Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2024 calendar year, or tax year beginning $$ JUL $1,$ 2024	and	ending J	UN 30,	2025			
В	Check is applicat	C Name of organization Northern Oklahoma College					ication number		
	Addr	ess There are the transfer of							
F	Nam chan	e ge Doing business as			73-0	7702	27		
	Initia returi Final	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephon	E. Telephone number			
L	returi termi ated	PO BOX JIU					-6208		
	ated ∏Amer	and a series of provinces, address of the legal pooles occ	le		G Gross receip	ts \$	1,793,711.		
_	returi Appli	1011Rawa, OK 74833-0310			H(a) Is this a	-			
_	tion pend	F Name and address of principal officer: Street L Stryder				ordinates			
_		same as C above			H(b) Are all sub				
			r(a)(1) c	<u>r 527</u>			list. See instructions		
	Webs				H(c) Group 6				
	art I	forganization: X Corporation Trust Association Other		L Year o	of formation; 1	961	M State of legal domicile: OK		
1 4	1				61	3 - 7			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${f Torthern}$ Oklahoma College							
L.	2	Check this box if the organization discontinued its operations or	dispos	ed of more t	than 25% of it	s net ass	sets.		
00	3	Number of voting members of the governing body (Part VI, line 1a)				3	20		
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line	1b) .		.,	4	14		
8	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)				5	0		
Ξ	6	Total number of volunteers (estimate if necessary)			******************	6	15		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					0.		
		2 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1			Prior Yea		Current Year		
ne ne	8	Contributions and grants (Part VIII, line 1h)			913,		813,886.		
Revenue	9	Program service revenue (Part VIII, line 2g)				961.	126,309.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			59,	300.	179,679.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1 050	0.	0.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			1,058,		1,119,874.		
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			541,	0,1.	806,172.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)				0.			
ses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	o-10)			0.	0.		
Expenses	102	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 96	2 20	·····	R 11 411 200 101	0.	0.		
Ext		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			206	657.	224 055		
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			747,		234,055. 1,040,227.		
	10	Revenue less expenses. Subtract line 18 from line 12			311,		79,647.		
- S	10	revende leas expenses, eachtact fine 10 noith fine 12	*********	Bea	inning of Curre		End of Year		
ets	20	Total assets (Part X, line 16)			L7,945,		20,180,932.		
Ass Bal	21	Total liabilities (Part X, line 26)		·····		763.	0.		
ESE ESE		Net assets or fund balances. Subtract line 21 from line 20			17,936,		20,180,932.		
Pa	rt II	Signature Block			7555				
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying sch	nedules :	and statemen	its, and to the b	est of my	knowledge and belief, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information	of which	ch preparer h	as any knowled	lge.	J		
Sigr		Signature of officer			Date				
Here	9	Sheri Snyder, Executive Director							
		Type or print name and title							
		Preparer's name Preparer's signature		Da	ate	Check	PTIN		
aid		James D. Hinkle James D. Hink	:1e			u self-employa			
rep		Firm's name Hinkle & Company, PC			Firm's	EIN 2	7-1494012		
Jse (Only	Firm's address 5028 E. 101st Street							
		Tulsa, OK 74137			Phone	no.918	8-492-3388		
Иaу	the IF	RS discuss this return with the preparer shown above? See instructions					X Yes No		

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(Expenses \$

806,172.

including grants of \$

Form 990 (2024)

Total program service expenses

Other program services (Describe on Schedule O.)

Form 990 (2024) Foundation, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		İ	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- r		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
10	If "Yes," complete Schedule D, Part IV	9		-23
10		ا مد ا	v	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	10000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.	50.51		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		X
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes."		$\neg \neg$	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	x	
	, complete contention in a large state of the state of th			

Foundation, Inc. 73-0770227 Form 990 (2024) Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, 28 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 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 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 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

					Yes j	NO
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	41		7.44	NETS.
Ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

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Form 990 (2024)

Pal	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		100000	77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	\vdash	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\vdash	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c	The State of the S	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\vdash	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	and the second s	8	Assessments	
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1203	7 10	-3112
а	Initiation fees and capital contributions included on Part VIII, line 12	100		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	100	BEE .	
	amounts due or received from them.)		RAN	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			0=10
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 the			
	organization is licensed to issue qualified health plans			146
	Enter the amount of reserves on hand	ALLE	Res .	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,,		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			111
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		77.4	12/10

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 Yes No 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Each committee with authority to act on behalf of the governing body? X 8b 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 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 with a X taxable entity during the year? 16a 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 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records Rachel Love - (580)628-6239 Tonkawa, OK PO Box 310, 74653-0310

432006 12-10-24

Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c unle	Pos heck ss pe	more rson i	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Diana Watkins	5.00								470 647	44 4
Chief Executive Officer	36.00	X		X		<u> </u>	_	0.	170,645.	11,375.
(2) Anita Simpson	11.00	-		77					105 201	0.050
Treasurer	30.00	X		Х			<u> </u>	0.	125,391.	8,852.
(3) Sheri Snyder Executive Director	11.00	x		х				0.	99,710.	10 120
(4) Candy Oller	41.00	1	-	Δ.		 	├	0.	33,710.	10,139.
Trustee	0.00	X						0.	52,079.	13,949.
(5) Kayla Wooderson	31.00			_			-		32,0131	TO 1 D E D .
Trustee	10.00	x						0.	41,807.	8,852.
(6) Ciera Kirby	41.00									
Secretary	0.00	X		Х				0.	41,030.	8,852.
(7) Tom Poole	1.00						-			
Chair		X		X				0.	0.	0.
(8) Brad Purdy	1.00									,
Vice Chair		X		X				0.	0.	0.
(9) Misty Diemer-Thurman	1.00									
Past Chair		X		X			L.,	0.	0.	0.
(10) Jason Turnbow	1.00									
Trustee		X						0.	0.	0.
(11) Mike Loftis	1.00									
Trustee		X	Ш			Ш		0.	0.	0.
(12) Lynn DeFunk	1.00									
Trustee		X		_				0.	0.	0.
(13) Cheryl Evans	1.00									_
Trustee	4 00	X		_				0.	0.	0.
(14) Jodi Cline	1.00									
Trustee	4 00	X	_		_			0.	0.	0.
(15) Ken Bellmard	1.00	7.7						0		
Trustee	1 00	Х		-	_	-		0.	0.	0.
(16) Patrick Zimmerman	1.00	32						^		0
Trustee (17) Jackie Conrady	1.00	X			-	\vdash		0.	0.	0.
Trustee	T.00	X						0.	0.	0
1145556		Δ						0.	0.	0.

432007 12-10-24

Form 990 (2024)

Part VII Section A. Officers, Directors, Trus	tees. Kev Emi	valc	ees.	and	Hid	ghes	t C	ompensated Employee	S (continued)			. ugo
(A)	(C)					,, ,	(D)		Т	(E)		
Name and title	(B) Average	Position						Reportable	(E) Reportable		(F) Estima	
Name and ting	hours per					than o s both		compensation	compensation		amour	
	week					r/trus		from	from related		othe	
	(list any	īģ.						the	organizations		compen	
	hours for	direc				9		organization	(W-2/1099-MISC/		from 1	
	related	89	istee	li		nsate		(W-2/1099-MISC/	1099-NEC)	1	organiz	ation
	organizations	trus	nal fro)yee	ошо		1099-NEC)			and rel	ated
	below	ndividual trustee or director	Institutional trustee	Je:	Key employee	nest c Noyee	ner				organiza	tions
	line)	Indi	Inst	Officer	Key	Highest compensated amployee	For			\perp		
(18) Patrick Anderson	1.00											
Trustee		X						0.	0			0.
(19) Gordon Laird	1.00											
Trustee		X						0.	0			0.
(20) Clayeton Hammock	1.00											
Trustee		X						0.	0			0.
										Т		
										T		
				i						\top		
						li						
				\Box						+		
			\dashv							+		
		_					_			+		
4b Cohtatal							_	0.	530,662	+-	62,0	110
1b Subtotal	O A							0.	330,002	-	02,0	0.
c Total from continuation sheets to Part VII								0.	530,662		62,0	
d Total (add lines 1b and 1c)										• [02,0	119.
2 Total number of individuals (including but no	ot ilmited to the	ose i	iste	d ab	ove,) who	o re	ceived more than \$100,0	JUU of reportable			^
compensation from the organization		_	_				_				TV	0
											Yes	No
3 Did the organization list any former officer,		e, k	ey e	mplo	oyee	e, or	high	nest compensated empl	oyee on			1
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the sur									•			PS.
and related organizations greater than \$150											4 X	₩
5 Did any person listed on line 1a receive or a							late	d organization or individ	ual for services		1526	
rendered to the organization? If "Yes." comi	olete Schedule	J fc	r su	ch p	erso	on .					5	X
Section B. Independent Contractors												
 Complete this table for your five highest con 	npensated ind	eper	nden	t co	ntra	ctor	s th	at received more than \$	100,000 of compens	atio	n from	
the organization. Report compensation for the	ne calendar ye	ar e	ndin	g wi	th o	r wit	hin	the organization's tax ye	ar.			
(A)								(B)			(C)	
Name and business a	address	NC	ΝE				_	Description of se	ervices	Cor	npensati	on
							\perp					
<u> </u>							\perp					
							T					
							T					
							\dagger					
2 Total number of independent contractors (in	cluding but po	t lim	ited	to ti	haer	e liet	ed ·	ahove) who received mo	re than	10 10	HOLES OF	7 14 15 111
\$100,000 of compensation from the organize		- 1111		LJ LI	0		Ju 1	2207 WHO 1000IVOG IIIO	alian			

Form 990 (2024) Foundat
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Total revenue		business revenue	from tax under
						sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8	Federated campaigns1a	I SHANDS IN THE			
Jrail of	ŀ	Membership dues1b				
S, C	(Fundraising events1c				
E E	(Related organizations				
S, E	6	Government grants (contributions)				
tio it	f	All other contributions, gifts, grants, and				
畸		similar amounts not included above 1f 813,886				
o de	٤	Noncash contributions included in lines 1a-1f 1g \$ 375,327			Market 180	
<u>0</u> k	L	Total. Add lines 1a-1f	813,886.	Military and Sales		1月月1日1日1日1日
		Business Co.				
S	2 2	Lectureships 711130		67,775.		
e S	b	Administrative Fees 561000		53,324.		
n Si	C	Book Fair 459210	5,210.	5,210.		
Program Service Revenue	C					
rog	€					
σ.	f		106 200			
			126,309.		(SEEBLE-ENERGY)	HE IS COME ON
	3	Investment income (including dividends, interest, and	151 600			151 600
		other similar amounts)	151,690.			151,690.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Real (ii) Persona				
	6 a					
	0	Less: rental expenses 6b Rental income or (loss) 6c				
	C	` '				
		Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other		A PAGE OF THE PAGE		
	/ a					
		assets other than inventory 7a 701,826.				
ø.	D					
ther Revenue		and sales expenses 7b 673,837. Gain or (loss) 7c 27,989.				
eve		Net gain or (loss)	27,989.			27,989.
F		Gross income from fundraising events (not	21,305.		NEW YORK THE	21,303.
Ę,	0 4					
ö		contributions reported on line 1c). See				
		Part IV, line 18				
	b	Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See			Eman sustained	
	0 4	Part IV, line 19 9a				
	h	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Business Cod			Zales Santa	(3) (4) (4) (5) (5) (5)
Miscellaneous Revenue	11 a					
ĕ	b					
eve	c					
Sc	d	All other revenue				
2		Total. Add lines 11a-11d				Baselina le plant
	12	Total revenue. See instructions		126,309.	0.	179,679.
432009	12-10					Form 990 (2024)

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). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (**D)** Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 507,566. 507,566. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 298,606. 298,606. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (nonemployees): a Management Legal 16,113. 16,113. Accounting Lobbying Professional fundraising services. See Part IV, line 17 70,938. Investment management fees _____ 70,938. Other. (If line 11g amount exceeds 10% of line 25, 92,513. 92,513. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,199. 2,199. Office expenses 13 43,148. 43,148. Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,221. 2,221. 23 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.) C d 6,923. 3,147. 3,776. All other expenses 1,040,227. 806,172. 137,766. 96,289. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2024)
Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		····	
		Bed	(A) inning of year		(B) End of year
_	1		220,426.	1	111,043.
	2	Savings and temporary cash investments	1,304.	2	111,013.
	3	Pledges and grants receivable, net	1,301.	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	"	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	ACCUPATION OF THE PARTY OF
	6	Loans and other receivables from other disqualified persons (as defined		J	
		(0.00 (1.00		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other	e no invitadi di	9	DESCRIPTION OF THE PARTY OF THE
	100	basis. Complete Part VI of Schedule D10a	HAVE BEEFE		
	h	Less: accumulated depreciation 10b		10c	
	11		,086,374.	11	3,293,140.
	12		,637,884.	12	16,776,749.
	13	Investments - program-related. See Part IV, line 11	,001,001.	13	10/1/0/1451
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	,945,988.	16	20,180,932.
	17	Accounts payable and accrued expenses	9,763.	17	20,100,002.
	18	Grants payable	5,,031	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig	-	controlled entity or family member of any of these persons		22	
<u></u>	23	Secured mortgages and notes payable to unrelated third parties	-	23	
	24			24	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	9,763.	26	0.
		Organizations that follow FASB ASC 958, check here		20	
es S		and complete lines 27, 28, 32, and 33.		12.3	
Ę,	27		,015,063.	27	6,098,416.
39	28		,921,162.	28	14,082,516.
P		Organizations that do not follow FASB ASC 958, check here		20	
E		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	32		,936,225.	32	20,180,932.
_	33		,945,988.	33	20,180,932.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.,04		
3	Revenue less expenses. Subtract line 2 from line 1	3				47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,93	6,2	25.
5	Net unrealized gains (losses) on investments	5	2	,16	5,0	60.
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 0)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	,18	0,9	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:				199	
	X Separate basis Consolidated basis Both consolidated and separate basis				NEW!	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				The s	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 ((2024)

432012 12-10-24

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Northern Oklahoma College

Foundation, Inc.

Employer identification number 73-0770227

Pa	irti	Reason for Public	Charity Status.	(All organizations must	complete t	his part.) S	See instructions.								
The	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	heck only	one box.)									
1		A church, convention of ch		· · · · · · · · · · · · · · · · · · ·	_	-	1)(A)(i).								
2		A school described in sect					· 16 - 16 - 16 - 16 - 16 - 16 - 16 - 16								
3		A hospital or a cooperative				YKY4VAVi	in								
4								the beenitally name							
4		A medical research organiz	sanon operated in co	injunction with a nospita	i described	iii secut	an rro(n)(r)(A)(iii). Einei	the hospital's hame,							
_	X	city, and state:		0	J	_ 1									
5	Δ	An organization operated for		illege or university owner	or operat	ed by a go	overnmental unit describ	ea in							
		section 170(b)(1)(A)(iv). (0													
6	\vdash	A federal, state, or local go													
7		An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in							
		section 170(b)(1)(A)(vi). (C	Complete Part II.)												
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)										
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a land-grant	college							
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or							
		university:													
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from													
		activities related to its exer													
		income and unrelated busin						_							
		See section 509(a)(2). (Co		nood obolion on rany in	× 11 0001100	ooo acqa	rod by the organization t	and dano do, rozo.							
11		An organization organized		ively to test for public sa	faty Saa	caction El	20(2)(4)								
12		An organization organized :						nurnages of one or							
12		more publicly supported or													
								Sheck the box on							
		lines 12a through 12d that													
а		Type I. A supporting orga				_		0 0							
		the supported organization			majority o	of the direc	tors or trustees of the s	upporting							
		organization. You must o													
b		Type II. A supporting org						_							
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported							
		organization(s). You mus	t complete Part IV,	Sections A and C.											
C		Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functionally integrate	ed with,							
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.								
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi:	zation(s)							
		that is not functionally int	egrated. The organiz	ration generally must sat	isfy a distri	ibution rec	uirement and an attenti	veness							
		requirement (see instruct													
е		Check this box if the orga													
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,								
f	Ente	r the number of supported o	raanizationa	, ,											
q		ide the following information	-				***************************************								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	mization listed	(v) Amount of monetary	(vi) Amount of other							
		organization		(described on lines 1-10 above (see instructions))	in your governi	No.	support (see instructions)	support (see instructions)							
_				above (see manacaons)	100	110									
								-							
_	•			<u> </u>											
			Record to the latest and the latest												

Schedule A (Form 990) 2024 Part II

Foundation, Inc. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	3.3/	(-,	(5)	(2) 2020	197252	(i) retail
	membership fees received. (Do not						
	include any "unusual grants.")	389,649.	1018917.	776,051.	913,512.	813,886.	3912015.
2	Tax revenues levied for the organ-			·			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge			236,590.	240,976.	258,698.	736,264.
4	Total. Add lines 1 through 3	389,649.	1018917.	1012641.	1154488.	1072584.	4648279.
5	The portion of total contributions						10101751
•	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,						
	calumn (f)						600 045
	*******************************						628,045.
	Public support. Subtract line 5 from line 4.			The second second			4020234.
			510001				
	ndar year (or fiscal year beginning in)	(a) 2020 389,649.	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	369,649.	1018917.	1012641.	1154488.	1072584.	4648279.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	241,649.	327,155.	90,405.	88,609.	151,690.	899,508.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	31,115.					31,115.
11	Total support. Add lines 7 through 10		Sain Surfling out	pseasuring of			5578902.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	235,430.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stor						
	tion C. Computation of Publi						
	Public support percentage for 2024 (li				***************************************	14	72.06 %
15	Public support percentage from 2023	Schedule A, Part I	l, line 14			15	39.66 %
16a	33 1/3% support test - 2024. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2024. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop her	e. Explain in Part \	VI how the organiza	ation
	meets the facts-and-circumstances tea	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2023. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
						Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 Foundation, Inc. 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

Se	ction A. Public Support	elow, please comp	оюте Рап II.)				<u> </u>	
	indar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20	024 (f) Total	
	Gifts, grants, contributions, and	10, 2020	30,2021	10, 2022	(6) 2020	16) 21	U. (I) TOTAL	
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions.							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
2	Gross receipts from activities that							
3	are not an unrelated trade or bus-							
	iness under section 513							

4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	: Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)		mestaring and the	NOT LABOR TO STOLE	- miletonestores	I STORE I	in Survey	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20	024 (f) Total	
	Amounts from line 6	14) 2020	(6) 2021	(6) 2022	(0) 2020	(6) 20	124 (1) TOTAL	
	Gross income from interest,						_	
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources				İ	[
D	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
4.4	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b.							
	whether or not the business is							
	regularly carried on							
12	Other income, Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) org	ganization,	
	check this box and stop here						· [
Sec	tion C. Computation of Public	c Support Per	centage		*			
15	Public support percentage for 2024 (li	ne 8, column (f), d	ivided by line 13, c	olumn (f))		15		%
	Public support percentage from 2023					16		%
	tion D. Computation of Inves							7.0
	Investment income percentage for 20			ne 13. column (fil)		17		%
	Investment income percentage from 2		5 . 111 11 4-			18		
				n line 14 and line			d line 17 is not	70
เฮล	33 1/3% support tests - 2024. If the						a iine 17 is not F	
	more than 33 1/3%, check this box an				•		L	
b	33 1/3% support tests - 2023. If the						_	
	line 18 is not more than 33 1/3%, chec					_		_
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions		
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Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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ıule	A (Forn	n 990)	2024

Pa	rt IV Supporting Organizations (continued)			age 3
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	134 BB		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1000	170	
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	E30 48		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	200		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	113531		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		16.3	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1977	
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	19.5%		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion b. All Type III Supporting Organizations		1	
	Diddle and the control of the contro		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			5.1.
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		n and	nn?
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1113	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	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 instructions).	,		
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,			
	how the organization was responsive to those supported organizations, and how the organization determined			ions.
	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 involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	100000		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1126	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			13
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		No.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.	1000	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	2583		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	7		THE STREET STREET
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. 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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Billion the life with the last	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	PHERITAL DE LA PRIME	
4	Enter greater of line 2 or line 3.	4	ENLIGHED FOR MELSA	
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-functional		d Type III supporting organ	nization (see
	instructions).	,	, , , , , , , , , , , , , , , , , , ,	

Schedule A (Form 990) 2024

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	a)	J UNIVERSITY TAGET
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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	he organization is responsive	,		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024		(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024		NEW YORK OF THE PARTY OF THE PA		
а	From 2019		Thursday, John W.		
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)		MENTAL MARKET		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount	hear restrict Chartes and		14	
С	Remainder. Subtract lines 4a and 4b from line 4.				Angelopping in the state of
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024, Subtract lines 3h		District Control of the Control of t		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-0	
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022		Newson Baranalla		Her dissimal first in the little
d	Excess from 2023				
е	Excess from 2024				THE RESIDENCE OF THE PARTY.

Schedule A (Form 990) 2024

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

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Northern Oklahoma College Foundation

Employer identification number 73-0770227

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line		Sompleto il tato
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not	
	on a historic structure listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2d above s		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Transuras or Ot	her Similar Assets
i ca	Complete if the organization answered "Yes" on Form 9		ner Sittiliai Assets.
10			nal balanca abaat washa
Id	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for public		
h	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
0		nuven or other similar marks for financial	
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS		r.
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

1a Land

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X. line 25. col. (B))	

^{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

Schedule D (Form 990) (Rev. 12-2024)

ê [Employer identification number 73-0770227 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance X Yes College Support 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Supplies (f) Method of valuation (book, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, FMV, appraisal, Governments, and Individuals in the United States Go to www.irs.gov/Form990 for instructions and the latest information. Grants and Other Assistance to Organizations, FMV37,767. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 469, 799, cash grant (c) IRC section (if applicable) Northern Oklahoma College 73-1552496 GOVT General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Foundation, 1 (a) Name and address of organization Northern Oklahoma College or government Name of the organization Tonkawa, OK 74653 1220 E Grand Ave Department of the Treasury (Rev. December 2024) Internal Revenue Service SCHEDULE (Form 990) Part II Part

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

3 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) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12:2024) Foundation. Inc.

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

Part III can be duplicated if additional space is needed.

Page 2

73-0770227

at ill call de duplicated il additional space is liceded.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarshins	27.5	3000	c		
Part IV Supplemental Information. Provide the information required in P	uired in Part I, line	2; Part III, column (art I, line 2; Part III, column (b); and any other additional information.	ditional information.	
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SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Northern Oklahoma College

Foundation, Inc.

Questions Regarding Compensation

Employer identification number 73 - 0770227

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		331	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		10-65	
	First-class or charter travel Housing allowance or residence for personal use	800		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	63	376	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1550	1000	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	Ten.	H.L.	
	Independent compensation consultant Compensation survey or study		10 31	
	Form 990 of other organizations Approval by the board or compensation committee	3.19		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			740
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			75	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	SIA.		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		2 19	#1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	RIE.		
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	66		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	600	STREET,	
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 73-0770227

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that Individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Trtle		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Diana Watkins	Ξ	1 1	0	0	0.	0.	.0	0
Chief Executive Officer	8	170,645.	0.	0.	0.	11,375.	182,020.	0
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Schedule J (Form 990) (Rev. 12-2024)

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 73-0770227 Schedule J (Form 990) (Rev. 12-2024) Foundation, Inc. Part III Supplemental Information

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Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

(b)

Number of

(c)

Noncash contribution

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Types of Property

Northern Oklahoma College Foundation, Inc.

(a)

Check if

Employer identification number 73-0770227

(d)

Method of determining

		applicable	contributions or items contributed	amounts repor	ted on	noncash o	contribu		_	s
1	Art - Works of art		items continuated	Tomi 990, Fan Vi	n, line ig					
2	Art - Historical treasures									
3	Art - Fractional interests					 				
4	Books and publications		STORESTON AND AND ADDRESS.							
5	Clothing and household goods	X		6	811	Selling	Pri	~ _		
6	Cars and other vehicles				,	Derring	444			
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	337	560	Selling	Pri	7.0		
10	Securities - Closely held stock			337	, 500.	Derring				
11	Securities - Partnership, LLC, or					-				
•	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
.0	Historic structures									
14	Qualified conservation contribution - Other			-						
15	Real estate - Residential	X	1			Selling	Pric	70		
16	Real estate - Commercial					berring				
17	Real estate - Other			-						
18	Collectibles									
19	Food inventory	X	3		515	Selling	Drid	70		
20	Drugs and medical supplies				313.	Derring	111			
21	Taxidermy			-						
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Wrestling Clock)	X	3	16	000-	Selling	Pric	٠		
26	Other (Gates & Fencing)	X	2	5	008.	Selling	Pric	70		
27	Other (Sheep Semen)	X	2			Selling				
28	Other (Gift Certificat)	X	3			Selling				
29	Number of Forms 8283 received by the organiz			ntributions	1	Derring				
	for which the organization completed Form 828	_			29					
	is made and organization completed form oze	.o, 1 all v, D	shoo hokkio wicage	ement [25			T,	Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted on Part I line	e 1 throug	nh 20 that it	Γ		165	INO
	must hold for at least 3 years from the date of t						- 1		1	
	exempt purposes for the entire holding period?						ŀ	30a		X
h	If "Yes," describe the arrangement in Part II.							30a	rana l	41
31	Does the organization have a gift acceptance p	olicy that rea	militae the review o	f any nonetandard	contribut	ions?	ŀ	24		X
	Does the organization hire or use third parties of							31	\neg	
OLL	the second second							20-		Х
h	If "Yes," describe in Part II.		•••••••••••••••••••••••••••••••••••••••	,				32a		Λ
	If the organization didn't report an amount in co	dumn (c) for	a tune of property	for which column	a) in obse	lead	- 1			
	describe in Part II.	namm (c) tor	a type or property	TOT WITHOUT GOIGHTHE	aj is cried	nou,				
For P	aperwork Reduction Act Notice, see the Instr	uctions for	Form 990			Coho	dule M	(Enro	000)	2024

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Northern Oklahoma College Foundation, Inc.

Employer identification number 73-0770227

Form 990, Part VI, Section A, line 2:
Trustee Mark Detten is Treasurer Anita Simpson's cousin.
Form 000 Down VI Combine D. Line 11h.
Form 990, Part VI, Section B, line 11b:
Prior to filing, a copy of the Form 990 is provided to board members upon
request.
Form 990, Part VI, Section B, Line 12c:
A conflict of interest disclosure form is completed annually by all
trustees.
Form 990, Part VI, Section C, Line 19:
The conflict of interest policy, governing documents, and financial
statements are made available to the public upon request.

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

Schedule O (Form 990) (Rev. 12-2024)

SCHEDULER (Rev. January 2025) (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 Open to Public Inspection

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

Attach to Form 990.

Employer identification number 73-0770227

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Northern Oklahoma College Inc. Foundation, Name of the organization Parti

Direct controlling entity End-of-year assets (e) Total income 包 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

Section 512(b)(13) controlled entity?	No	┡		×					
Section	Yes								
(f) Direct controlling entity				N/A					
(e) Public charity status (if section	501(c)(3))								
(d) Exempt Code section				GOVT					
(c) Legal domicile (state or foreign country)				Oklahoma					
(b) Primary activity				Higher Education					
(a) Name, address, and EIN of related organization		Northern Oklahoma College - 73-1552496	1220 E Grand Ave	Tonkawa, OK 74653					

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

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Schedule R (Form 990) (Rev. 1-2025)

73-0770227

Inc. Foundation, Schedule R (Form 990) (Rev. 1-2025)

Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Identification of Related Organizations Taxable as a Partnership, organizations treated as a partnership during the tax year. Part III

(i) (k) General or Percentage managing ownership partner Yes No		,
Code V-UBI General or amanging amount in box managing 20 of Schedule R-1 (Form 1065) Yest No		
(h) Dispreperionate an allocations? Yes No K-1		
(g) Share of end-of-year assets	·	
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(c)	(g)	(e)	(t)	1	(h)	(€
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling Type of entity	Type of entity	Share of total	Share of	Percentage	Section 512(b)(13)
Cleared Olganication		foreign	dilliy	or trust)	LICOLLIE		diusiawo	entity?
		country)						Yes
	I							_
								-
								-
								_
								-

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) Foundation, Inc.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

73-0770227

Yes No

1 During the tax year, did the organization engage in any of the following transaction:	s with one or more rel	transactions with one or more related organizations listed in Parts IHV?	in Parts IHV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			<u>-</u>	Г	×
b Gift, grant, or capital contribution to related organization(s)				10	×	
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				1 0		×
e Loans or loan guarantees by related organization(s)				4		×
				2		
f Dividends from related organization(s)				*	T	×
g Sale of assets to related organization(s)				-	T	×
h Purchase of assets from related organization(s)				=		×
i Exchange of assets with related organization(s)				ij.	-	×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k ease of facilities equipment or other assets from related organization(s)			i i			Þ
	o inches			¥	\dagger	4 :
	nization(s)			=	1	×
	nization(s)			Ē	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę.	×	
 Sharing of paid employees with related organization(s) 				9		×
				9	×	
q Keimbursement paid by related organization(s) for expenses				19	1	×
					-	
				+	×	
اه				-S		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete this	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1)						
(2)						
(3)						
(4)						
(5)						
Ş						

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Schedule R (Form 990) (Rev. 1-2025) Foundation, Inc.

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

Page 4

73-0770227

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

						-			
(e)	(g)	<u> </u>	(a) (b)		(B)	Ē	8	8	(k)
Name, address, and EIN of entity	Primary activity	ë ë	Predominant income partners ser. (related, unrelated, 501(c)(3)		Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage lionate amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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hedule R (Form 990) (Rev. 1-2025) Foundation, Inc. Part VII Supplemental Information	73-0770227 F	Pag
Provide additional information for responses to questions on Schedule R. See instructions.	<u> </u>	
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