efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

DLN: 93493135112598

چ D

		of the Treasu mue Service		ter social security numbers on this on about Form 990 and its instruct				C	pen to Public Inspection
A F	or th	e 2016 c	alendar year, or tax yea	r beginning 07-01-2016 , and	ending 06-3	0-2017			
	dress	pplicable change	C Name of organization Northern Oklahoma College	Foundation			D Employ 73-077		ication number
☐ Inr	tial rel	-	Doing business as				_		
	n/terr	minated d return	Number and street (or P O 1220 East Grand	box if mail is not delivered to street add	dress) Room/su	ııte		ne number 528-6200	
□Ар	plicati	an pending	City or town, state or provi	nce, country, and ZIP or foreign postal c	ode		(380) 6	28-0200	
			Tonkawa, OK 74653				G Gross re	eceipts 5 2,	545,015
			F Name and address of	principal officer		sub	this a group re ordinates?		□ _{Yes} ☑ No
	x-exer	npt status	✓ 501(c)(3) □ 501(c)	() ◀ (insert no) ☐ 4947(a)(1) c	or	incl	all subordina luded? No," attach a		☐ Yes ☑No instructions)
J W	ebsit	te:► N/A				H(c) Gro	oup exemption	number	>
K Form	n of a	rganization	☑ Corporation ☐ Trust	☐ Association ☐ Other ►		L Year of for	rmation 1961	M State	of legal domicile OK
Pa	rt I	Sum	mary			<u> </u>			
	1 1	Briefly des	cribe the organization's mi	ission or most significant activities					
Ç.		Support of	Northern Oklahoma Colle	ge					
E .	-								
Activities & Governance	,	Check thi	s box ▶ ☐ if the organiza	ition discontinued its operations or	disposed of n	nore than 25	5% of its net a	ssets	
<u>ઉ</u>				overning body (Part VI, line 1a)				3	6
≫ ⊘			•	bers of the governing body (Part \				4	6
¥‡			• •	ed in calendar year 2016 (Part V, li	•		•	5	0
ζţ,			•	te if necessary)				6	0
•	l			om Part VIII, column (C), line 12 me from Form 990-T, line 34 .			•	7a 7b	0
		TVCC GITTCT	acca basiness taxable inco	me nom romin 550 1, mie 54 1.	· · · ·		rior Year	1/5	Current Year
g,	8	Contribut	ions and grants (Part VIII,	line 1h)			652,	922	671,533
Ravenue	9	Program	service revenue (Part VIII,	line 2g)					0
P. S.			•	nn (A), lines 3, 4, and 7d)			237,	445	52,640
				A), lines 5, 6d, 8c, 9c, 10c, and 11e			250,		273,262
	_			11 (must equal Part VIII, column (. ,,	_	1,140,		997,435
				art IX, column (A), lines 1–3). irt IX, column (A), line 4)...			225,	038	249,007
	l			oyee benefits (Part IX, column (A),					0
Se.				IX, column (A), line 11e)			9,	274	0
Expenses			aising expenses (Part IX, colun	, , ,					
ŭ	17	Other exp	oenses (Part IX, column (A), lines 11a-11d, 11f-24e)			706,	835	664,490
	18	Total exp	enses Add lines 13-17 (m	iust equal Part IX, column (A), line	25)		941,	147	913,497
	19	Revenue	less expenses. Subtract lin	ne 18 from line 12			199,		83,938
Net Assets or Fund Balances						Beginnıı	ng of Current \	/ear	End of Year
Set	20	Total ass	ets (Part X, line 16)				8,378,	110	9,335,328
A As	1							500	709
훈급	l		s or fund balances Subtra	ct line 21 from line 20			8 ,3 77,	610	9,334,619
Par			ature Block						
	edge	and belie		e examined this return, including a emplete Declaration of preparer (o					
		<u> </u>	·				018-05-15		
Sign		Signatu	ire of officer				Date		
Here			inyder Executive Director						
		17	r print name and title					D=11:	
D-:-	J		rint/Type preparer's name ames D Hinkle CPA	Preparer's signature James D Hinkle CPA			Check 🔲 if	PTIN P00532550	3
Paid		, -	ırm's name 🕨 HINKLE & CON	I 4PANY PC			elf-employed Firm's EIN		
Pre _l Use		₹1 -	ırm's address ▶ 5028 East 101				Phone no (918)	492-3388	
USE	VII	''y	Tulsa, OK 741	137					

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2016)

☑ Yes ☐ No

Form	990 (2	(016)					Page 2
Par	t III	Statement	of Program Service	Accomplis	hments		
		Check if Sche	dule O contains a respoi	nse or note to	any line in this Part III		🗆
1	Briefly		organization's mission		-		
Supp	ort of N	lorthern Oklaho	oma College				
2	Did th	ne organization	undertake any significar	nt program ser	vices during the year w	which were not listed on	
	the pr	10r Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe the	ese new services on Sch	edule O			
3	Did th	e organization	cease conducting, or ma	ke significant	changes in how it cond	lucts, any program	
	servic	es?					🗆 Yes 🗹 No
	If "Yes	s," describe the	ese changes on Schedule	0			
4	Sectio	on 501(c)(3) an		is are required	to report the amount	e largest program services, as meast of grants and allocations to others, t	
4a	(Code) (Expenses \$	517,451	including grants of \$) (Revenue S	}
	See Ad	lditional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue S	}
	See Ad	iditional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue S)
	See Ad	dditional Data					
4d			ces (Describe in Schedu	*			
	(Expe	nses \$	ınclu	ding grants of	\$) (Revenue \$)
4e	Total	program serv	vice expenses 🟲	5 1 7,4	51		

Section 501(c)(3) organizations.

or X as applicable

Yes

Page 3

No

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

No

No

No

No

No

Nο

the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VII 🥞

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

If "Yes." complete Schedule D. Part VI 📆

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? If "Yes," complete Schedule D, Part IX 📆

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Is the organization a school described in section 170(b)(1)(A)(H)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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3

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
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
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
Did the organization receive or hold a conservation easement, including easements to preserve open space,

5 6 7

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

Yes

No No No Yes

7	
8	
9	
10	Yes
11a	Yes

Form 990 (2016)			Page 4
Part IV Checklist of Required Schedules (continued)			
		Yes	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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 20Ь Yes. 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

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Yes

Form 990 (2016)

Nο Nο No

Nn Nο No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nn

No

Nο

Nο

Nο

	990 (2016)			Page
1.6	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•		
	Fortunation was and an Day 2 of Forms 1996 Fortun O of material backless and 4 of 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Nο
ט	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			110
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Nο
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4 a	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
ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Nο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		οИ
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ات ا		
-	in rest, to line set of so, and the digenization mension of the set of the set of set of the set of set of the	5c		
6 a	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?	6а		Nο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of S75 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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Nο
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		Nο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Nο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Nο
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		ОΝ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
ס	Section 501(c)(7) organizations. Enter			
_				
	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			
ь 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
b i a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b 1 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
b L a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders	12a		No
b i a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders	12a		No
b 1 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders	12a		No
b i a b 2a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b i a b 2a b a a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders	12a 13a		No No
b 1 a b 2a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
biabbasassassassassassassassassassassassas	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders			

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	5	Yes	No
	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 1b	5		
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? .	n 3		No
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		No
	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body 7	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	9.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Nο
	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Nο
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		Nο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Nο
ь	Other officers or key employees of the organization	15b		No
	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		No
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			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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			
19	Own website Another's website Upon request Other (explain in Schedule O) 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 Nanita Simpson Treasurer 1220 E Grand Ave Tonkawa, OK 74653 (580) 628-6237			
				- 1

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- 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) Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	t che unle: ficer rust	s pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Sherrı Snyder	1 00			х				a	0	0
Executive Dir	0 00									
(2) Kırby Tıckel-Hıll	1 00									
Develop Officer	0 00			Х				0	0	0
(3) Anita Simpson	1 00									
Treasurer	0 00			Х				a	0	0
(4) Misty Fath	1 00			х				0	0	0
Secretary	0 00			^					U	
(5) Dr Jesse Mendez	1 00									
Chairman	0 00			Х				0	0	0
(6) Torn Poole	1 00							_	_	_
Vice Chairman	0 00			Х				0	0	0
(7) Mike Loftis	1 00			x				a	0	0
Past Chairman	0 00			٠				Ĭ		
(8) Dr Cheryl Evans	1 00							_	_	_
CEO	0 00			Х				0	0	0
									_	
										Form 990 (20 1 6)

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Part VII	Section A. Officers, D	Directors, Trustees	, Keγ l	Empl	loyee	s, and	Higl	hest Compensate	d Employees (cor	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual or director	lestitution	Officer Velv surface	Highest co	Former	2/1099-MISC)		organization and related organizations

organizations below dotted line) organizations below dotted line)	related organizations			
er st compens wee mployee dual trustee actor				
st compens wee mployee dual trustee actor				
st compens wee mployee dual trustee ector	omer			
line) Rotar mploys	lighest compensated mplovee			
line) Stor dual tra	ey employee			
line) ନିର୍ଦ୍ଦିଶ				
organizations below dotted line)	ହ୍ଲ ପ୍ରଥମ			
	organizations below dotted line)			

1b Sub-Total	art VII, Sectio	nΑ.				*				
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$10	00,000	

C.	Sub-Total			
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 \triangleright 0			
_			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

	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 \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 3 for such			
	ındıvıdual	4		Nο

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 \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 J for such individual	4		No
_				

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on						
	line 1a? If "Yes," complete Schedule J for such individual	3		Nο			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	individual	4		ОΝ			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	<u> </u>		
	services rendered to the organization? If "Yes," complete Schedule I for such person	l -	l	No

Section B. Independent Contractors							
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	No				
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 J for such individual	4	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No				

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								
	ındıvıdual	4		Nο					
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 \dots	5		Nο					
Section B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation								

services rendered to the organization? If "Yes," complete Schedule I for such person							No
Se	ection B. Independent Contractors						
1	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)		ſΒ	1		{C	3

S	ection 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				

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						

Form **990** (2016)

Part	VIII Statement of Revenue								Page S
	Check if Schedule O contains	a respo	nse or note to any	line in t	his Part VIII				🗆
					(A) revenue	(B) Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a				revenue			512-514
nts Ints	b Membership dues	1b							
3ra nou	c Fundraising events	1c							
₹	d Related organizations	1d							
≘ ≣	e Government grants (contributions)	1e							
ns, Sim	f All other contributions, gifts, grants,								
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above	1 f	671,533						
들툍	g Noncash contributions included								
Cont	ın lines 1a-1f \$								
	h Total.Add lines 1a-1f	• •		Code	671,533			1	1
H.	2a		Dualifess	COUL					
4.	h —	_							
C.e. F	b ————————————————————————————————————								
ž	d								
Ē	e								
Program Service Revenue	f All other program service revenue	e		0					
₽.	gTotal.Add lines 2a-2f	.)	<u> </u>						
	3 Investment income (including dividing similar amounts)	dends, ır	nterest, and other		161,310	161,	310		
	4 Income from investment of tax-ex-		-	-	()			
	5 Royalties		•	•	C)			
	(i) Rea	al	(II) Personal						
	6a Gross rents								
	b Less rental expenses								
	c Rental income or								
	(loss)			_	C				
	d Net rental income or (loss)		(II) Other			/			
	7a Gross amount	ı	(II) Other						
	assets other	438,910							
	than inventory								
	b Less cost or other basis and 1,	547,580							
	c Gain or (loss)	108,670							
	d Net gain or (loss)		*	_	-108,670	-108,	670		
Α.	8a Gross income from fundraising ev (not including \$	rents of							
ň	contributions reported on line 1c)	.							
ě	See Part IV, line 18 b Less direct expenses	-							
r.	c Net income or (loss) from fundrai	L	ents		C)			
Other Revenue	9a Gross income from gaming activit	ties	<u> </u>						
	See Part IV, line 19	a							
	b Less direct expenses	ь							
	c Net income or (loss) from gaming	activiti	es 🕨		C)			
	10aGross sales of inventory, less returns and allowances								
		a							
	b Less cost of goods sold	ь[
	C Net income or (loss) from sales o	f invente)			
	Miscellaneous Revenue 11a _{Miscell} aneous		Business Code 90009	9	273,262	273	.262		
	===miscellaneous				ŕ				
	ь			+			+		
	С			+			+		
	d All other revenue								
	e Total. Add lines 11a-11d				273, 2 62				
	12 Total revenue. See Instructions				997,435		.902		
					227,432				Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	249,007	249,007		
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, line 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)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
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)	0			
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	12,272		12,272	
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)				
a Gen & Admin Expenses	372,095		372,095	
b Other Departments	268,444	268,444		
c Fund Raising	11,679			11,679
d				
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	913,497	517,451	384,367	11,679

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)

Form **990** (2016)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any line in	this Part IX			
					Beginning of year		End of year
	1	Cash-non-interest-bearing			273,342	1	223,134
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net		[4	0
	5 6	Loans and other receivables from current and trustees, key employees, and highest compens II of Schedule L Loans and other receivables from other disqua	sated employees	Complete Part		5	0
ş		section 4958(f)(1)), persons described in secti- contributing employers and sponsoring organiz- voluntary employees' beneficiary organizations Part II of Schedule L	on 4958(c)(3)(B) ations of section	, and 501(c)(9)	20.604	6	0
ssets	7	Notes and loans receivable, net		<u> </u>	20,694	-	8,936
Ą	8	Inventories for sale or use		<u> </u>		8	0
•	9	Prepaid expenses and deferred charges		<u> </u>		9	0
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a	148,393			
	b	Less accumulated depreciation	10ь	130,507	30.159	10c	17,886
	11	Investments—publicly traded securities .			8,053,915	11	9,085,372
	12	Investments—other securities See Part IV, line			12	0	
	13	Investments—program-related See Part IV, lin			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 eq	8,378.110	16	9,335,328		
	17	Accounts payable and accrued expenses .			500	17	709
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ķ	21	Escrow or custodial account liability Complete	Part IV of Sched	ule D		21	
Liabilities	22	Loans and other payables to current and forme key employees, highest compensated employe					
霊		persons Complete Part II of Schedule L				22	l
	23	Secured mortgages and notes payable to unrel	ated third parties	; . .		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	[24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24 Complete Part X of Schedule D	ed third parties,		25		
	26	Total liabilities.Add lines 17 through 25 .			500	26	709
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		e ▶ ☑ and	575,055	27	1,098,616
اما اما	28	Temporarily restricted net assets			4,119,995	28	4,453,443
ص 9	29	Permanently restricted net assets		· · · ·	3,682,560	29	3,782,560
Ĭ		Organizations that do not follow SFAS 117	/ (ASC 958)		3,332,300		
<u>9</u>	20	check here D and complete lines 30 t	hrough 34.			30	

30 31

32

33

34

9,334,619

9,335,328

Form **990** (2016)

8,377,610

8,378,110

32

33

34

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			997,435
2	Total expenses (must equal Part IX, column (A), line 25)	2			913.497
3	Revenue less expenses Subtract line 2 from line 1	3			83,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	,377,610
5	Net unrealized gains (losses) on investments	5			873,071
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		9	,334,619
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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 reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	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 separate consolidated basis, or both	basıs,			
	☑ 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	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

Form **990** (2016)

Additional Data

Form 990, Part III, Line 4a:

Scholarships, loans, and other financial support awarded to students of Northern Oklahoma College

Form 990 (2016)

Software Version: 2016v3.0

EIN: 73-0770227

- Name: Northern Oklahoma College Foundation
- **Software ID:** 16000303

Form 990, Part III, Line 4b: Financial support for various athletic programs at Northern Oklahoma College, including funds used for recruiting and for maintenance of facilities on campus

Form 990, Part III, Line 4c: Support for various other programs at Northern Oklahoma College, such as music, language arts, social science, etc.

efile GRAPHIC print - DO NOT PROCESS				T PROCESS	As Filed Data -		DLN: 93	DLN: 93493135112598		
SCI	IED	ULE A		Public C	harity Statu	s and Pub	lic Supp		OMB No 1545-0047	
(For 990E	m 990 E Z)	0 or	Соп	nplete if the or	ganization is a secti 4947(a)(1) nonexe	ion 501(c)(3) o	rganization o		2016	
Depart	ment of	the Treasury	▶ Inf		Attach to Form 9 t Schedule A (Form	990 or Form 990)-EZ.	ictions is at	Open to Public Inspection	
Nam	e of th	ne Service ne organiza shoma College			www.m.s.q.	, , , , , , , , , , , , , , , , , , ,		Employer identific		
								73-0770227		
Par The n					s (All organizations it is (For lines 1 thro			See instructions.		
1			•		ociation of churches	- '	•	(A)(i).		
2	H	•		·)(A)(ii). (Attach Sch			(,/-,-		
3	\Box				ice organization descr	·		iii).		
4		A medical r	•	nization operate	-			170(b)(1)(A)(iii). E	nter the hospital's	
5	V	An organiza		d for the benefit	of a college or univer	sity owned or ope	erated by a gov	vernmental unit descri	ped in section 170	
6				•	governmental unit de	scribed in sectio i	170(b)(1)(A	\)(v).		
7				rmally receives a (vi). (Complete		s support from a	governmental ı	unit or from the gener	al public described in	
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	Complete Part II)			
9					scribed in 170(b)(1) e instructions Enter t			with a land-grant coll college or university	ege or university or a	
10		from activit investment	res related to income and	o its exempt fund	tions—subject to cert ss taxable income (le	ain exceptions, a	nd (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the o	pport from gross	
11					exclusively to test for	public safety Se	e section 509	(a)(4).		
12		more public	ly supported	l organizations de		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g		
a		Type I. A sorganization	supporting or n(s) the pow	ganization opera	ted, supervised, or co	ontrolled by its su	pported organi	zation(s), typically by of the supporting orga		
b		Type II. A manageme	supporting on nt of the sup	organization supe	tion vested in the sam			organization(s), by hav ge the supported orga		
c		Type III f	unctionally	integrated. A su				nd functionally integra	ted with, its	
d		functionally	integrated	The organization		y a distribution re		th its supported organ I an attentiveness req		
e		Check this	box if the org	ganization receive	-	ation from the IR	S that it is a Ty	/pe I, Type II, Type II	I functionally	
f	Enter	the number	of supported	d organizations	· · · · ·					
g (CAN)					pported organization(L. 3	L 6.23	
(1)10	ame oi	f supported i	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	your governing document? monetary sup		Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
Total	1									
Total		vork Reduc	tion Act Not	l tice, see the In:	structions for	Cat No 11285	-	 Schedule A (Form 9	 90 or 990-F71 2016	

Section B. Total Support Calendar year (a)2012 (b)2013 (c)2014 (d)2015 (e)2016 (f)Total

468,493

181,066

182,586

13 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) organization,

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2016. 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

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

h 10%-facts-and-circumstances test—2015. 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

b 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

712,295

184,321

217,823

652,922

209,321

250,086

671,533

161,310

273,262

Schedule A (Form 990 or 990-EZ) 2016

14

15

2,809,504

893,068

1,061,081

4,763,653

58 980 %

62 450 %

▶ ☑

▶□

304,261

157,050

137,324

(or fiscal year beginning in)

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or

loss from the sale of capital assets

Total support. Add lines 7 through

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 Schedule A, Part II, line 14

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Amounts from line 4 Gross income from interest. dividends, payments received on

(Explain in Part VI)

supported organization

instructions

10

11

P	art IIII Support Schedule for						
	(Complete only if you o						ier Part II. If
	the organization fails to ection A. Public Support	duality under	the tests listed	below, please co	omplete Part II.)	
- 36	Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
-	include any "unusual grants ") 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 7-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						1
	·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6) ection B. Total Support						1
- 36			I	1			T
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975 Add lines 10a and 10b						
11	Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets.						
	(Explain in Part VI)						
13							
	11, and 12) First five years. If the Form 990 is for		 		L +	-b 501(-\(2)	
14	_	or the organization	i s first, secona, ti	nira, rourth, or fift	n tax year as a se	ction 501(c)(3) (
_	check this box and stop here	<u> </u>					▶□
	ection C. Computation of Public Public support percentage for 2016 (In			column (f))		1 1	
15				column (1))		15	
16	Public support percentage from 2015	·				16	
	ection D. Computation of Invest			lua 13	3.1	1 1	
17	Investment income percentage for 20			iine 13, column (f))	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2016. If the						_
	more than 33 1/3%, check this box and						
b	33 1/3% support tests—2015. If th						
	not more than 33 1/3%, check this bo	x and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶ ⊔_
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2016

answer line 10b below

the organization had excess business holdings)

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

No

Yes

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Page 4

Sections A and D, and complete Part V) Section A. All Supporting Organizations 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 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 За

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use

3Ь 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4Ь supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

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)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 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 6 than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

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,"

8

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9Ь which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

```
Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding
10a
      certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) ^{2} If "Yes,"
```

Pa	art IV Supporting Organizations (continued)					
			Yes	No		
	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				
	A family member of a person described in (a) above?	11b				
С	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	110				
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
	er gan nearen					
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)					
		1				
_	Castina D. All Time III Companies Americations					
-	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	e				
_		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
_		2				
3	By reason of the relationship described 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 Part VI the role the organization's supported organizations played in this regard					
				•		
	Section E. Type III Functionally-Integrated Supporting Organizations	tion - 1				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction as The organization satisfied the Activities Test Complete line 2 below	tions				
	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 (se	e instru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	24				
	organization's supported organization(s) would have been engaged in 7 If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement					
3	Parent of Supported Organizations Answer (a) and (b) below.	2b				
	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? Provide details in Part VI .	3a				
	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					

1 2

3

Section C - Distributable Amount

Enter 85% of line 1

instructions)

2

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Current Year

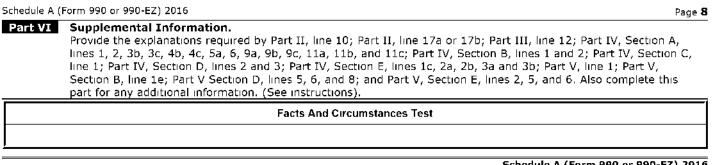
Schedule A (Form 990 or 990-F7) 2016

b Excess from 2013.

e Excess from 2016.

Excess from 2015.

c Excess from 2014. . .



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Supplemental Financial Statements

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

DLN: 93493135112598 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Internal Revenue Service Name of the organization Employer identification number Northern Oklahoma College Foundation 73-0770227 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ∐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

Page 2

3	items (check all that apply)	n, and other records,	спеск апу	oi tile	following that are a	significant use o	II ILS COII	ection	
a	Public exhibition		d [Loa	n or exchange prog	rams			
b	☐ Scholarly research		e [Oth	er				
c	Preservation for future generations								
4	Provide a description of the organization's coll Part XIII	llections and explain h	ow they fo	ırther t	he organization's ex	empt purpose in	1		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as pa					Yes	□ n	0
Pa	ESCROW and Custodial Arrange Complete if the organization answ X, line 21.		n 990, Pa	ırt IV,	line 9, or reporte	d an amount o	n Form	າ 990,	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermedi	ary for cor	tributio	ons or other assets r	_	Yes	□ N	o
b	If "Yes," explain the arrangement in Part XIII	I and complete the fol	lowing tab	e		Amou	ınt		_
c	Beginning balance				1c				_
d	Additions during the year				1d				_
е	Distributions during the year				1e				_
f	Ending balance				1 f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for esci	ow or e	ustodial account lia	bility?	Yes	Пи	_ in
b	If "Yes," explain the arrangement in Part XIII				<u> </u>	(III			
Pa	rt V Endowment Funds. Complete if					· · · · · · · · · · · · · · · · · · ·			
	D 6 1 1	(a)Current year	(b)Prior :			(d)Three years ba		our year	
	Beginning of year balance	5,726,824	•	587,527		4,652,8		4,	217,517
	Contributions	139,830 613,956		228,441 58,763	32,880 177,970	201,0 759,3			61,970
	Net investment earnings, gains, and losses	013,330		30,703	177,570	700,0	,,,,		722,702
	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	-110,364	-	14 7,90 7	-135,885	100,7	713		49,425
g	End of year balance	6,370,246	5,	726,824	5,587,527	5,512,5	562	4,	652,844
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, co	lumn (a)) held as				
a	Board designated or quasi-endowment 🕨								
ь	Permanent endowment ▶								
c	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3а	Are there endowment funds not in the posses	ssion of the organizati	on that are	held a	ind administered for	the			
	organization by (i) unrelated organizations						3a(i)	Yes	No No
	•			•	• • •		3a(ii)		No
ь	(ii) related organizations If "Yes" on 3a(ii), are the related organization	ns listed as required o		 • R? .			3b		No
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answ		1 990, Pa	t IV, I	ine 11a. See Forr	n 990, Part X,	line 10	١,	
	Description of property (a) Cost or oth (investme		or other basi	s (other)	(c)Accumulated de	epreciation	(d) Bo	ook value	2
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment			148,39	3	130,507			17,886
	Other								
	al. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part X	(, column (B), line	10(c))	-			17,886

	Investments—Other Securities. Complete if the org	ganization ans	wered 'Yes' on Fo	rm 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	(b)Book)Method of valuation
(1)Financial	(including name of security) derivatives	value .	Cost or	end-of-year market value
(2)Closely-l	neld equity interests	<u>·</u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the o	rganization an	swered 'Yes' on F	orm 990, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	(b) Book value) Method of valuation
(1)			Cost or	end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(1) (2) (5) (6) (7) (8) (8) (8)			
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'		<u> </u> art IV, line 11d See	Form 990, Part X, line 15
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4)			
Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe		orm 990, Part IV,	
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) I	Book value	
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	•		_
	or uncertain tax positions. In Part XIII, provide the text of the f		=	_

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b

Part XIII

5

3 4

b

Part XII

Schedule D (Form 990) 2016

Page 4

Recoveries of prior year grants Other (Describe in Part XIII) . . . Add lines 2a through 2d Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Donated services and use of facilities ...

Prior year adjustments . . .

Other (Describe in Part XIII) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Amounts included on line 1 but not on Form 990, Part IX, line 25

4b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2Ь 2c

2d

4a

2a

2Ь 2c

2d

4a

4h

Explanation

26 3

4c

2e 3 4c

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi

Schedule D (Form 990) 2015

tional	information

nformation
•

chedule D (Form 990) 2015	Page
Part XIII Supplemental Information (contin	ed)
Return Reference	Explanation

Schedule D (Form 990) 2016

Additional Data



Software Version: 2016v3.0

Software ID: 16000303

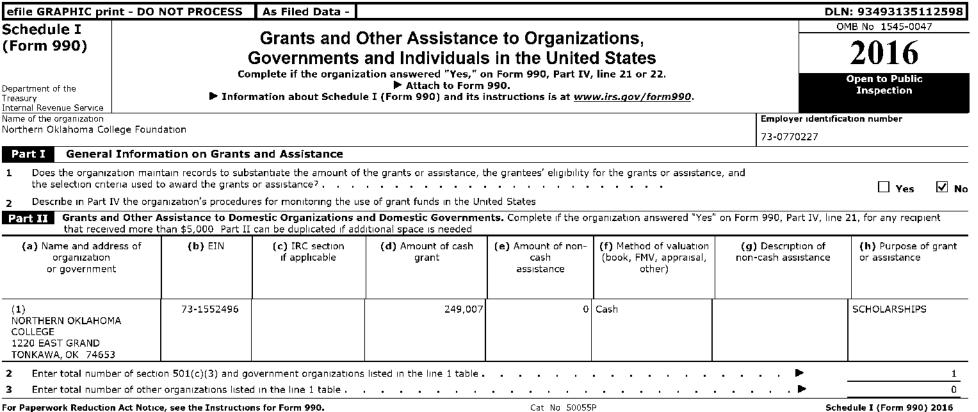
EIN: 73-0770227 Name: Northern Oklahoma College Foundation

Explanation

Return Reference

Part X FIN48 Footnote

No uncertain Tax positions



Schedule I (Form 990) 2016					Page 2
Part III Grants and Other Assistant Part III can be duplicated if a		als. Complete if the org	ganization answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Inform	mation. Provide the inf	formation required in	Part I, line 2, Part III	, column (b), and any other a	idditional information.
Return Reference Expla	anation				

Schedule I (Form 990) 2016

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DL	N: 93493135112598
SCHEDUL	E O Supplemental Information to Form 990 or	990-F <i>7</i>	OMB No 1545-0047
(Form 990 or E Z)	99()- Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional informa Attach 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.	
Department of the T	reasury www.irs.gov/form990.	CI DELIONS IS GE	Inspection
Name of the organization Northern Oklahoma College Foundation 990 Schedule O, Supplemental Information		Employer identification number 73-0770227	
Return Reference	Explanation		
Form 990, Part VI, Line 11b Form 990 Review Process	AVAILABLE UPON REQUEST		

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. UPON REQUEST Part VI, Line 19 Other Organization Documents

Publicly Available