

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	lendar year, or tax year beginning	g 07-01-2014 ,and ending 06-30-20	15			
B Ch	eck⊣fa	applicable	C Name of organization Northern Oklahoma College Founda	tion		D Emplo	yer iden	tification number
┌ Add	lress o	hange	Northern Oklahoma College Founda	non		73-07	70227	•
┌ Na	me cha	ange	Doing business as			-		
┌ Init	ial reti	urn						
Fin			Number and street (or P O box if m	nail is not delivered to street address) Room/	suite	E Telepho	ne numb	oer
		rminated	1220 East Grand					
┌ Am	ended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code		-		
Г Арі	olicatio	n pending	Tonkawa, OK 74653			<b>G</b> Gross re	eceipts \$	1,114,399
			F Name and address of prin	ocinal officer	H(=) 1.	<b></b>		E
			Traine and address of pin	icipal office.		this a group bordinates?	return	Tor
						e all subordi	nates	ΓYes <b>Γ</b> Nο
——— т Та	x-exe	mpt status	<u> </u>	insert no ) 4947(a)(1) or 527	_	luded? 'No " attach	a list i	(see instructions)
				1517(15) 1517(15)(15) 1517	-  '''	no, arraen	u iibe i	(See Mistractions)
J W	ebsit	e:► N/#	A		H(c) Gr	oup exempt	ion nun	nber 🟲
K Forr	n of o	rganization	n 🔽 Corporation 🦵 Trust 🦵 Associatio	n	<b>L</b> Year of	formation 19	61 <b>M</b>	State of legal domicile Ok
Pa	rt I	Sum	nmary					
	1	Briefly d	describe the organization's mission	on or most significant activities				
		Support	of Northern Oklahoma College					
క్ర								
Ē								
ē	2	Check th	:his box 🕶 if the organization di	scontinued its operations or disposed	d of more than	n 25% of its	net as:	sets
Governance			, -					
ać .	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	22
<u> </u>	4	Number	of independent voting members	of the governing body (Part VI, line 1	b)		4	22
Activities &	5	Total nu	ımber of ındıvıduals employed ın	calendar year 2014 (Part V, line 2a)			5	0
支	6	Total nu	ımber of volunteers (estimate if n	ecessary)			6	
•	7a	Total un	irelated business revenue from P	art VIII, column (C), line 12			7a	0
	Ь	Net unre	elated business taxable income f	rom Form 990-T, line 34	<u></u>		7b	
					P	rior Year		Current Year
-	8	Contr	ibutions and grants (Part VIII, li	ne 1 h)		468,4	193	712,255
Ravenue	9	Progra	am service revenue (Part VIII, li	ne 2g)				0
9.6	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					181,066		184,321
<b>—</b>	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		182,5	86	217,823
	12			(must equal Part VIII, column (A), I	ine	832,1	145	1,114,399
	13			IX, column (A), lines 1-3 )		143,4		209,577
	14			X, column (A), line 4)		113,	100	0
	15		·	ee benefits (Part IX, column (A), lines				
8	15	5-10		te believes (Fart IX, column (A), inter	'			0
Бхрепзев	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)		18,7	736	10,171
9	Ь	Total fu	undraising expenses (Part IX, column (D	), line 25) <b>1</b> 0,171				
Ш						274.0	100	456.400
	17 18			lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)		274,9 437,0	-	456,498 676,246
	19			18 from line 12		395,1		438,153
<u></u>	13	Reven	Tue less expenses Subtract line	16 Holli lille 12		ing of Curre		436,133
Not Assets or Fund Balances					peginn	Year	"	End of Year
oss e	20	Total	assets (Part X, line 16)			8,214,1	L17	8,494,086
₹ <u>₽</u>	21	Total	liabilities (Part X, line 26)					143,272
žĒ	22	Netas	ssets or fund balances Subtract	line 21 from line 20		8,214,1	L17	8,350,814
Pai	t II	Sign	nature Block					
my k	nowle	dge and		amined this return, including accomp aplete Declaration of preparer (other				
		ar uny K						
		****				2016-05-16		
Sign		Signa	nature of officer			Date		
Her	2		ri Snyder Executive Director					
		<u> </u>	e or print name and title	I Donney de	D-1		D	
			Print/Type preparer's name James D Hinkle CPA	Preparer's signature James D Hinkle CPA		heck if elf-employed	PTIN P00532	558
Paid			Firm's name FINKLE & COMPANY P	<del>.</del> с		irm's EIN 🟲	<u> </u>	
Pre	-		Firm's address ► 5028 East 101st St		_	hone no 7010	יכ יפע)	នន
Use	On	ıly  ˈ			[ ]	hone no (918	, 4 <del>3</del> 2-33	00
		1	Tulsa, OK 74137					

Form	Support for various other programs at Northern Oklahoma College, such as music, language arts, social science, etc  (Code ) (Expenses \$ 209,577 including grants of \$ ) (Revenue \$ Scholarships, loans, and other financial support awarded to students of Northern Oklahoma College  (Code ) (Expenses \$ 121,597 including grants of \$ ) (Revenue \$ Financial support for various athletic programs at Northern Oklahoma College, including funds used for recruiting and for maintenance of financial support services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$		Page <b>2</b>			
Par	t III				III	
1	Brief	y describe the organization's mis	sion			
Supp	ort of N	Iorthern Oklahoma College				
2	Did th	e organization undertake any sig ior Form 990 or 990-EZ?	nıfıcant program s	ervices during the yea	r which were not listed on	Γ Yes <b>Γ</b> No
	If "Ye	s," describe these new services	on Schedule O			
3					onducts, any program	⊤Yes ▼ No
	If "Ye	s," describe these changes on So	hedule O			
4	exper	ses Section 501(c)(3) and 501(	(c)(4) organization	s are required to repo		
4a	(Code	) (Expenses \$	226,733	including grants of \$	) (Revenue \$	)
	Suppo	ort for various other programs at Norther	n Oklahoma College, s	such as music, language ar	ts, social science, etc	
4b	(Code	e ) (Expenses \$	209,577	including grants of \$	) (Revenue \$	)
	Schol	arships, loans, and other financial suppor	t awarded to students	of Northern Oklahoma Col	lege	
4c	(Code	e ) (Expenses \$	121,597	including grants of \$	) (Revenue \$	)
	Finan	cial support for various athletic programs	at Northern Oklahoma	a College, including funds ι	ised for recruiting and for maintenance	of facilities on campus
4d	Othe	er program services (Describe in	Schedule O )			
	(Exp	enses \$	including grants o	of\$	) (Revenue \$	)
4e	Tota	l program service expenses ►	557,907	7		
						Form <b>990</b> (2014)

Chec	klict of	Dennired	Schedules
~ ~ ~ ~ ~ ~	NIISE VI	IV-UUII	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $rac{v}{2}$	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		N o
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 "Yes," complete Schedule C, Part II</i>	4		N o
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		No
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		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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Νo
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	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 $\chi^{\bullet}$	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 and XII	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 and XII 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		Νο
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Νo
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		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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Νo
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$	31		Νo
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		Νo
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		Νo
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		Νo
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V			.୮
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 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?	1 <sub>c</sub>		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			NO
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Νo
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3Ь		Νo
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		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
c	IT TES, to fine 3a of 3D, did the organization me rorm 6665-17	5c		
	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		Νo
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).			
	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		No
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
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 required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
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		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		No
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	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 or note to any line in this Part VI	.v

Se	ction A. Governing Body and Management										
					Yes	No					
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	22								
	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 in Schedule O										
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 bus 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? .										
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		Νo					
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		Νo					
6	Did the organization have members or stockholders?			6		Νo					
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No					
Ь	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	∣by)ı	members, stockholders,	7b		Νo					
8											
a	The governing body?			8a	Yes						
Ь	<b>b</b> Each committee with authority to act on behalf of the governing body?										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		Νo					
Se	ction B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ie Cod	e.)					
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo					
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization ${\bf r}$			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90								
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 annuall rise to conflicts?	ly inte	rests that could give	12b		No					
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c		Νo					
13	Did the organization have a written whistleblower policy?			13		Νo					
14	Did the organization have a written document retention and destruction policy? .			14		No					
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th										
а	The organization's CEO, Executive Director, or top management official			15a		Νo					
Ь	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots \ldots$			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 of taxable entity during the year?	orsım	llar arrangement with a	16a		Νo					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b							

## Section C. Disclosure

- 17 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
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 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 during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►Sherri Snyder
    - 1220 E Grand Ave
  - Tonkawa, OK 74653 (580) 628-6237

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	(C) esition (do not check e than one box, unless eson is both an officer d a director/trustee)					( <b>D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Shern Snyder  Executive Dir	1 00	Х		х				o	0	0
(2) Jeff Cowan	1 00	х		×				0	0	0
(3) Linda Brown Regent	1 00	Х						0	0	0
(4) Tom Dugger  Regent	1 00	Х						0	0	0
(5) Keith James 	1 00	Х						o	0	0
(6) Lynn Smith	1 00	Х						0	0	0

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, and	heck unless officer stee)	ı	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•	•
c	Total from continuation sheets to Part VII, Section A	<b>-</b>	
d	Total (add lines 1b and 1c)	•	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	Individual	4		Νo	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for				•
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization №0

Part V		Chack if Schodula O contains a rest	anca or note to any lu	on in this Bart VIII			_
	12	Check if Schedule O contains a response of the c	la	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats mts	1a						
ons, Giffs, Grants Similar Amounts	ь	·	шь				
s, G Am	c	Fundraising events	1c				
Sife Iar	d	Related organizations	Ld				
imi	e	Government grants (contributions)	le				
Contributions, Giffs, Grants and Other Similar Amounts	f	similar amounts not included above	1f 712,255				
Contril and O1	g h	Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f		712,255			
C			Business Code	_			
Program Service Revenue	2a		Busiliess Code				
e ve	ь						
H ec	С						
er vi	d						
30	e						
୍ୟାଷ୍ଟ	f	All other program service revenue					
<u>ک</u>	a	Total. Add lines 2a-2f		0			
	3	Investment income (including divide	ends, interest,				404.00
	_	and other similar amounts)	🟲	184,321			184,321
	4 5	Income from investment of tax-exempt bor	· · · · · · · · · · · · · · · · · · ·	0			
	5	Royalties	(II) Personal	9			
	6a	Gross rents (7) Near	(ii) i cissiidi				
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)		О			
		(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18	1.				
er B			a				
턩	b c	Less direct expenses Net income or (loss) from fundraisin	a events b-	0			
		Gross income from gaming activitie See Part IV, line 19	s				
	b	Less direct expenses	a b				
		Net income or (loss) from gaming as Gross sales of inventory, less returns and allowances	tivities	0			
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of ii		0			
	11-	Miscellaneous Revenue	Business Code 900099	217,823	217,823		
	11a b	Miscellaneous	900099	217,823	217,823		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨	217,823			
	12	<b>Total revenue.</b> See Instructions .		1,114,399	217,823		184,321

# Part IX Statement of Functional Expenses

section 501(c)(3) and	l 501(c)(4) organizations	must complete all columns	All other organizations m	iust complete column (A )
-----------------------	---------------------------	---------------------------	---------------------------	---------------------------

	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	209,577	209,577		
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			
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			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	8,500		8,500	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	10,171			10,171
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	61,510		61,510	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,058		19,058	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Other Departments	348,330	348,330		
b	Bank Fees	17,616		17,616	
c	Admin	1,484		1,484	
d					
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	676,246	557,907	108,168	10,171
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this F	art X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		150,799	1	281,507
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		20	4	0
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part II Schedule L	of		5	0
ts	6	Loans and other receivables from other disqualified persons (as def $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contraind sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) Complete Part II of Schedule L	ibuting employers		6	0
Assets	_	Notes and large processes and		2.748	7	6,699
AS	7 8	Notes and loans receivable, net		2,140	8	0,099
	9	Inventories for sale or use			9	0
	10a	Prepaid expenses and deferred charges	 Da 148,393	3	3	
	Ь		<b>Ob</b> 105,288	-l	100	43,105
	11	Investments—publicly traded securities	<u> </u>	8.040.577	11	8.162.775
	12	Investments—other securities See Part IV, line 11		0,040,077	12	0,102,773
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,214,117	16	8,494,086
	17	Accounts payable and accrued expenses		0,214,117	17	143,272
	18	Grants payable			18	140,272
	19				19	
	20	Deferred revenue			20	
	21				21	
es es		Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, to key employees, highest compensated employees, and disqualified				
<u>. a</u>		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X (	hird parties,		24	
		D	, selledule		25	
	26	Total liabilities. Add lines 17 through 25		0	26	143,272
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ ar lines 27 through 29, and lines 33 and 34.				
ant	27	Unrestricted net assets		1,253,711	27	1,069,767
မ် လ	28	Temporarily restricted net assets		3,416,304	28	3,736,945
<u>-</u>	29	Permanently restricted net assets		3,544,102	29	3,544,102
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here a complete lines 30 through 34.	+ ┌─ and			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
A S	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		8,214,117	33	8,350,814
Ψ .						

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,:	114,399
2	Total expenses (must equal Part IX, column (A), line 25)	2		(	676,246
3	Revenue less expenses Subtract line 2 from line 1	3			438,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			301,456
6	Donated services and use of facilities	6			,,,,,,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,3	350,814
Par	t XIII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$				
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137025596

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-004

Open to Public Inspection

		ne organization					Employer ident if ica	ation number		
Northe	em Okla	ahoma College Foundation					73-0770227			
Da	rt I	Peason for Dubli	ic Charity S	<b>Status</b> (All organiza	itions must co	mnlete this n		nnc		
		zation is not a private fo		` -			•	71131		
1		A church, convention		·		=	·			
2	Ė	A school described in					7(-7(-7(-7			
3	<u></u>	A hospital or a cooper	_			tion 170(h)(1)	(A)(iii)			
4	Ë	A medical research or						i) Enter the		
7	'	hospital's name, city,	-	erated in conjunction v	with a nospital c	escribed in sec		y. Litter the		
5	<b>7</b>									
		section 170(b)(1)(A)	(iv). (Complet	e Part II)						
6	Г	A federal, state, or loc		•	described in <b>s</b> e	ection 170(b)(1	)(A)(v).			
7	Ē	An organization that n	_	_				ieneral public		
	,	described in section 1	•	· ·	• •	3		,		
8	Г	A community trust de	scribed in <b>seci</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)				
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contrib	outions, membership	fees, and gross		
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of		
		its support from gross	investment ir	ncome and unrelated b	usiness taxable	e income (less :	section 511 tax) from	n businesses		
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Par	tIII)			
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b> r	509(a)(4).			
11	Γ	An organization organ								
		one or more publicly s	• • •		•					
_	_	the box in lines 11a th								
a	ı	<b>Type I.</b> A supporting of supported organization								
		organization You mus				c, or the ancet	or crastees or the	2 appoining		
ь	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or		
		management of the su			same persons t	hat control or n	nanage the supported	organization(s) You		
_	_	must complete Part I'	•							
С	ı	Type III functionally supported organization						grated with, its		
d	Г	Type III non-function						ianization(s) that is		
	·	not functionally integr								
	_	(see instructions) Yo								
е	ı	Check this box if the contracted or Tune III					s a ⊤ype I,⊤ype II,⊤	ype III functionally		
f		integrated, or Type III Enter the number of si								
g		Provide the following i								
9		Trovide the following i	mormación ab	out the supported sige	11112actori(5)					
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) Amount of	(vi) Amount of		
		organization	(,	organization	listed in your		monetary support	other support (see		
				(described on lines	docume	nt?	(see instructions)	instructions)		
				1-9 above or IRC						
				section (see instructions))						
				madactions))	Yes	No				
					163	.,,				
Tota			ı	1	i			I		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not 1,908,748 753,014 304,261 468,493 712,255 4,146,771 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,908,748 753,014 304,261 468,493 712,255 4,146,771 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 4,146,771 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1,908,748 753,014 304,261 468,493 712,255 4,146,771 Amounts from line 4 Gross income from interest, dividends, payments received on 97,421 143,730 157,050 181,066 184,321 763,588 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or n not the business is regularly carried on 10 Other income Do not include gain 91,588 75,204 137,324 182,586 217,823 704,525 or loss from the sale of capital assets (Explain in Part VI ) 11 Total support Add lines 7 through 5,614,884 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 73 850 % Public support percentage for 2013 Schedule A, Part II, line 14 15 77 480 % 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 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.)

	ction A. Public Support		_	_			
Cale	ndar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) 🟲	(4,2020	(5) 2 3 2 2	(3,2322	(4) 2020	(0, 202)	(1) 1000
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
u	from line 6)						
Se	ction B. Total Support			•	•	•	•
	ndar year (or fiscal year beginning	(-) 2010	(h) 2011	(-) 2012	(4) 2012	(-) 2014	(6) Tabal
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
L	sources Unrelated business taxable						
D	income (less section 511 taxes)						
	from businesses acquired after						
C							
	June 30, 1975 Add lines 10a and 10b						
11	June 30, 1975						
	June 30, 1975 Add lines 10a and 10b						
	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						
	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI )						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c,						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI )	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	a section 501(c)	(3) organization,
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here	<u>-</u>		, thırd, fourth, or	fifth tax year as a	a section 501(c)	(3) organization,
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here	ic Support Po	ercentage		fifth tax year as a	a section 501(c)	· · ·
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here	ic Support Po	ercentage		fifth tax year as a	a section 501(c)	· · ·
11 12 13 14 Se	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage for 2014	ic Support Po (line 8, column (	ercentage (f) divided by line		fifth tax year as a	15	· · ·
11 12 13 14 See 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage for 2014	ic Support Po (line 8, column ( 3 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	fifth tax year as a		· · ·
11 12 13 14 See 15 16 See	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage from 201 ection D. Computation of Inventor	ic Support Po (line 8, column ( 3 Schedule A, P	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))		15 16	· · ·
11 12 13 14 See 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage for 2014 Public support percentage from 2015 ction D. Computation of Inventores	ic Support Po (line 8, column ( 3 Schedule A, P estment Inco 2014 (line 10 c, co	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f))  ge by line 13, colum		15	· · ·
11 12 13 14 See 15 16 See	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage from 201 ection D. Computation of Inventor	ic Support Po (line 8, column ( 3 Schedule A, P estment Inco 2014 (line 10 c, co	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f))  ge by line 13, colum		15 16	· · ·
11 12 13 14 Se 15 16 Se 17 18	June 30, 1975 Add lines 10a and 10b Net income from unrelated 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 VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage for 2014 Public support percentage from 2015 ction D. Computation of Inventores	ic Support Po (line 8, column ( 3 Schedule A, P estment Inco 2014 (line 10c, co 2013 Schedule organization did	ercentage  (f) divided by line art III, line 15  me Percenta olumn (f) divided A, Part III, line 1	13, column (f))  ge by line 13, colum .7  ox on line 14, and	nn (f)) d line 15 is more	15 16 17 18 than 33 1/3%, ar	▶ □

b 33 1/3% support tests—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

Section A.	ΑII	Supporting	Organization	ıs
------------	-----	------------	--------------	----

Yes No 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. 1 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) 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 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с 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" **4a** and if you checked 11a or 11b in Part I, answer (b) and (c) 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 4b 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 4c 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 (b) and (c) 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 5a 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 5b the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one 6 or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 72 If"Yes," complete Part II of Schedule L (Form 990). 8 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. 9a b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9Ь c Did a disqualified person (as defined in line 9(a)) 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. 9с 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. 10a 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). 10b 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

	Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
-	notion E. Tuno III Eunstianally-Integrated Supporting Organizations			
	ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
1	The organization is the parent of each of its supported organizations. Complete line 3 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.		-	
2	Activities Test Answer (a) and (b) below.		Yes	No
;	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
	<b>b</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		

# Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20,1970	See instructions. All other
Type:	III non-functionally integrated supporting organizations must complete Sections A through E	<b>=</b>	

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	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)	1		
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		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use $\mbox{Enter 1-1/2}\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

# Section C - Distributable Amount

- L Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity		ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re-	aured)		
6 Other distributions (describe in Part VI) See instru			
· · · · · · · · · · · · · · · · · · ·	20110115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
Underdistributions, if any, for years prior to 2014     (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
Applied to underdistributions of prior years     Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 33 and 4c			
8 Breakdown of line 7			
a From 2010			
<b>b</b> From 2011			
c From 2012			
d From 2013			

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

Facts And Circums	tances Te	est
-------------------	-----------	-----

Return Reference	Explanation
	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493137025596

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► \$ \_\_\_\_\_ Schedule D (Form 990) 2014

Cat No 52283D

emal Revenue Service		n 990) and its instructions is at <u>www.i</u>	irs.gov/		Jpen to F Inspect	
Name of the orga			Emp	loyer ident if ica		
Northem Oklahoma (	College Foundation		73-4	0770227		
Part I Orga	anizations Maintaining Donor Adv	vised Funds or Other Similar			. Complet	e if the
orga	nization answered "Yes" to Form 990	·				
		(a) Donor advised funds		(b) Funds and	other accou	ints
	ratend of year					
55 5	alue of contributions to (during year) alue of grants from (during year)					
22 2	alue at end of year					
Did the orga	ance at end of year inization inform all donors and donor advise e organization's property, subject to the or		onor adv	ısed	 ┌ Yes	
Did the organused only for	inization inform all grantees, donors, and d r charitable purposes and not for the benef npermissible private benefit?	onor advisors in writing that grant fund			┌ Yes	Γ No
Part III Cons	servation Easements. Complete ıf	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
Preserva Protection Preserva Complete lin	of conservation easements held by the org ation of land for public use (e g , recreation on of natural habitat ation of open space nes 2a through 2d if the organization held a n the last day of the tax year	or education)  Preservation of a	a certifie	d historic struc	ture	
easement on	if the last day of the tax year			Held at the	End of the	Year
a Total numbe	er of conservation easements		2a		2114 01 1110	
<b>b</b> Total acreag	ge restricted by conservation easements		2b			
<b>c</b> Number of co	onservation easements on a certified histo	oric structure included in (a)	2c			
	onservation easements included in (c) acq icture listed in the National Register	uired after 8/17/06, and not on a	2d			
Number of co	onservation easements modified, transferr	red, released, extinguished, or termina	ited by th	ne organization	during	
the tax year	<u> </u>					
Number of st	tates where property subject to conservat	ion easement is located 🛌				
	ganization have a written policy regarding t t of the conservation easements it holds?	the periodic monitoring, inspection, ha	indling of	violations, and	│ ├─ Yes	┌ No
Staff and vol ►	lunteer hours devoted to monitoring, inspe	cting, and enforcing conservation eas	ements o	during the year		
A mount of ex	xpenses incurred in monitoring, inspecting	, and enforcing conservation easemer	nts during	g the year		
Does each c	conservation easement reported on line 2(o 170(h)(4)(B)(ii)?	d) above satisfy the requirements of s	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
balance shee	, describe how the organization reports coi et, and include, if applicable, the text of th tion's accounting for conservation easeme	e footnote to the organization's financi				
	anizations Maintaining Collection plete if the organization answered "Y		, or Ot	her Similar	Assets.	
<ul> <li>If the organize</li> <li>works of art,</li> </ul>	zation elected, as permitted under SFAS 1, historical treasures, or other similar assevide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revits held for public exhibition, education	n, or rese	arch in furthera	ance sheet ince of publ	ıc
works of art,	zation elected, as permitted under SFAS 1, historical treasures, or other similar asse vide the following amounts relating to thes	ts held for public exhibition, education				ıc
(i) <sub>Revenue</sub>	included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) Assets II	ncluded in Form 990, Part X					
If the organiz	zation received or held works of art, historiounts required to be reported under SFAS					
a Revenue incl	luded in Form 990, Part VIII, line 1			<b>►</b> \$		

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

Par	Organizations Maintaining Co	llections of Art,	, His	torica	I Treas	<u>ures, or O</u>	ther	Similar As	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch					significant use	ofits	
a	Public exhibition		d		oan or ex	change progi	rams			
Ь	Scholarly research		e	$\Gamma$	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explai	ın hov	w they f	urther the	organization	ı's exe	empt purpose	ın	
5	During the year, did the organization solicit							lar	<b>-</b> .,	
Dai	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang							es" to Form 9	ר Yes פח	No
	Part IV, line 9, or reported an an					711 ariswere	<u> </u>	.5 (0101111)	,,,,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	for con	tributions	or other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing tab	le	F				
						-	_	Aı	nount	
· .	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e e	Distributions during the year					-	1e			
f 7-	Ending balance	0.00 D1 V I		<b>c.</b>		L	1f	L.I.L2		
2a	Did the organization include an amount on Fo								│ Yes	Г № Г
b	If "Yes," explain the arrangement in Part XII									
Pa	rt V Endowment Funds. Complete	(a)Current year		Swered Prior yea				t IV, line 10. hree years back	(e)Four	years back
1a	Beginning of year balance	5,512,562	(5)	4,652		4,217,517	+	3,680,027	(u) ou	1,515,288
b	Contributions	32,880		201	,078	61,970		481,813		1,546,153
c	Net investment earnings, gains, and losses	177,970		759	,354	422,782		83,877		57,645
d	Grants or scholarships	211,210			,	,		55,511		21,012
е	Other expenditures for facilities									353,089
	and programs	-135,885		-100	,713	-49,425		-28,200		20,099
f	Administrative expenses End of year balance	5,587,527		5,512		4,652,844	_	4,217,517		3,680,027
g	Provide the estimated percentage of the cur		o (lun					1,217,011		3,000,027
2		rent year end balanc 8 600 %	e (IIII	ie ig, c	olumn (a);	neid as				
a	Board designated or quasi-endowment	0 0 0 0 70								
b	r ermanent endownent P	400 %								
С	Temporarily restricted endowment > 20.6 The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses	•	tion	that are	hold and	administaro	d for t	·ho		
50	organization by	ssion of the organiza	LIGII	that are	nera and	dammistere	u 101 t	.iic	Ye	s No
	(i) unrelated organizations							3a	• •	No
	(ii) related organizations							3a(	<del></del>	No No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco	•					•	3	D	No_
	t VI Land, Buildings, and Equipme					wered 'Yes	' to F	Form 990. Pa	art IV	line
	11a. See Form 990, Part X, line									
	Description of property				Cost or other (investment			(c) Accumulate depreciation		Book value
1a	Land		ı							
b	Buildings									
c	Leasehold improvements									
	Equipment					14	8,393	105,	288	43,105
	II. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	· (, colu	<u> I</u> ımп (В).	line 10(c)	.)		▶		43,105
	<u> </u>			1-77	(=)	· · ·			) (Form	990) 2014

See Form 990, Part X, line 12.	ipiete ir trie organizatio	n answered 'Yes' to Form 990, Part IV, line IID.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1 )Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
Other		
Takel (Column (h) must aqual Form 200, Bart V, col. (B) line 12.)	-	
Part VIII Investments—Program Related. Co		 on answered 'Yes' to Form 990_Part IV_line 11/
See Form 990, Part X, line 13.	implete il the organizati	on answered Tes to Form 930, Fart IV, line 110
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	anguared 'Ves' to Form 90	20 Part IV line 11d See Form 200 Part V line 15
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
	nization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
	(b) Book value	4
Federal income taxes		4
		4
		_
		-
		-
Total (Column /h) must oqual Form 000, Part V ==1/PV lane 35 V		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		its With Revenue	per Ret	turn Complete if
1		er support per audited financial statements			1	812,943
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses)	on investments	2a	-301,456		
ь	Donated services and use of f	acılıtıes	2b		1	
c	Recoveries of prior year grant	s	2c		1	
d	Other (Describe in Part XIII )		2d		1	
e	Add lines 2a through 2d .		· · ·		2e	-301,456
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	1,114,399
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				_
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a		]	
Ь	Other (Describe in Part XIII )		4b			
c	Add lines 4a and 4b				4c	
5		d <b>4c.</b> (This must equal Form 990, Part I, line			5	1,114,399
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			s per R	<b>teturn</b> . Complete
1		r audited financial statements			1	676,246
2	, ,	it not on Form 990, Part IX, line 25				
a		acilities	2a	1		
ь			2b		1	
c	· •		2c		1	
d			2d		1	
e	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	676,246
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				<u> </u>
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII )		4b		1	
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18)		5	676,246
Part	t XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
Part >	X FIN48 Footnote	No uncertain Tax positions				

	1494						
Part XIII Supplemental Inf	ormation (continued)						
Return Reference	Explanation						

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2014

DLN: 93493137025596

Open to Public Inspection

Name of the organization	Employer identification number		
Northern Oklahoma College Foundation 73-0770227			
Part I General Information on Grants and Assistance	·		
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of the selection criteria used to award the grants or assistance?</li></ul>			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional transfer or the state of the s			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHERN OKLAHOMA COLLEGE 1220 EAST GRAND TONKAWA,OK 74653	73-6017987		209,577	0	Cash		SCHOLARSHIPS

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137025596

OMB No 1545-0047

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Employer identification number
Northem Oklahoma College Foundation	
	73-0770227

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation	
Form 990, Part VI, Line 11b Form 990 Review Process	AVAILABLE UPON REQUEST	
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	UPON REQUEST	