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DLN: 93493135089293

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

ntemal	Revenue S	Service	► The organization may have to use a copy	of this return to satis	fy state reporting	requirements	Inspection
\ Fo	rthe 2	2011 ca	endar year, or tax year beginning 07-01-2011	and ending 06-30-	2012		
<b>Che</b>	eck if ap	plicable	C Name of organization NORTHERN OKLAHOMA COLLEGE			D Employer i	dentification number
Add	lress cha	ange	FOUNDATION Doing Business As			73-07702 E Telephone	
Nar	ne chan	nge	Dolling Ditallication in			·	
Init	al returr	'n	Number and street (or P O box if mail is not delivere	d to street address) Roor	n/suite	(580) 628	s-6 2 3 7 its \$ 1,450,721
Ten	minated	i	1220 EAST GRAND			d dioss receip	1,430,721
Am	ended re	eturn	City or town, state or country, and ZIP + 4 TONKAWA, OK 74653	•			
App	lication	pending	TORRANA, OR PHOSS				
		Γ	F Name and address of principal officer			Is a group retu	
			SHERI SNYDER 1220 EAST GRAND		affilia	tes?	ΓYes Γ No
			TONKAWA,OK 74653		H(b) Are al	l affiliates inclu	uded?
		-*	Faces Francisco				st (see instructions)
		pt status	▼ 501(c)(3)	1947(a)(1) or   527	H(c) Grou	p exemption i	number ►
W	ebsite:	: <b>►</b> N/A					
<b>C</b> Form	n of orga	anızatıon	Corporation		<b>L</b> Year of fo	mation 1961	<b>M</b> State of legal domicile OK
Pa	rt I	Sumi	nary				
			scribe the organization's mission or most sign	nificant activities			
ų	<u> </u>	OPPOR	T OF NORTHERN OKLAHOMA COLLEGE				
ACUVILIES & GOVERNATION							
Į.	_					=^-	
5			s box   if the organization discontinued its			1	1
5			of voting members of the governing body (Part Of Independent voting members of the governing			. 4	
<u>S</u>			nber of individuals employed in calendar year			5	
			ber of volunteers (estimate if necessary) .			6	
ì			elated business revenue from Part VIII, colur			7a	
			ated business taxable income from Form 990			7b	
				.,	Prio	r Year	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)			1,908,748	753,014
9	9		n service revenue (Part VIII, line 2g)		, ,	0	
Revenue	10		ment income (Part VIII, column (A), lines 3, 4		97,660	146,800	
ď	11	Otheri	revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		91,348	75,204
	12		evenue—add lines 8 through 11 (must equal P		, line	2.007.756	0.75.010
	42					2,097,756 72,990	975,0 <b>1</b> 8 99,800
	13 14		and similar amounts paid (Part IX, column (A s paid to or for members (Part IX, column (A),			72,990	99,800
	15		s, other compensation, employee benefits (Pa				
8	13	5-10)	o, other compensation, employee benefits (i a			0	
Expenses	16a	Profess	sional fundraising fees (Part IX, column (A), lii	ne 11e)		9,934	14,316
ਡੌ	b	Total fur	draising expenses (Part IX, column (D), line 25) $\blacktriangleright 14,3$	16	_		
_	17	Other	expenses (Part IX, column (A), lines 11a-11d	i,11f-24e)		158,411	198,327
	18		xpenses Add lines 13–17 (must equal Part I		-	241,335	312,443
	19	Revenu	le less expenses Subtract line 18 from line 1	2		1,856,421	662,575
2 00 00 00 00 00 00 00 00 00 00 00 00 00						j of Current ear	End of Year
net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)		<u>'</u>	5,483,436	6,128,866
3 E	21		abilities (Part X, line 26)		.	1,250	0,120,300
Z E	22		sets or fund balances Subtract line 21 from I			5,482,186	6,128,866
Par	t II	Signa	ature Block		<b>_</b>		
nowl			rjury, I declare that I have examined this return, , it is true, correct, and complete. Declaration of				
		*****	*		21	)13-05-15	
Sign			ure of officer			ate	
lere			SNYDER EXECUTIVE DIRECTOR				
			or print name and title				
		Preparer's		Date	Check If		payer identification number
Paid		signature	ELLAN WRIGHT	2013-05-15	self- employed ▶	(see instructio	ins)
repa'	arer's		me (or yours COLE & REED PC	l	<u>'</u>	ETN &	
Jse (	Only	if self-em	and ZIP + 4 531 COUCH DR			EIN Þ	

OKLAHOMA CITY, OK 731022251

May the IRS discuss this return with the preparer shown above? (see instructions) .

Phone no 🕨 (405) 239-7961

Form	990 (2011)					Page <b>2</b>
Par		ment of Program Servic of Schedule O contains a respo				
1	Briefly descri	be the organization's mission				
SUP	PORT OF NORT	THERN OKLAHOMA COLLEGI	<u> </u>			
2		zation undertake any significa 990 or 990-EZ?		ervices during the year w		Yes ✓ No
	If "Yes," desci	ribe these new services on Sch	nedule O		·	•
3	services? .	zation cease conducting, or m		-		Yes V No
	If "Yes," desci	ribe these changes on Schedul	e O			
4	expenses Sec	organization's program service ction 501(c)(3) and 501(c)(4) ocations to others, the total ex	organization:	s and section 4947(a)(1	) trusts are required to report	•
	(Code	) (Expenses \$	99,800	including grants of \$	99,800 ) (Revenue \$	ì
	•	, LOANS, AND OTHER FINANCIAL SUP	•	,	, , ,	, 
4b	(Code	) (Expenses \$	79,158	including grants of \$	) (Revenue \$	)
	FINANCIAL SUPI OF FACILITIES (	PORT FOR VARIOUS ATHLETIC PROGE ON CAMPUS	RAMS AT NORTH	ERN OKLAHOMA COLLEGE, INC	CLUDING FUNDS USED FOR RECRU	ITING AND FOR MAINTENANCE
4c	(Code	) (Expenses \$	83,486	including grants of \$	) (Revenue \$	)
	SUPPORT FOR V	ARIOUS OTHER PROGRAMS AT NORT	HERN OKLAHON	MA COLLEGE, SUCH AS MUSIC,	LANGUAGE ARTS, SOCIAL SCIENCE	, ETC

including grants of \$

4d

(Expenses \$

Other program services (Describe in Schedule O )

Total program service expenses►\$

) (Revenue \$

Dart TV	Chack	lict of	Require	d Scha	dulac
2:14 <b>4</b> 1/4	спеск	IIST OF	Require	a scne	aures

			V	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	<b>Yes</b> Yes	No
2	complete Schedule $A^{\otimes d}$	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νο
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🔁	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νo
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		Νo
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? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
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		No
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20Ь		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part $I$	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b>   0	-		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	٠. ا		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Weekle and the second of the s	<u> </u>		B.I
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		INU
c	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	6a		Νo
	organization solicit any contributions that were not tax deductible?			
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	7a		Νo
	services provided to the payor?	<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
e	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
h	required?	7g		Νo
•	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
4.7	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
a	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . .

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
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		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8Ь	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
ь	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	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
Ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
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?			
	The organization's CEO, Executive Director, or top management official	15a		Νo
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
ь	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		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶OK			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 ANITA SIMPSON TREASURER 1220 E GRAND AVE

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax vear

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

ightharpoonup Check this box if neither the organization	ation nor any rei	ated or	Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee							
(A) Name and Title A verage hours per week (describe hours			on (d e than s per offic ector,	n one son er a	e box is bo nd a stee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) REGENT LYNN SMITH TRUSTEE	1 00	Х						0	0	0
(2) KAYE MCCARTY TRUSTEE	1 00	х						0	0	0
(3) JIM RODGERS TRUSTEE	1 00	х						0	0	0
(4) MARK DETTEN PAST CHAIRMA	1 00	Х		Х				0	0	0
(5) MIKE LOFTIS TRUSTEE	1 00	Х						0	0	0
(6) MAC BRADLEY TRUSTEE	1 00	х						0	0	0
(7) JOHN LITTLE TRUSTEE	1 00	х						0	0	0
(8) GARY MARTIN TRUSTEE	1 00	Х						0	0	0
(9) JOHN MARTIN CHAIRMAN	1 00	х		Х				0	0	0
(10) RICK TOZZI VICE CHAIRMA	1 00	х		х				0	0	0
(11) SENATOR PAUL MUEGGE TRUSTEE	1 00	х						0	0	0
(12) SHERI SNYDER EXECUTIVE DI	1 00	х		Х				0	0	0
(13) JUDY COLWELL EX-OFFICIO	1 00	х						0	0	0
(14) DEBBIE QUIREY EX-OFFICIO	1 00	х						0	0	0
(15) ANITA SIMPSON TREASURER	1 00	х		х				0	0	0
(16) RACHEL LOVE ASST TO TREA	1 00	х						0	0	0
(17) KERRY GRAY INST SCHOLA	1 00	х						0	0	0
	•									Form <b>990</b> (2011)

\$100,000 of compensation from the organization 🕨

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	ox, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount of compen from organizat relat	ated If other sation the ion and
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗСУ	organiza	
	EDWIN VINEYARD FFICIO	1 00	х						0	0		C
(19) TRUS	KIRBY TICKEL TEE	1 00	х						0	0		C
(20)	DR CHERYL EVANS E EXEC	1 00	х		Х				0	0		C
(21)	MISTY FAITH ETARY	1 00	х		х				0	0		C
(22)	REGENT LINDA BROWN	1 00	x				$\dagger$		0	0		C
	TEE DR RICK EDGINGTON =FICIO	1 00	х						0	0		C
1b	Sub-Total				<u> </u>	٠.		<u>▶</u>				
С	Total from continuation sheets							<b>P</b>				
d	Total (add lines 1b and 1c) .							<b>P</b>				
2	Total number of individuals (incl \$100,000 of reportable compen	_				ted	above	) who	received more tha	n		
3	Did the organization list any <b>fon</b>	<b>mer</b> officer, direc	tor or t	ruste	e, k	ev e	mploy	ee. c	or highest compens	ated employee	Yes	No
	on line 1a? If "Yes," complete Sci										3	No
4	For any individual listed on line : organization and related organiz											
	ındıvıdual			•	•	•		•			4	No
5	Did any person listed on line 1a services rendered to the organiz										5	No
	allan B. Fadananda et C	L									•	
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio										
	<u> </u>	(A) me and business add	dress						Descr	(B) uption of services	(C Compe	
	1101									,		
	Total number of Independent cont	ractors (includir	ng but n	ot lın	nited	l to	those	liste	d above) who receiv	ed more than	1	

		Statement of Revenue									
Faite		Statement	i Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
\$ \$	1a	Federated cam	paigns 1a								
亞克	ь	Membership du	ies <b>1b</b>								
ಪ್	c	Fundraising eve	ents <b>1c</b>								
Ě	d	Related organiz	zations 1d								
ઈ.≣	e	Government grant	s (contributions) <b>1e</b>								
5 8	f	All other contribute	ons, gifts, grants, and <b>1f</b>	753,014	i			 			
돌		sımılar amounts no	ot included above ibutions included in								
<u>₹</u> 5	g	lines 1a-1f \$ _									
Contributions, gifts, grants and other similar amounts	h		s 1 <b>a</b> -1f	▶	753,014						
				Business Code							
Program Service Revenue	2a			Business code							
9. 8.	ь										
<u>a</u>	, c										
Ş	ď										
Ŧ											
Ē	e	6 II - + b									
Ş	f	All other progra	am service revenue								
<u>*</u>	g	Total. Add lines	s 2a – 2f								
	3	Investment inc	ome (including dividen	ds, interest							
			aramounts)	F	143,730			143,730			
	4		stment of tax-exempt bond								
	5	Royalties									
	_	_	(ı) Real	(II) Personal							
	6a	Gross rents Less rental									
	Ь	expenses									
	C	Rental income or (loss)									
	d		me or (loss)								
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of	478,773								
		assets other than inventory									
	ь	Less cost or	475,703								
		other basis and sales expenses									
	c	Gain or (loss)	3,070								
	d	Net gain or (los	ss)		3,070			3,070			
Other Revenue	8a	events (not inc \$ of contributions	s reported on line 1c)								
æ		See Part IV, lir	ne 18								
<u>a</u>	L	Laga d !	a								
둙	b		penses <b>b</b>   (loss) from fundraising	events - 🕨							
-	9a		rom gaming activities								
		See Part IV, lir	ne 19 <b>a</b>								
	b c		penses <b>b</b>   (loss) from gaming acti <sup>r</sup>	uties <b>b</b> -							
	1	Gross sales of returns and allo	inventory, less owances .	vides							
	b c		a oods sold b (loss) from sales of inve	entory ►							
		Miscellaneous		Business Code							
	11a	MISCELLANEC	ous	900099	75,204			75,204			
	ь										
	c										
	d	All other reven	ue								
	e	Total. Add lines	s 11a-11d		75,204						
	12	Total revenue.	See Instructions	🕨	975,018			222,004			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

ot include amounts reported on lines 6h	(4)	(B)	(C)	(D)
heck if Schedule O contains a response to any question in this Part IX				
Il other organizations must complete column (A) but are not required to co	mplete columns	s (B), (C), and (	D)	

CI	heck if Schedule O contains a response to any question in this Part IX	<del></del>		]	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	99,800	99,800		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
ь	Legal				
c	Accounting	9,000		9,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	14,316			14,316
f	Investment management fees				
g	Other	14,897		14,897	
12	Advertising and promotion	·		·	
13	Office expenses				
14	Information technology				
15	Royalties				-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,620	10,620		
23	Insurance	705		705	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds $10\%$ of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	ATHLETICS	79,158	79,158		
b	SCIENCE DEPARTMENTS	72,866	72,866		
c	BANK FEES	10,794		10,794	
d	POSTAGE & SHIPPING	287		287	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	312,443	262,444	35,683	14,316
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Fo	orm <b>990</b> (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			126,686	1	139,633
	2	Savings and temporary cash investments			567,477	2	247,311
	3	Pledges and grants receivable, net			704,500	3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		<b>1</b> 958(f)(1)) and			
ဟ		Schedule L				6	
Assets	7	Notes and loans receivable, net			15,724	7	29,890
SS	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges	. •			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	106,203			
	b	Less accumulated depreciation	10b	64,989	· .		41,214
	11	Investments—publicly traded securities $\dots$			4,017,215	11	5,670,818
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			5,483,436	16	6,128,866
	17	Accounts payable and accrued expenses .	1,250	17			
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
o.	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
qej		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties $ \mbox{.}$				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part D				25	
	26	Total liabilities. Add lines 17 through 25			1,250	26	0
- s +		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	ete lin	es 27			
Balance	27	Unrestricted net assets			757,430	27	1,086,597
- ES	28	Temporarily restricted net assets		1,567,972	28	1,708,167	
Ē	29	Permanently restricted net assets			3,156,784	29	3,334,102
Fund		Organizations that do not follow SFAS 117, check here ► □ and	comp	lete			
or F		lines 30 through 34.	•				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fun	ds			32	
Net	33	Total net assets or fund balances			5,482,186	33	6,128,866
2	34	Total liabilities and net assets/fund balances			5,483,436	34	6,128,866

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		c	75,018
2	Total expenses (must equal Part IX, column (A), line 25)	2			312,443
3	Revenue less expenses Subtract line 2 from line 1	3		6	62,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,4	82,186
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-15,895
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,1	128,866
Pai	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990  Cash  Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		Νo
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	За		Nο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

# SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

## **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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

NORTHERN OKLAHOMA COLLEGE **FOUNDATION** Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box)A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other **b** Type II □ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Cat No 11285F

Provide the following information about the supported organization(s)

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	o gameador.	and to quanty o		iotou baiori, pi		p.a.a.	
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	254,05	5 152,017	579,812	1,908,748		753,014	3,647,646
2	organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	254,055	5 152,017	579,812	1,908,748		753,014	3,647,646
•	by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column	ו						252,224
6	(f) <b>Public Support.</b> Subtract line 5 from line 4	1						3,395,422
S	ection B. Total Support	•	•		•		<u> </u>	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	011	(f) Total
7	Amounts from line 4	254,055	152,017	579,812	1,908,748		753,014	3,647,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,328	29,987	23,767	97,421		143,730	331,233
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	58,254	64,680	77,218	91,588		75,204	366,944
11	Total support (Add lines 7 through 10)							4,345,823
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or fi	ifth tax year as a	501(c)(3	3) organiz	ration,
S	ection C. Computation of Pul	olic Support P	ercentage					
14	Public Support Percentage for 201	1 (line 6 column (	f) divided by line	11 column (f))		14		78 130 %
15	Public Support Percentage for 201	0 Schedule A , Pa	t II, line 14			15		83 740 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, check t	his box
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meanization meanization meanization.	n qualifies as a pu — <b>2011.</b> If the orga tion meets the "fa	iblicly supported anization did not o acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16t ck this box and <b>st</b>	and line	e 14 Explain	<b>►</b> □
	10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization	nization meets the tion meets the "fa	e "facts and circu acts and circums	mstances" test, o tances" test The	theck this box and organization qual	d <b>stop he</b> lifies as a	e <b>re.</b> a publicly	•
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	. 16a, 16b, 17a oi	17b, check this	box and	see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ⊣n ì Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16

Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not **₽** 

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135089293

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Interna		Form 990. ► See separate instructions.			Inspec	tion
	me of the organization		Employe	r ident if icat	ion numb	er
	RTHERN OKLAHOMA COLLEGE UNDATION		73-0770	1227		
Pa	art I Organizations Maintaining Donor A				Comple	te if the
	organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·				
	Tabal www.hanahanahanalafwaan	(a) Donor advised funds	(b) ⊦	unds and ot	ner accou	ints
1 2	Total number at end of year  Aggregate contributions to (during year)					
3	Aggregate contributions to (during year)  Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised		┌ Yes	✓ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	d donor advisors in writing that grant funds		pose	┌ Yes	√ No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 99	0, Part IV,	line 7.	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	ition or pleasure)	certified his	toric structi rvation	ure	
				leld at the E	nd of the	Year
a	Total number of conservation easements	L_	2a			
b	Total acreage restricted by conservation easement  Number of conservation easements on a certified hi		2b			
c d	Number of conservation easements and a certified in Number of conservation easements included in (c)	. ,	2c 2d			
	• •	· · · · · · · · · · · · · · · · · · ·				
3	Number of conservation easements modified, transfithe taxable year -	rerred, released, extinguished, or terminate	ed by the org	janization o	uring	
4	Number of states where property subject to conserv	vation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of viola	ations, and	┌ Yes	√ No
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easem	nents during	the year 🛌		
7	Amount of expenses incurred in monitoring, inspect  \$\blue{1}\$ \tag{1.5cm}\$	ting, and enforcing conservation easements	s during the	year		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	√ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of	f the footnote to the organization's financial				
Pai	the organization's accounting for conservation ease  tt III Organizations Maintaining Collecti  Complete if the organization answered	ons of Art, Historical Treasures,	or Other	Similar A	ssets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue statement of for public exhibition, education or research	ch in further			e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA		or financial (	jain, provide	e the	
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tre</u>	asur	es, or (	)the	<u>r Simila</u>	ır Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)				owing th	at are	a signific	ant u				
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
Ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	y further	the or	ganızatıo	n's ex	empt pur	pose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than it								ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organız	ation			es" to Fo	orm 99	0,	·
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for c	ontributi	ions oi	r other as	sets r	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI $$	/ and complete the	follow	ing ta	able							
										Amo	unt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 2 <b>1</b> ?							Γ	Yes	<b>▼ N</b> o
b	If "Yes," explain the arrangement in Part XIV	·										
Pai	rt V Endowment Funds. Complete											
4-	Danimum of constitution	(a)Current Year	(b	Prior `		(c)⊤w	o Years Bad	_	)Three Year	rs Back (	e)Four Y	rears Back
1a 	Beginning of year balance	3,680,027			,515,288 ,546,153		969,9	_				
b	Contributions	481,813		1				_				
C	Investment earnings or losses	83,877			57,645		8,1	.19				
d	Grants or scholarships				353,089		127,	99				
e	Other expenditures for facilities and programs				333,009		127,	,50				
f	Administrative expenses	28,200			20,099		11,4	100				
g	End of year balance	4,217,517		3	,680,027		1,515,	88				
2	Provide the estimated percentage of the year	r end balance held a	35									
– a	Board designated or quasi-endowment	6 800 %										
b	Permanent endowment > 79 100 %											
	remailent endowment F											
c 3a	Term endowment ► 14 100 %  Are there endowment funds not in the posse	ssion of the organiza	ation 1	hat a	are held:	and ac	ministera	d for	the			
	organization by	strong of the organize						VI			Yes	No
	(i) unrelated organizations									. 3a(i)		No
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio							٠		3b	1	No
4	Describe in Part XIV the intended uses of th					<u> </u>						
ĿέΤ	t VI Land, Buildings, and Equipme	ent. See Form 99	u, Pa						T			
	Description of property				i) Cost or e sis (invest		(b)Cost o basis (of			imulated ciation	(d) E	ook value
									1			
1a	Land		•									
	Land											
Ь			•									
b c d	Buildings	· · · · · · · · · · · · · · · · · · ·					10	06,203		64,989	9	41,214
b c d	Buildings								•	64,989	9	41,214

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Method o	
(including name of security)	(B)Book value	Cost or end-of-ye	ar market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
		(c) Method o	f valuation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr	ne 15.		
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	•		
1 (a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	975,018
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	312,443
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	662,575
4	Net unrealized gains (losses) on investments	4	-15,895
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-15,895
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	646,680
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	959,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-15,895
3	Subtract line <b>2e</b> from line <b>1</b>	3	975,018
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	975,018
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	312,443
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	312,443
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	312,443
Pa	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV , lines	1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		MANAGEMENT EVALUATED THE FOUNDATIONS TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL STATE OR LOCAL TAX AUTHORITIES BEFORE 2008

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493135089293

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number NORTHERN OKLAHOMA COLLEGE 73-0770227 FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) (1) NORTHERN 73-6017987 GOV 99,800 CASH SCHOLARSHIPS OKLAHOMA COLLEGE 1220 EAST GRAND TONKAWA, OK 74653 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

Use Schedule I-1 (Form 99	Use Schedule I-1 (Form 990) if additional space is needed.								
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

DLN: 93493135089293

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization NORTHERN OKLAHOMA COLLEGE FOUNDATION **Employer identification number** 

73-0770227

Pa	Ttl Types of Pro	perty							
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d contribution	etermii	_	
1	Art-Works of art				- 3				
	Art—Historical treasure								
	Art—Fractional interest								
4	Books and publications								
	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly tra		Χ	1	305,640	FM∨			
10	Securities—Closely hel	d stock .							
11	Securities—Partnership or trust interests								
12	Securities—Miscellaned	ous							
13	Qualified conservation contribution—Historic structures	_							
14	Qualified conservation								
	contribution—Other .								
15	Real estate—Residentia	al .	Х	1	33,500	FM∨			
16	Real estate—Commerci	al							
17	Real estate—Other .								
18	Collectibles								
19	Food inventory								
	Drugs and medical supp								
21	Taxidermy								
	Historical artifacts .								
	Scientific specimens								
	Archeological artifacts								
	O ther ► (								
	O ther ►()								
	Other ►()								
	O ther ▶ (	)				<u> </u>			
29				anization during the tax yea 3283, Part IV, Donee Ackn		29		<b>v</b> l	
302	During the year did the	e ordaniza	tion receive	e by contribution any prope	erty reported in Part I, lines	1-28 that it		Yes	No
500		-			on, and which is not required				
		•		eriod?	·	a to be used			No
							30a		140
31	If "Yes," describe the a  Does the organization	_			review of any non-standard	contributions?	31		Νo
					to solicit, process, or sell i			i	
JZđ	contributions?		· · ·	· · · · · · ·	· · · · · · · · · ·		32a		No
b	If "Yes," describe in Pa	art II							
33	<del>-</del>	not report	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II								

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493135089293

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization NORTHERN OKLAHOMA COLLEGE	Employer identification number	
FOUNDATION	73-0770227	

ldentifier	Return Reference	Explanation	
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	AVAILABLE UPON REQUEST	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST	