumni Association, Inc	7	3-1366971	Pag	je 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		99	9,699
2	Total expenses (must equal Part IX, column (A), line 25)	2		144	,022
3	Revenue less expenses. Subtract line 2 from line 1	3		-44	,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,645	5,499
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10		3,601	,176
Part	XII Financial Statements and Reporting	Ť		i	
	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••	. <u>2a</u>		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?	• •	. 2 b	Х	
	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?		. <u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		2-		v
h	the Single Audit Act and OMB Circular A-133?	• •	. <u>3a</u>		X
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
				990	(2021)
					()
	$\overline{\mathbf{v}}$				

SCHEDULE	A
(Form 990)	

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.

2021 Open to Public

OMB No. 1545-0047

	nent of the T Revenue S		► Go		1990 for instructions an		st informa		Inspection
	of the organ			ie minieligem em				Employer identification	
Unive	rsity of So	cience an	d Arts of Oklaho	ma Alumni Associat	tion, Inc			73-13	66971
Part	Re	ason fo	r Public Char	ity Status. (All or	ganizations must co	omplete t	his part.)	See instructions.	
The o			•	•	or lines 1 through 12, of four the second seco	-		,	
2	A sch	ool descr	ibed in section	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3	=				ation described in sec		b)(1)(A)(iii	i).	
4	A me	dical rese	-	n operated in conju	nction with a hospital d	-			ter the
5 [An or	ganizatio	-	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6					ital unit described in se	ection 170)(b)(1)(A)(v).	
7				eceives a substantia (A)(vi). (Complete P	al part of its support fro Part II.)	om a govei	rnmental u	unit or from the gene	ral public
8	A con	nmunity ti	ust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9 [An ag or uni unive	versity or	research organi a non-land-grar	zation described in s at college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	() operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or
10 [X An org receip suppo	ganizatio ots from a ort from g	ctivities related to ross investment	to its exempt functio income and unrelate	an 33 1/3% of its suppo ns, subject to certain e ed business taxable in See section 509(a)(2) .	exceptions come (les	; and (2) r s section {	no more than 33 1/3° 511 tax) from busine	% of its
11	An or	ganizatio	n organized and	operated exclusivel	y to test for public safe	ety. See se	ection 509	9(a)(4).	
12	of one	or more	publicly support	ed organizations de	y for the benefit of, to period scribed in section 509 ibes the type of suppo	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	the	support	ed organization(ervised, or controlled b larly appoint or elect a tions A and B.				
b	Ty col	pe II. A sintrol or m	upporting organi anagement of th	zation supervised or	r controlled in connecti zation vested in the sa				
С	Ту	pe III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d	Ty tha	pe III noi It is not fu	n-functionally in Inctionally integr	tegrated. A support ated. The organizat	ting organization operation generally must sation generally must sationer	ated in cor isfy a distr	nnection w	vith its supported org	
е	Ch	eck this l	ox if the organiz	ation received a wr	itten determination fror illy integrated supportir	m the IRS	that it is a		e III
f			er of supported						0
g				about the support					
	(i) Name of	supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total								0	0

Par	t II Support Schedule for Orga	nizationa Dea	anihad in Casi	470/h//4/	(A)/i) and 47(N/I=\///\//	
	Support Schedule for Orga	mizations Des	cribed in Sect	ions 170(b)(1)	(A)(IV) and 170	J(D)(1)(A)(VI)	
	(Complete only if you checke	d the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify un	der
	Part III. If the organization fail	Is to qualify un	der the tests lis	sted below, plea	ase complete P	Part III.)	
Sect	tion A. Public Support				•	*	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(0) = 0	(,	(0) = 0 + 0	(0) = 0 = 0	(0) = 0 = 0	()
	membership fees received. (Do not						
	include any "unusual grants.")	192,287	52,445	188,311	192,626	38,271	663,940
	Tax revenues levied for the	192,207	52,445	100,511	192,020	30,271	003,940
	organization's benefit and either paid						0
	to or expended on its behalf						0
	The value of services or facilities						
	furnished by a governmental unit to the						
(organization without charge						0
4 .	Total. Add lines 1 through 3	192,287	52,445	188,311	192,626	38,271	663,940
5	The portion of total contributions by						
(each person (other than a						
ę	governmental unit or publicly						
5	supported organization) included on						
I	line 1 that exceeds 2% of the amount						
5	shown on line 11, column (f)						
6 1	Public support. Subtract line 5 from line 4						663,940
Sect	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	192,287	52,445	188,311	192,626	38,271	663,940
8 (Gross income from interest, dividends,	,			,		,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	53,199	60,531	55,667	50,957	61,129	281,483
	Net income from unrelated business	00,100		00,001	00,001	01,120	201,100
	activities, whether or not the business is						
	regularly carried on						0
	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
							945,423
	Total support. Add lines 7 through 10					12	940,423
12 (Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga	e instructions).	منافات مناف			12	
	organization, check this box and stop here .						
	,						
-	tion C. Computation of Public Sur		-				
	Public support percentage for 2021 (line 6, c		•	. , ,		14	70.23%
	Public support percentage from 2020 Schedu					15	72.73%
	33 1/3% support test—2021. If the organiza						r1
	and stop here. The organization qualifies as		•				▶ X
	33 1/3% support test—2020. If the organization						
I	box and stop here. The organization qualifie	s as a publicly sup	ported organizatio	n			Þ 🔄
	10%-facts-and-circumstances test—2021						
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts		•				. —
	organization						· · · · ►
	10%-facts-and-circumstances test—2020	-					
	15 is 10% or more, and if the organization mo in Part VI how the organization meets the fac						
	organization		•	•			
	č						🚩 🛄
	Private foundation. If the organization did r						
1	instructions						· · · · P

Schedule A (Form 990) 2021

-		of Science and A	rts of Oklahoma A	Alumni Associatio	on, Inc	73-136697	71 Page 3
Pa	rt III Support Schedule for Orga	nizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	d the box on li	ne 10 of Part I o	or if the organiz	zation failed to	qualify under Pa	art II.
	If the organization fails to qua						
Sec	tion A. Public Support				• • •		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	192,287	112,363	245,243	197,919	38,271	786,083
2	Gross receipts from admissions, merchandise	,	,		,		,
	sold or services performed, or facilities						
	furnished in any activity that is related to the					A	0
2	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
							0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						0
-						•	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
•		400.007	440.000	245 242	197,919	20.074	0
6	Total. Add lines 1 through 5	192,287	112,363	245,243	197,919	38,271	786,083
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			•			786,083
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	192,287	112,363	245,243	197,919	38,271	786,083
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	4					
	royalties, and income from similar sources	53,199	0	0	0	54,850	108,049
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	53,199	0	0	0	54,850	108,049
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	245,486	112,363	245,243	197,919	93,121	894,132
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sur	port Percenta	age				
15	Public support percentage for 2021 (line 8, c		-	f))		15	87.92%
16	Public support percentage from 2020 Schedu					16	85.20%
-	ction D. Computation of Investmen			<u></u>	<u></u>		
17	Investment income percentage for 2021 (line			olumn (f))		17	12.08%
18	Investment income percentage from 2020 So		-			18	14.80%
	33 1/3% support tests—2021. If the organiz					-	
	not more than 33 1/3%, check this box and s						> 🗙
b	33 1/3% support tests—2020. If the organiz				-		
	line 18 is not more than 33 1/3%, check this						🕨 🗌
20	Private foundation. If the organization did n						
			,, 5. 10	,			· · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
	res	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
46		
5a		
5b		
5c		
6		
-		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

Sched	ule A (Form 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc 73-13669	71	P	age 5
Part	V 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			
	A		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	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		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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			
		1		
Soot	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vee	No
			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		
2	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		
3	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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 University of Science and Arts of Oklahoma Alum			366971 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VII) Soo
instructions. All other Type III non-functionally integrated supporting organ	-		
Section A - Adjusted Net Income	II.Lati	(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	0	C
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	0	C
Section 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	(
e 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	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section 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		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting o	organization (see
instructions)			

instructions).

Schedule A (Form 990) 2021

University of Science and Arts of Oklahoma Alumni Association, Inc

Part	V Type III Non-Functionally Integrated 509(a)(3				5-1500971 Page 7
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			3 4	
5	Qualified set-aside amounts (prior IRS approval required	provide details in Part V)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7				7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
			(ii)		(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021				0
-	(reasonable cause required— <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016 0		-		
 b	From 2017 0				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e	0			
q	Applied to underdistributions of prior years	Ŭ		0	
¥	Applied to 2021 distributable amount			0	0
i	Carryover from 2016 not applied (see instructions)				
. <u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from				
-	Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
	Applied to 2021 distributable amount			-	0
c	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h			Ū	
•	and 4b from line 1. For result greater than zero, <i>explain</i>				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.	0			
8	Breakdown of line 7:	Ŭ			
a	Excess from 2017 0				
	Excess from 2018 0				
C					
d	Excess from 2020				
e	- /				
6					

Schedule A (Form 990) 2021

Schedule A (Fo	orm 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or		<u>-</u> <u>-</u>
	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,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	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,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	,	
	<u> </u>		
	• ()		
	······		

Schedule B (Form 990)					
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021			
Name of the organization		Employer identification number			
University of Science and Arts of Oklahoma Alumni Association, Inc 73-1366 Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
Note: Only a section 50 instructions.	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See			
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
regulations une 16b, and that r	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 d der sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), F eceived from any one contributor, during the year, total contributions of the greater mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	Part II, line 13, 16a, or r of (1) \$5,000; or			
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ring the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, chari cational purposes, or for the prevention of cruelty to children or animals. Complete n (b) instead of the contributor name and address), II, and III.	itable, scientific,			
contributor, du contributions to during the year General Rule	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ring the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but r baled more than \$1,000. If this box is checked, enter here the total contributions the for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the para applies to this organization because it received <i>nonexclusively</i> religious, charitable or more during the year	no such nat were received arts unless the e, etc., contributions			
Caution: An organizati must answer "No" on F	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sch Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on n't meet the filing requirements of Schedule B (Form 990).	edule B (Form 990), but it			

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

Schedule B (F	Form 990) (2021)		Page 2
Name of org	-	E	mployer identification number
	of Science and Arts of Oklahoma Alumni Association, Inc		73-1366971
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Lila Hoover c/o 1727 Alabama Chickasha OK 73018 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USAO Foundation c/o 1727 Alabama Chickasha OK 73018 Foreign State or Province: Foreign Country:	\$6,101	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
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

ame of orga	nization f Science and Arts of Oklahoma Alumni Association, Inc		Employer identification numbe 73-1366971
	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additiona	
(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
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Fo	orm 990) (2021)				Page 4	
Name of org University c	anization of Science and Arts of Oklahoma Alumni Ass	ociation, Inc		Employer identification r 73-1366971	number	
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any o completing Part r. (Enter this inf	one contributor. Comp III, enter the total of e. Formation once. See ins	plete columns (a) through (e) and exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held	
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relations		nship of transferor to transferee	ip of transferor to transferee		
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held	
	Transferee's name, address, and a		ransfer of gift Relation	nship of transferor to transferee		
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held	
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relation	lationship of transferor to transferee		
	For. Prov. Country		·			

SCHEDULE C (Form 990)						
(101111330)	For Organizations Exempt From Inco	me Tax Under sect	tion 501(c) and section 527	2021		
Department of the Treasury Internal Revenue Service	 Complete if the organization is describe Go to www.irs.gov/Form990 for 	d below. ► Atta	ch to Form 990 or Form 990-E	Z. Open to Public Inspection		
	ered "Yes," on Form 990, Part IV, line 3, or I					
 Section 501(c)(3) organ 	nizations: Complete Parts I-A and B. Do not cor	nplete Part I-C.				
 Section 501(c) (other the section 501 (c) (other the section 501 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	nan section 501(c)(3)) organizations: Complete	Parts I-A and C belo	w. Do not complete Part I-B.			
 Section 527 organization 	ons: Complete Part I-A only.					
If the organization answe	ered "Yes," on Form 990, Part IV, line 4, or I	orm 990-EZ, Part V	VI, line 47 (Lobbying Activities	s), then		
 Section 501(c)(3) organ 	nizations that have filed Form 5768 (election un	der section 501(h)):	Complete Part II-A. Do not comp	olete Part II-B.		
 Section 501(c)(3) organ 	nizations that have NOT filed Form 5768 (election	on under section 501	I(h)): Complete Part II-B. Do not	complete Part II-A.		
-	ered "Yes," on Form 990, Part IV, line 5 (Pro	xy Tax) (See separ	rate instructions) or Form 990	-EZ, Part V, line 35c		
(Proxy Tax) (See separat	e instructions), then					
	or (6) organizations: Complete Part III.					
Name of organization			Employer	identification number		
	d Arts of Oklahoma Alumni Association, Ind		(a) an is a costing 507 an	73-1366971		
	te if the organization is exempt und					
	on of the organization's direct and indirect p	political campaign a	activities in Part IV. See instru	ictions for		
•	al campaign activities."					
	activity expenditures. See instructions		· · · · · · · · · • • • • •			
	te if the organization is exempt und		(c)(3)			
	f any excise tax incurred by the organization					
	of any excise tax incurred by organization m					
	incurred a section 4955 tax, did it file Form		•	Yes No		
•	neurred a section 4955 tax, did it me form			Yes No		
b If "Yes," describe in		lar postion 501	(a) avaant coation 501/a)/2)		
	te if the organization is exempt und			<u>)(</u> 3).		
activities			· · · · · · · ▶ \$ <u>.</u>			
	of the filing organization's funds contributed	to other organizati				
3 Total exempt funct	on expenditures. Add lines 1 and 2. Enter l		· · ·			
line 17b			Þ \$	0		
•••	ization file Form 1120-POL for this year? .			Yes No		
	ddresses and employer identification numb					
	payments. For each organization listed, en cal contributions received that were promp					
	egated fund or a political action committee					
`						
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
			funds. If none, enter -0	promptly and directly		
				delivered to a separate political organization. If		
				none, enter -0		
(1)		ł				
(2)						
(3)						
(4)		•				
(5)						
(6)						
· /						

University of Science and Arts of Oklahoma Alumni Association, Inc Schedule C (Form 990) 2021

	- () -	-		Fage Z			
P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) and filed	l Form 5768 (elec	tion			
	Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ► if the filing organization checked box A and "limited control" provisions apply.						
В	Check ► if the filing organization ch	ecked box A and limited control provisions ap	ргу.				
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	A	0			
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)		0			
С	Total lobbying expenditures (add lines 1a an	d 1b)	0	0			
d	Other exempt purpose expenditures			0			
е	Total exempt purpose expenditures (add line	es 1c and 1d)	0	0			
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both					
-	columns.		0	0			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
_	Not over \$500,000	20% of the amount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
_	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
_	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	0	0			
h	Subtract line 1g from line 1a. If zero or less,	enter -0	0	0			
i	Subtract line 1f from line 1c. If zero or less, e	enter -0	0	0			
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 472	0 reporting				
	section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·	[Yes No			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a	Lobbying nontaxable amount	0	0	0	0	0			
b	Lobbying ceiling amount (150% of line 2a, column(e))					0			
с	Total lobbying expenditures	0	0	0	0	0			
d	Grassroots nontaxable amount	0	0	0	0	0			
е	Grassroots ceiling amount (150% of line 2d, column (e))					0			
f	Grassroots lobbying expenditures	0	0	0	0	0			
					Sche	dule C (Form 990) 2021			

Page 2

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	ule C (Form 990) 2021					Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 576		
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	ı)		(b)	
		Yes	No	Α	moun	t
1 a b c d e f g h i j 2a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Mailings to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Mailings to members? Other activities? Mailines 1c through 1i. Direct contact with legislators, their staffs, government officials, or any similar means? Mailines 1c through 1i. Direct contact with legislators, their staffs, government officials, or any similar means? Mailines 1c through 1i. Total. Add lines 1c through 1i. Mailines 1c through 1i. Mailines 1c through 1i. Mid the activities in line 1 cause the organization to be not described in section 501(o)(3)? Mailines 1c through 1i. Mid the activities in line 1 cause the organization to be not described in section 501(o)(3)? Mailines 1c through 1i.					0
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				_	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or s	ection		
	501(c)(6).				Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	?)(5),	or s	2 3 ection		3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а			2a			
b	Carryover from last year		2b			
C 2	Total		2c 3			0
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			0
Part			-			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	st); F	Part II-	A, lines	and	i

73-1366971

Part IV	Supplemental Information (continued)
	. ()
	O
	\mathbf{C}

SCHEDULE D (Form 990)		Suppler ► Complete if Part IV, line 6,	OMB No. 1545-0047 2021 Open to Public		
Department of the Treasury Internal Revenue Service Go to www.irs.go			Attach to Form 990. Form990 for instructions and the latest in	formation.	Inspection
Name	of the organization	-		Employer identificati	on number
Unive		nd Arts of Oklahoma Alumni A			-1366971
Part			dvised Funds or Other Similar Fur	nds or Accounts	6.
	Complete i	f the organization answere	d "Yes" on Form 990, Part IV, line 6.	Γ	
			(a) Donor advised funds	(b) Funds	and other accounts
1		end of year			
2 3		contributions to (during year)			
3 4		grants from (during year)			
5			or advisors in writing that the assets held in	donor advised	
•	-		the organization's exclusive legal control		. Yes No
6	-		s, and donor advisors in writing that grant f		
			efit of the donor or donor advisor, or for an	ny other purpose	
		missible private benefit?			. Yes No
Part		tion Easements.			
			d "Yes" on Form 990, Part IV, line 7.		
1			the organization (check all that apply).		
		of land for public use (for exampl			mportant land area
	Protection of	f natural habitat	Preservatio	on of a certified hist	oric structure
		n of open space			
2			n held a qualified conservation contributior	n in the form of a co	onservation
		last day of the tax year.			Id at the End of the Tax Year
a		conservation easements		<u>2a</u>	
b		stricted by conservation easem			
c d			ed historic structure included in (a) (c) acquired after 7/25/06, and not on a	<u>2c</u>	
u		listed in the National Register		2d	
3			ansferred, released, extinguished, or term		nization during
	the tax year 🕨			, ,	Ū
4	Number of states	where property subject to cor	servation easement is located		
5	-		arding the periodic monitoring, inspection,	-	
			easements it holds?		. Yes No
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting, handling of violations, and enforcing c	conservation easeme	nts during the year
-					L
7	Amount of expense	es incurred in monitoring, inspect	ng, handling of violations, and enforcing conse	ervation easements d	luring the year
8		ervation easement reported on	line 2(d) above satisfy the requirements o	f section $170(h)(4)(4)$	(B)(i)
					. Yes No
9			rts conservation easements in its revenue		
	balance sheet, a	nd include, if applicable, the te	xt of the footnote to the organization's final	ncial statements th	at describes the
		counting for conservation ease			
Pari			ons of Art, Historical Treasures, or	Other Similar A	Assets.
			d "Yes" on Form 990, Part IV, line 8.		
1a	5		ASB ASC 958, not to report in its revenue		
			r assets held for public exhibition, education of the second statements that do the second statements that do the second statements that do the second statement of the		
b			FASB ASC 958, to report in its revenue sta		
	-	-	r assets held for public exhibition, education		
		ovide the following amounts re	-	, e	
					\$
					\$
2			, historical treasures, or other similar asset		, provide the
	following amount	s required to be reported unde	r FASB ASC 958 relating to these items:	C C	
					\$
b	Assets included i	in Form 990, Part X....		• :	\$

	ule D (Form 990) 2021 University of Science and					73-136			Page 2
Part	III Organizations Maintaining Colle	ctions of Art, Histor	rical Trea	asures, or	<u>Other</u>	Similar Asset	s (contil	nued)	
3	Using the organization's acquisition, accessi	on, and other records, o	check any	of the followi	ing that	make significant	t use of it	s	
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan or	exchange pr	ogram				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow thev fu	urther the ora	anizatio	on's exempt purp	ose in Pa	art	
	XIII.	I I	,	5					
5	During the year, did the organization solicit of	or receive donations of a	art historio	cal treasures	or othe	er similar			
•	assets to be sold to raise funds rather than t						Υe	s	No
Part				,				<u> </u>	
i ait	Complete if the organization answe		990, Part	IV, line 9, c	or repo	orted an amoun	t on For	m	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-		ther as	sets not	Π.,		
	included on Form 990, Part X?				••••		Y€	÷S	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table	:			<u> </u>		
						,	Amount		
C	Beginning balance				10	-			0
d	Additions during the year				10				
e	Distributions during the year				10	-			
f	Ending balance								0
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escr	ow or custodi	al acco	ount liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	anation ha	as been provi	ded on	Part XIII			1
Part	V Endowment Funds.	•							
	Complete if the organization answe	ered "Yes" on Form 9	990, Part	IV, line 10.					
			or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0	0		0		0		0
b	Contributions	0	0		0		0		0
с	Net investment earnings, gains,		-						
	and losses	0	0		0		0		0
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0	0		0		0		0
2	Provide the estimated percentage of the cur	ent year end balance (line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Term endowment 🕨 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	on that are	held and ad	minister	red for the			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiz						3b		<u> </u>
4	Describe in Part XIII the intended uses of the		nent funds	S.					
Part									
	Complete if the organization answe	ered "Yes" on Form §	<u>990, Part</u>	IV, line 11a	a. See	Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost o	or other basis	• • •	Accumulated	(d) Bo	ook value	e
		(investment)	(0	other)		depreciation			
1a	Land	0		0					0
b	Buildings	0		0		0			0
С	Leasehold improvements	0		0		0			0
d	Equipment	0		0		0			0
е	Other	0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	column (E	B), line 10c.)		🕨			0

Complete if the organization answered "	Yes" on Form 990.	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ►	0	
Part VIII Investments—Program Related.		
	Yes" on 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
(1) Fidelity Investments	3,011,128	
(2)		
(3)		
(4)		
(5)		
(6)	*	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ►	3,011,128	
Part IX Other Assets.		
		Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	ption	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	no 15)	_
Part X Other Liabilities.	ne 15.)	· · · · · · · · · · · · · · · · · · ·
	Voc" on Form 000	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	165 011 0111 990,	
	ion of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.).	· · · · · · · · · · · · •
2. Liability for uncertain tax positions. In Part XIII. provide the tex		organization's financial statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Schedu	ule D (Form 990) 2021 University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Other losses		
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d		
e		2e	0
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	0
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
-	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. line 4: Part 2	X. line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,
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Schedule D (Form 990) 2021		University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971	Page 5
Part XIII	Supplem	ental Information (continued)		
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SCHEDULE I (Form 990) Department of the Treas Internal Revenue Service			OMB No. 1545-0047 2021 Open to Public Inspection					
Name of the organizatio							Employer identif	
University of Scier							73	3-1366971
			and Assistance		piotopoo the grantage	eligibility for the grants	ar applications and	
the selection	n criteria used to	award the grant	s or assistance? .	the use of grant funds				. Yes No
						ts. Complete if the or icated if additional spa		d "Yes" on Form
1 (a) Name and addr or gover		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		-			•••	0		
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		_						
(7)		_	い					
(8)		-						
(9)								
(10)								
(11)								
(12)		-						
			•					
				<u>e</u>			<u></u>	0
For Paperwork Re	auction Act Noti	ce, see the instru	ctions for Form 990	J.				Schedule I (Form 990) 2021

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

Page **2**

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1						1					
2											
3											
4					\bigcirc						
5				Ċ							
6					2						
7											
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.											
·											

SCHEDULE O	Supplemental Information to Form 990 or 99	0-EZ	OMB No. 1545-0047				
(Form 990)	orm 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.						
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection				
Name of the organization	, , , , , , , , , , , , , , , , , , ,	Employer ide	ntification number				
University of Science a	and Arts of Oklahoma Alumni Association, Inc	73-1366971					
Form 990, Part III, Lind	e 4a: Permantly restricted scholarship earnings are used to provide						
scholarships to USAO							
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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
University of Science and Arts of Oklahoma Alumni Association, Inc	73-1366971
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SCHEDULE R (Form 990)		 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 											OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service Attach to Form 990 Go to www.irs.gov/Form990 for instructions							nd the latest information. Open to Pub								
Name of the organization													ployer identification number		
University of Science and Arts of Oklahoma Alumni Association, Inc												73-13669	971		
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.															
(a) Name, address, and EIN (if applicable) of disregarded entity				(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) (e) otal income End-of-year		(e) of-year assets	ear assets Direct		(f) ct controlling entity		
(1)					-										
(2)					4										
(3)								\mathbf{O}							
(4)]	•									
(6)															
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.											ad				
	(a) Name, address, and EIN of related organization		(b) ry activity			(d) Exempt Code	section	ection Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 512(b)(13) controlled entity?			
(1)														Yes	No
(2)															
			0												
<u>(3)</u>															
<u>(4)</u>															
(5)															
(6)															
(7)															
						1									l

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