Form 990

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Inspection

Form 990 (2021)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 D Employer identification number C Name of organization B Check if applicable NORTHERN OKLAHOMA COLLEGE FOUNDATION Doing business as 73-0770227 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 1220 EAST GRAND (405)628 - 6200Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended return TONKAWA, OK 74653 G Gross receipts \$ 1,642,994. Application pending F Name and address of principal officer: H(a) is this a group return for SHERI SNYDER X 1220 EAST GRAND, TONKAWA, OK 74653 H(b) Are all subordinates included? X 501(c)(3) 501(c) (If "No." attach a list. See instructions 4947(а)(1) ог (insert no.) Website: H(c) Group exemption number Form of organization: Corporation Trust Association Other > L Year of formation: 1961 M State of legal domicile: OK 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL SUPPORT FOR NORTHERN OKLAHOMA COLLEGE. 2 Check this box larger if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 NONE 6 Total number of volunteers (estimate if necessary) NONE b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 389,649 1,018,917. 9 Program service revenue (Part VIII, line 2g) NONE NONE 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 241,649. 327,155. 11 124,346. -20,629. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 755,644. 1,325,443. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 196,752. 196,654. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). NONE NONE 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 321,393 675,929. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 518,145. 872,583. Revenue less expenses. Subtract line 18 from line 12 237, 499, 452,860. o e **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 15,691,352 14,140,760. Total liabilities (Part X, line 26) 21 20,015 19,007. 15,671,337. 22 Net assets or fund balances. Subtract line 21 from line 20. 14,121,753. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid JONATHAN GAUSS self-employed P00047376 Preparer Firm's name FINLEY & COOK, PLLC Firm's EIN 73-0604334 Use Only Firm's address > 1421 E. 45TH STREET SHAWNEE, OK 74804 405-878-7300 Phone no. May the IRS discuss this return with the preparer shown above? See instructions . . . X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	TTIV Checklist of Required Schedules		Tv	1 61 -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	х	
2		2	Х	_
3	• • • • • • • • • • • • • • • • • • • •			T
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	(), ()			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	(-//-//	_		l
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6	}	X
7		-		1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1 1	١	
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
,	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
t	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
r	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
12 4	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	- 21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	l [
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 1	X

Pa	art IV Checklist of Required Schedules (continued)			
		_	Yes	No
22	, , , , , , , , , , , , , , , , , , ,			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	• • • • • • • • • • • • • • • • • • • •			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.		—-	Х
24	a 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		1	
	through 24d and complete Schedule K. If "No," go to line 25a			Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	<u> </u>
	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?		+	-
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	┼	-
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	Х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.56		17
26	If "Yes," complete Schedule L, Part I	25b	+	Х
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27		20	-	Х
2.1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	2.		Δ
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		,	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE	Í		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.	reportable gaming (gambling) winnings to prize winners?	1c		
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NORTHERN OKLAHOMA COLLEGE FOUNDATION 73-0770227 Form 990 (2021) Page 5 Yes Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 NONE b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.......... X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... 4a X b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 71 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . 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?........... Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations, Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. b Enter the amount of reserves the organization is required to maintain by the states in which 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?...........

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes." complete Form 6069.

JSA

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X

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 Enter the number of voting members included on line 1a, above, who are independent.... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets?. . . . 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?...... 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 on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Х X 14 Did the organization have a written document retention and destruction policy?...... 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? 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OK, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website 19 Describe on 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 > ANITA SIMPSON 1220 E GRAND AVE TONKAWA, OK 74653

JSA

73-0770227

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization 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 organizations below dotted line)	box, office Individual	unle er an	Po check ess po id a d	erson	e than of is both tor/trus employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL MARTIN	1.00									
TRUSTEE	NONE	x			ĺ			NONE	NONE	NONE
(2) JAMI GROENDYKE	1.00									
TRUSTEE	NONE	х						NONE	NONE	NONE
(3) DR. CLARK HARRIS	1.00									
CHIEF EXECUTIVE OFFICER	NONE	х		Х				NONE	NONE	NONE
(4) SHERI SNYDER	1.00									
EXECUTIVE DIRECTOR	NONE	Х		X				NONE	NONE	NONE
(5) ANITA SIMPSON	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) JILL GREEN	1.00							·		
DEVELOPMENT DIRECTOR	NONE	X		Х				NONE	NONE	NONE
(7) KAYLA WOODERSON	1.00		1							
TRUSTEE	NONE	Х						NONE	NONE	NONE
(8) LINDA BROWN	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) LYNNDE FUNK	1.00		Ī			- 1				
TRUSTEE	NONE	Х		Į				NONE	NONE	NONE
(10) TOM POOLE	1.00									
TRUSTEE	NONE	Х	- 1		ĺ			NONE	NONE	NONE
(11) DAVID CUMMINGS	1.00		П				ľ			
TRUSTEE	NONE	Х		1	-		}	NONE	NONE	NONE
(12) MIKE LOFTIS	1.00				T					
PAST CHAIR	NONE	х		Х				NONE	NONE	NONE
(13) BERT MACKIE	1.00				\neg					
TRUSTEE	NONE	Х					ĺ	NONE	NONE	NONE
(14) MISTY DIEMER THURMAN	1.00				T					
TRUSTEE	NONE	Х						NONE	NONE	NONE

D	- 5
101	- 8

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related	(do box,	not o unle	Pos heck ss pe d a c	C) sition more erson direct	e than is both	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15) MARK DETTEN	1.00			-						
VICE CHAIR	NONE	Х		Х				NONE	NONE	NON
16) DR GORDON LAIRD	1.00									
TRUSTEE	NONE	X			ļ			NONE	NONE	NON
17) CANDY OLLER SECRETARY	1.00 NONE			Х				NONE	NONE	NON
							İ			
1b Sub-total	ll	1	1				▶	NONE	NONE	NON
c Total from continuation sheets to Part VII, Se	ection A							NONE	NONE	NON
d Total (add lines 1b and 1c)							>	NONE	NONE	NON
2 Total number of individuals (including but not I reportable compensation from the organization		iose li	isted		ove NON	•	rec	ceived more than \$	100,000 of	
,					NOI.				· · ·	Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Schedu	le J for suc	h indi	vidu	al .						3 X
4 For any individual listed on line 1a, is the s										以图 基础 图像
organization and related organizations gre									J for such	4 9
individual									a ar individual	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										1 1
1 Complete this table for your five highest comp compensation from the organization. Report co year.										
(A) Name and business addr	ress							(B) Description of serv	vices Co	(C) mpensation
		- .								
					_					
2 Total number of independent contractors (in			limi	ted	to	those			eceived	
more than \$100,000 in compensation from the	organizatio	on 🕨					NO	NE		Form 990 (2021)
6A E1055 2.000										Form 990

Part VIII Statement of Revenue

_		Check if Schedule O contains a res	sponse or note to	any line in this Part	<u> </u>		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512-514
ş.	<u>\$</u> 1:	a Federated campaigns	a				
Contributions, Giffs, Grants	5		b				
Ō	Ē,		c				
fts.			d				
5	= =		e	7			
<u>s</u>		f All other contributions, gifts, grants,					
윺	9	and similar amounts not included above . 1	f 1,018,917				
<u>i</u>	Ĕ,	Noncash contributions included in					J
117	י וכ	lines 1a-1f	a \$				
ပိုင်	E E	1 Total. Add lines 1a-1f		1,018,917.	}		
	┪	1 Total Tito In Tito I	Business Code	2,020,0211			1
ø							
ž.	2a		i	 			
Sei							
ES	٥						
gra	2 0		-		İ		-
Program Service	е			+			
-	1 '			YOUE			
	9			NONE			
	3	Investment income (including dividend		251 251			051 051
		other similar amounts)		251,351.		· · · · - · · · · · · · · · · · · · · ·	251,351.
	5	Income from investment of tax-exempt be		NONE			
	3	Royalties	(ii) Personal	NONE			
		, , , , , , , , , , , , , , , , , , ,	(II) Fersonal				ĺ
	6a			- 1			
	b			- 1			
	C	110111011101110111011101111011110111101111	ONE NON				
	d	(1)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	4			
	1	sales of assets		1]		
		other than inventory 7a 350,0	16.	_			
ne C	Ь	Less: cost or other basis	1				
Ē		and sales expenses 7b 274,2	12.				
ě	C	Gain or (loss) 7c 75,8	04.				
Other Revenue	d	Net gain or (loss)	<u> ▶</u>	75,804.			
ş	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
	l	1c). See Part IV, line 18	a 22,770				
	ь	Less: direct expenses	b 43,339				
	C	Net income or (loss) from fundraising even	ts	-20,629.			-20,629.
	9a	Gross income from gaming					•
		activities. See Part IV, line 19 9	NON	9	İ		
	ь	Less: direct expenses 9					
	c	Net income or (loss) from gaming activitie		NONE			
	10a	Gross sales of inventory, less	T				
	108	returns and allowances	a NONE				
				1 [
	b	Less: cost of goods sold		NONE			
		, and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of	Business Code				
Miscellaneous Revenue	44-						
E E	11a	71.0			+		
e e	b			+			
Sc.	C C	All other revenue		+	-		
Σ	d	All other revenue		NONE	-		
	<u>е</u> 12	Total Add lines 11a-11d					220 700
		TOTAL TOTAL MODE OF THE MINISTER OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART		1,325,443.			230,722.

73-0770227

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 196,654. 196,654 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE NONE 5 Compensation of current officers, directors, trustees, and key employees NONE 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 7 Other salaries and wages NONE 8 Pension plan accruals and contributions (include NONE section 401(k) and 403(b) employer contributions) 9 Other employee benefits NONE NONE 11 Fees for services (nonemployees): NONE a Management NONE 2,300. 2,300 c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17, f Investment management fees 55,305. 55,305. 9 Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 6,806. 6,806. 66,676. 66,676. 14 Information technology...... NONE NONE 15 Royalties 16 Occupancy NONE NONE 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 19 Conferences, conventions, and meetings NONE NONE 20 Interest NONE 22 Depreciation, depletion, and amortization NONE 2,045. 2,045. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PROGRAM SERVICES 415,632. 415,632 b SALARY REIMBURSEMENT 80,104. 80,104 c BANK FEES 354. 354. 550 d POSTAGE 550. 46,157. 46,157. e All other expenses 692,390. 25 Total functional expenses. Add lines 1 through 24e 872,583. 180.193. NONE 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 🕨 following SOP 98-2 (ASC 958-720)

	art X	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	582,411.	1	666,386.
	2	Savings and temporary cash investments	NONE	2	NON
	3	Pledges and grants receivable, net	NONE	3	NON
	4	Accounts receivable, net	NONE	4	NON
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	1	controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON:
2	7	Notes and loans receivable, net	63.	7	3
Assets	8	Inventories for sale or use	NONE		NON
Ĉ	9	Prepaid expenses and deferred charges	11,500.	9	NON
		Land, buildings, and equipment: cost or other	21,000		
	104	basis. Complete Part VI of Schedule D 10a 148,393.	i		
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities SEE SCHEDULE .Q	1,046,288.		918,455.
	12	Investments - other securities. See Part IV, line 11	2,044,892.		1,840,422
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
	13	Investments - program-related. See Part IV, line 11	NONE		NON
	14	Intangible assets	NONE		NON:
	15	Other assets. See Part IV, line 11	12,006,198.	15	10,715,494.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,691,352.	16	14,140,760.
	17	Accounts payable and accrued expenses	20,015.		19,007
	18	Grants payable	NONE		NONI
	19	Deferred revenue	NONE		NON
-	20	Tax-exempt bond liabilities	NONE	20	NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
3	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
Collination		controlled entity or family member of any of these persons	NONE	22	NONE
1	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
١	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
ı		parties, and other liabilities not included on lines 17-24). Complete Part X			
1		of Schedule D	NONE	25	NONE
1	26	Total liabilities. Add lines 17 through 25		26	19,007.
7		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
5	27	Net assets without donor restrictions , , ,	3,701,480.	27	3,140,641.
1		Net assets with donor restrictions.	11,969,857.	28	10,981,112.
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	11,000,001.		10,301,112.
;]		Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		-	
5		· · · · · · · · · · · · · · · · · · ·		30	
1		Retained earnings, endowment, accumulated income, or other funds	15 651 005	31	14 101 850
		Total net assets or fund balances	15,671,337.	32	14,121,753.
1	33	Total liabilities and net assets/fund balances	15,691,352.	33	14,140,760.

14,140,760. Form 990 (2021)

Form 990 (2021)

orm 9	90 (2021)				P	age 1 Z
Part	XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1				443
2	Total expenses (must equal Part IX, column (A), line 25)	2				583
3	Revenue less expenses. Subtract line 2 from line 1	3				860
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			337
5	Net unrealized gains (losses) on investments	5		2,0	02,	444
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	4,1	21,	753
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.			ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:		-			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar	-		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain	on			
	Schedule O.				ĺ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in t	he i			
	Single Audit Act and OMB Circular A-133?			3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization					E	nployer ident	ification number			
NORTHERN OKLAHOMA CO							0770227			
	c Charity Status, (Al					instruction	18.			
The organization is not a priva	ite foundation because	it is: (For lines 1 thro	ugh 12, c	check only	y one box.)					
	of churches, or assoc				170(b)(1)(A	\)(i).				
	section 170(b)(1)(A)(
	erative hospital service	•								
4 A medical research of hospital's name, city,	organization operated in and state:	n conjunction with a ho	ospital d	escribed	in section	170(b)(1)(<i>A</i>	A)(iii). Enter the			
5 X An organization oper	rated for the benefit or iv). (Complete Part II.)	f a college or univers	ity owne	ed or op	erated by	a governm	ental unit described in			
	cal government or gov	ernmental unit describ	ad in ear	tion 170	(h)/4)/Δ)/ω	١				
						-	om the general nubli			
	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
	land-grant college of a									
university:										
support from gross in	normally receives (1) m s related to its exempt vestment income and	unrelated business ta:	cable inc	ome (les	s section 5	membersl to more that 11 tax) fron	nip fees, and gross n 331/3 % of its n businesses			
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
			_		_					
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
	g organization supervis	· ·		a with its	eupportec	Lorganizati	ion(e) by baying			
	ent of the supporting					-	, ,, ,			
	must complete Part I\		tile sail	ic persor	is that con	LIOI OI IIIGI	age the supported			
	integrated. A support		ated in c	onnectio	n with and	l functions	lly integrated with			
	zation(s) (see instruction						ny nnegrated with,			
	nally integrated. A sur						ted organization(e)			
	ly integrated. The orga		•				• ,			
	structions). You must c		_		-	rement an	a an attentiveness			
	organization received					na I Tyna I	II. Tyme III			
	-					pe i, Type	п, туре п			
f Enter the number of supp	ed, or Type III non-func				uon.					
g Provide the following infor							• • • • • • • • • • • • • • • • • • • •			
(i) Name of supported organization		(iii) Type of organization	five in the	organization	(v) Amount	of manetani	(vi) Amount of			
(i) Hame of Supported organization	(1) = (1)	(described on lines 1-10		ur governing	suppo		other support (see			
		above (see instructions))		ment?	instru	ctions)	instructions)			
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Page 2

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	528,671.	441,514.	881,828.	389,649.	1,018,917.	3,260,579.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	528,671.	441,514.	881,828.	389,649.	1,018,917.	3,260,579.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						229,124.
6	Public support. Subtract line 5 from line 4						3,031,455.
Sec	tion B. Total Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	528,671.	441,514.	881,828.	389,649.	1,018,917.	3,260,579.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	219,360.	376,829.	156,047.	241,649.	327,155.	1,321,040.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE				NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	138 <u>,5</u> 94.	151,025.	93,612.	31,115.	NONE	414,346.
11	Total support. Add lines 7 through 10						4,995,965.
12	Gross receipts from related activities, etc. (se	e instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.		<u> </u>	third, fourth, o	or fifth tax yea	ras a section	501(c)(3)
	tion C. Computation of Public Supp						
	Public support percentage for 2021 (lin						60.68 %
	Public support percentage from 2020 S						51.90 %
	33 1/3 % support test - 2021. If the orga					•	
	box and stop here. The organization qua						
	33 1/3 % support test - 2020. If the orga						
	this box and stop here. The organization						
1 / a	10%-facts-and-circumstances test - 20						
b	10% or more, and if the organization Part VI how the organization meets the organization	ne facts-and-cir D20. If the organization meets the	cumstances tes 	t. The organiza t check a box of mstances test, of	ation qualifies a on line 13, 16a check this box	as a publicly su , , 16b, or 17a, a and stop here.	pported and line Explain
18	organization	did not check	a box on line	13, 16a, 16b,	17a, or 17b, o	check this box a	and see
							

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			·-			
Cal	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	3					
	received. (Do not include any "unusual grants.")	1		1		İ	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1	i			1
	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					l	
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	1					
	furnished by a governmental unit to the				}		
	organization without charge		1				
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
I a	received from disqualified persons	ļ					
b	Amounts included on lines 2 and 3						
-	received from other than disqualified			i			
	persons that exceed the greater of \$5,000		ľ		i]	
	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support, (Subtract line 7c from		-				
500	tion B. Total Support						
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(6) 2010	(0) 2013	(4) 2020	(e) 2021	(1) Total
9 10 a	Amounts from line 6						
Ισα	payments received on securities loans,						
	rents, royalties, and income from similar						
L	Sources			-			
D	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						
	activities not included in line 10b, whether					. 1	
	or not the business is regularly carried on.						
12	Other income. Do not include gain or			i			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) [
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here.			<u></u>			▶
Sect	ion C. Computation of Public Supp	oort Percenta	ge				
	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lin	e 15			16	%
Sect	ion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org				_	re than 331/3 %,	and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	ization qualifies	as a publicly su	pported organizat	ion ▶
	331/3% support tests - 2020. If the orga					-	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d						
JSA							4 (Form 990) 2021
IE1221	1.000						

Schedule A (Form 990) 2021

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se	ection	A.	A!I	Supporting	Organizations
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- 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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? It "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		_	Yes	NO
9 <i>y</i>	1			
s				
	2	ļ		
r	3a			
d e	3b			
)	3c			
f	4a			
1	4b			
1				
•	4c	_		
1				
			ł	
	5a			
	1			
	5b	_		
	5c	_		
	6			
	7			
	8			
	9a	_	\dashv	
	9b	_	_	
	9c		-	-
	10a		_	
	10b			
ıls	A (For		1000	2021

Sched	ule A (Form 990) 2021			Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		1
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
Soci	ion B. Type I Supporting Organizations	11c		
0001	Ton B. Type I Supporting Organizations		Yes	Ma
			163	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			[
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
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	li		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		,	
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
		$\neg \neg$	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	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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		Ì	
	the organization's governing documents in effect on the date of notification, to the extent not previously	i		
	provided?	_1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ľ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's		ľ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr <u>u</u>	ctions)
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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,		- 1	
	how the organization was responsive to those supported organizations, and how the organization determined	- 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		-	
IJ	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		- 1	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	1		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		T	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	26		

P	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization		rago
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
¢	Fair market value of other non-exempt-use assets	1c		-
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall (see instructions).	y integrat	ed Type III supporting	organization

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	\Box	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	17	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount	,		10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021			ł	
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021			1	
a	From 2016			_	
b	From 2017			_	
	From 2018			-	
d	From 2019			_	
e	From 2020			\rightarrow	
f_	Total of lines 3a through 3e			-	
<u>g</u>	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount			_	
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			 -	
4	Distributions for 2021 from				
	Section D, line 7: \$			+	·
a b	Applied to underdistributions of prior years Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			\rightarrow	
5	Remaining underdistributions for years prior to 2021, if			-	
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.	Ì			
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
Ū	and 4b from line 1. For result greater than zero, explain in			-	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			+	
•	and 4c.				
8	Breakdown of line 7:			+	
a	Excess from 2017				
b	Excess from 2018			+	
c	Excess from 2019			\dashv	-
d	Excess from 2020,			\dashv	
	Excess from 2021			\dashv	
-					

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

1b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

Employer Identification number

OMB No. 1545-0047

NORTHERN OKLAHOMA COLLEGE FOUNDATION 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Yes Conservation Easements. Part II 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register............. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 4 Number of states where property subject to conservation easement is located ▶ _ 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 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

- b If the organization elected, as permitted under FASB 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:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Sch	edule D (Form 990) 2021 NO	RTHERN OKLAHOM	A COLLE	GE-FOUNI	DATION		73-	0770227	Page 2
Р	art III Organizations Maintain					or Other Simil			
3	Using the organization's acquisiti								
	collection items (check all that app	oly):							
а	Public exhibition		d	Loan or	exchang	je program			
b	Scholarly research		e	Other					
C	Preservation for future gene	erations	_						
4	Provide a description of the orga		s and expla	ain how th	ey furthe	er the organiza	ion's exemp	of purpose	in Part
	XIII.				•	J	•		
5	During the year, did the organization	on solicit or receive	donations of	of art, histor	rical treas	sures, or other s	imilar		
	assets to be sold to raise funds rati							Yes	No
P	art IV Escrow and Custodial A								
	Complete if the organiza		es" on For	m 990, Pa	ert IV, lin	e 9, or reporte	d an amou	nt on Forr	n
	990, Part X, line 21.								
1a	Is the organization an agent, trus	tee, custodian or c	ther interm	nediary for	contribu	tions or other	assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing table	e:				
	•		•	_			Amount	1	
С	Beginning balance				1c				
	Additions during the year					+			
e	mat . 11 . 1 . 1 . 1					+			
Ē						+		_	
	Did the organization include an am						t liability?	Yes	No
	If "Yes," explain the arrangement is								— ""
200	Int V Endowment Funds.			4					
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990. Pa	rt IV. fine	e 10.			
		(a) Current year	(b) Prior		(c) Two year		ee years back	(e) Four year	rs back
1.	Paginning of year balance	9,481,497.		1,375.	7,324,		,855,065.		,246.
	Beginning of year balance Contributions	20,408.		2,236.	104,		173,403.		,477.
		20,100.		2,2301	1017		173, 1031	1,33	, , , , ,
C	Net investment earnings, gains,	-1,122,362.	1 92	0,076.	177,	483	600,104.	102	,530.
	and losses	1,122,302.	- 1,32	0,0,0.	2.,,	403.	000,104.	132	, 330.
	Grants or scholarships								
е	Other expenditures for facilities	108,774.	1.0	2,190.	125	703	202 850	1.61	100
_	and programs	100,774.	10	2,130.	135,	103.	303,859.	101	,188.
	Administrative expenses	8,270,769.	0.40	1 407	7,471,	275	,324,713.	5 OFF	0.65
g	End of year balance			1,497.			, 324, /13.	6,855	,005.
2	Provide the estimated percentage			(line 1g, co	olumn (a))	held as:			
	Board designated or quasi-endowm Permanent endowment ► 6.83		_ 70						
	·	<u>%</u>							
C			1001/						
	The percentages on lines 2a, 2b, a			AL		4 - 4	C 41		
a	Are there endowment funds not in t	ine possession of th	ie organizat	ion that are	e neid an	a administered	ror the	Yes	No
	organization by:								NU
	(i) Unrelated organizations							3a(i)	 -
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the relate	-						3b	
	Describe in Part XIII the intended us		tion's endow	ment funds	i				
Pai	t VI Land, Buildings, and Equ Complete if the organiza	ipment. ition answered "Ve	s" on Forn	n 990 Pa	rt IV line	11a See Fo	m 990 Pa	rt X line 1	٥
	Description of property	(a) Cost or		(b) Costorol		(c) Accumulated		Book value	.
		(invest		(other		depreciation	1		
	Land						1		
	Buildings								
C	Leasehold improvements								
d	Equipment			148	3,393.	148,393	3.		

Part VII Investments - Other Securities. Complete if the organization answer	AHOMA COLLEGE FOU		B-0770227 Pag
(a) Description of security or category	(b) Book value	, Part IV, line 11b. See Form 990,	
(including name of security)	1	Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests	•		
(3) Other			
(A) MUTUAL FUNDS-EQUITY	948,006.	FMV	
(B) MUTUAL FUNDS-FIXED INCOME	892,416.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨	1,840,422.		
Part VIII Investments - Program Related.			an book of the
Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.	UN4 P = 000	D 1871: 441 0 E 000	D 137 II 45
Complete if the organization answere	· 	Part IV, line 11d. See Form 990,	
	escription		(b) Book value
(1)CD			NONE
(2)POOLED FUNDS			10,294,163.
(3)LIMITED PARTNERSHIP			421,331.
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)		4	
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)	Ilne 15.),		10,715,494.
Part X Other Liabilities. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
fine 25.	ption of liability		(b) Book value
Federal income taxes			(-1
(2) (3)			
4)			···
5)			
6)			

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Annex management	NORTHERN OKLAHOMA COLLEGE FOUNDATION		-UTTUZZT Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	-399,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,724,744.
3	Subtract line 2e from line 1	3	1,325,443.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,325,443.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn,	
1	Total expenses and losses per audited financial statements	1	1,150,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ŀ	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	ļ	
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	277,700.
3	Subtract line 2e from line 1	3	872,583.
4	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 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
THE RESERVE	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	872,583.
	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2		line 4: Bert V line
	אור descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		
oee c	NUDDI EMENUAL DAGE		
DEE S	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

PART V, LINE 4

ALL ENDOWMENT FUNDS ARE HELD FOR SCHOLARSHIP PURPOSES.

PART X, LINE 2

THE FOUNDATION EVALUATES AND ACCOUNTS FOR ITS UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH ASC TOPIC 740, "INCOME TAXES", INCLUDING THE FOUNDATION'S TAX POSITION AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY. THROUGH THE FOUNDATION'S EVALUATION OF ITS UNCERTAIN TAX POSITIONS, MANAGEMENT HAS DETERMINED NO UNCERTAIN TAX POSITIONS EXISTED AS OF JUNE 30, 2020 OR 2019, WHICH WOULD REQUIRE THE FOUNDATION TO RECORD A LIABILITY FOR UNCERTAIN TAX POSITIONS IN ITS FINANCIAL STATEMENTS.

PART XI, LINE 2D

FUNDRAISING EXPENSES NET WITH INCOME \$43,399

PART XII, LINE 2D

FUNDRAISING EXPENSES NET WITH INCOME \$43,399

SCHEDULE G

(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number NORTHERN OKLAHOMA COLLEGE FOUNDATION 73-0770227 Fundraising Activities, Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part, 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants е b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations ď 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundralser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 5 6 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts greater than 40,00	v.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LETTER-A-THON	E-SPONSORS	6	(add col. (a) through
40		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	54,175.	26,035.	109,297.	189,507
œ	2 Less: Contributions	54,175.	26,035.	86,527.	166,737
	3 Gross income (line 1 minus	51/215	20,0001	00/02.1	200,701
	line 2)			22,770.	22,770
	4 Cash prizes				
	5 Noncash prizes		:	293.	293
suses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages			9,699.	9,699
)irec	8 Entertainment			16,784.	16,784
	9 Other direct expenses			16,176.	16,623
	4.0 Direct company asymmetry Add line	as 4 through 0 in solu	(d)		40.000
	10 Direct expense summary. Add line11 Net income summary. Subtract line	s 4 through 9 in colu	IIIII (a)		43,399. -20,629
Da	rt III Gaming. Complete if the orga	nization answered "	Voe" on Form 990 F	Part IV line 10 or	reported more than
	\$15,000 on Form 990-EZ, line	e 6a.	103 011 10111 000, 1	are iv, into 15, or	reported more than
<u>o</u>		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		(a) bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
è					
-	1 Gross revenue				
ses	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs	_			
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	Yes% No	
	7 Direct expense summary. Add line	s 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Sub	otract line 7 from line	1, column (d)		
9	Enter the state(s) in which the organ	nization conducts gar	ming activities:		
a	Is the organization licensed to cond If "No," explain:	uct gaming activities	in each of these states	5?	Yes No
b	п по, ехріант		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		\ -
10a	Were any of the organization's gaming				Yes No
b	If "Yes," explain:				

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	a trust or a member of a partnership or other entity	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization s and the amount of gaming revenue received by the organization p and the amount of gaming revenue received by the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Independent contractor The organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No benefit the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year \$ 200.00	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Sche	dule G (Form 990 or 990-EZ) 2021 NORTHERN OKLAHOMA COLLEGE FOUNDATION 73-0770227 Page \$
formed to administer charitable gaming?	n:	formed to administer charitable gaming?	formed to administer charitable gaming?	formed to administer charitable gaming?	11	Does the organization conduct gaming activities with nonmembers?
Indicate the percentage of gaming activity conducted in: The organization's facility	n:	a Indicate the percentage of gaming activity conducted in: a The organization's facility	a Indicate the percentage of gaming activity conducted in: a The organization's facility	a Indicate the percentage of gaming activity conducted in: The organization's facility	12	
a The organization's facility	and the 13a	a The organization's facility 13a 9,6 b An outside facility 13b 9,6 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? .	a The organization's facility b An outside facility 13a	a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, "enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		
b An outside facility	party from whom the organization receives gaming by the organization and the No yes No	b An outside facility	b An outside facility	b An outside facility	13	Indicate the percentage of gaming activity conducted in:
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	party from whom the organization receives gaming	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Description of services provided ▶ Director/officer	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party: Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$	party from whom the organization receives gaming	Name ►	Name ►	Name ►	b	
Address ▶	party from whom the organization receives gaming	Address ▶	Address ▶	Address ▶	14	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	party from whom the organization receives gaming	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶
revenue?	by the organization > \$ and the > \$	revenue?	revenue?	revenue?		Address ▶
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	by the organization > \$ and the \$	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	15 a	
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	• \$	amount of gaming revenue retained by the third party ▶ \$ c. If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	h	If "Ves " enter the amount of gaming revenue received by the organization > \$ and the
c If "Yes," enter name and address of the third party: Name ▶		c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	C If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	C If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		amount of gaming revenue retained by the third party • \$
Address ►		Address ►	Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	C	
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$		Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	Name ►	Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶
Name ▶ Gaming manager compensation ▶ \$		Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address ►
Gaming manager compensation ▶ \$		Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Description of services provided ▶ Director/officer	Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:
Gaming manager compensation ▶ \$		Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Description of services provided ▶ Director/officer	Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Name ▶
Description of services provided ▶		Director/officer	Director/officer	Director/officer		
		And atory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	And atory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	And atory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Description of services provided ▶
Director/officer Employee Independent contractor	Independent contractor	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor
17 Mandatory distributions:		retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	retain the state gaming license?	17	Mandatory distributions:
		b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	a	
retain the state gaming license?Yes		or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	Yes No	Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b	· · · · · · · · · · · · · · · · · · ·
	Yes No e law to be distributed to other exempt organizations		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Dow	
or spent in the organization's own exempt activities during the tax year ▶ \$	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$		(000 1104 004010).		Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
retain the state gaming license?		or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		retain the state gaming license?
		or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	h	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b	· · · · · · · · · · · · · · · · · · ·
	Yes No e law to be distributed to other exempt organizations		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		
or spent in the organization's own exempt activities during the tax year ▶ \$	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$		(see instructions)	(see instructions).	Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(coo men denone).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(ede mendene).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(ede men denome).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(ede men denome).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(coo men donone).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(coe men donone).				
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Yes No le law to be distributed to other exempt organizations ling the tax year ▶ \$ anation required by Part I, line 2b, columns (iii) and (v), and	(coe men dononie).				
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2021

OMB No. 1545-0047

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

► Attach to Form 990.

Employer identification number

73-0770227

NORTHERN OKLAHOMA COLLEGE FOUNDATION

å the selection criteria used to award the grants or assistance? 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5.000. Part II can be duplicated if a Part II

	(a)	(if applicable)	(u) Amount or cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							

Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) 2021

1E1288 1.000

Page 2

Schedule I (Form 990) (2021)

Part III

orm 990) (2021)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

cash grant of non-ca	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
196,654.			
	į		
ired in Part I, line 2	, Part III, co	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	ner additional
ired in Part I, line 2	Part III, co	umnl	(b); and any oth

PART I, LINE 2

THE COLLEGE SELECTS RECIPIENTS BASED ON FINANCIAL NEED AND ACADEMICS. IF

THE SCHOLARSHIP IS PRIVATE, THE DONOR SETS THE CRITERIA AND SELECTS THE

RECIPIENTS.

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

NORTHERN OKLAHOMA COLLEGE FOUNDATION

73-0770227

PART VI, LINE 2

TRUSTEE, MARK DETTEN IS A COUSIN TO TRUSTEE, ANITA SIMPSON

PART VI, LINE 11B

PRIOR TO FILING, A COPY OF THE FORM 990 WILL BE PROVIDED TO ANY BOARD MEMBER UPON REQUEST.

PART VI, LINE 19

ALL DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI, LINE 12C

A CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL TRUSTEES.

Name of the organization NORTHERN OKLAHOMA COLLEGE FOUNDATION Employer Identification number

73-0770227

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ______

DESCRIPTION

ENDING BOOK VALUE OR FMV

COST

-----COMMON STOCK

_____ 918,455.

FMV

TOTALS

918,455.
