

**SEMINOLE STATE COLLEGE**

**REQUEST FOR PROPOSAL**

**EXTERNAL AUDIT SERVICES**

Issued by:  
SEMINOLE STATE COLLEGE  
FISCAL AFFAIRS OFFICE  
P. O. BOX 351  
2701 BOREN BLVD.  
SEMINOLE, OK 74818

REQUEST FOR PROPOSAL

RFP 202512-01

EXTERNAL AUDIT SERVICES

REQUEST ISSUED:  
December 1, 2025

PROPOSALS DUE:  
January 7, 2026  
2:00 PM

## PART I

### OVERVIEW OF SEMINOLE STATE COLLEGE

If you are not familiar with the College, you can find information about our College at the College's website [www.sscok.edu](http://www.sscok.edu).

#### **Campus Map**

A SSC Campus Map can be located on the College's website per the following link:  
<https://www.sscok.edu/admissions/Campus%20Map%20and%20Tours/index.html>

Seminole State College, established in 1931 as Seminole Junior College, is located in the east central portion of the state in Seminole, Oklahoma, a designated All-American City with a population of approximately 7,500.

Originally organized as an extension of the local high school, classes were held at Seminole High School and taught by high school faculty until 1969. In that year, the Oklahoma State Regents for Higher Education recommended the development of a state-supported junior college which would be separate from the local high school.

Responding to the challenge, Seminole citizens worked with state and local leaders to develop Seminole Junior College. Dr. Elmer Tanner was employed as the college's first president, and classes were offered at the First Presbyterian Church in Seminole.

The community continued its support for the new college by approving a \$250,000 bond issue, by an 8 to 1 margin, for construction of a college administration and classroom building and by donating forty acres for a new campus. In March 1971, the citizens of Seminole approved a one-cent sales tax to help support the college until 1975, when SJC became a fully state-supported institution. At the time, Seminole was the only community in the state of Oklahoma to ever impose a sales tax on itself for the support of a college.

In the spring of 1996, the Seminole Junior College Board of Regents passed a resolution requesting that the Oklahoma legislature and the Governor change the name of the institution to better reflect its institutional mission. The Oklahoma legislature and Governor Frank Keating approved the change of name to Seminole State College in May, 1996.

The college currently operates under the direction of Mrs. Lana Reynolds. She is the fifth president of Seminole State College and has served in that role since 2017.

## INTRODUCTION

Seminole State College is inviting proposals from certified public accounting firms interested in performing the following audits and related professional services as an “Alternative Bid Proposal” to be inclusive of A and/or B below and as indicated by the “Request for Proposal” and “Statement of Pricing” in Attachment II:

- A. As of June 30, 2025, and for the fiscal year then ended and four (4) separate renewal options for the Seminole State College General purpose financial audit (Prepared in Compliance with GASB) and Compliance audit of federally funded assistance programs, including student financial assistance programs as required by Uniform Guidance 2 CFR Part 200.
- B. As of December 31, 2025 and for the calendar year then ended and four (4) separate renewal options for the Seminole State College Educational Foundation General purpose financial audit (Prepared in Compliance with GASB) and IRS Form 990 Filing.

Seminole State College will prepare and provide financial statements and related footnote disclosures prepared in accordance with GAAP. Will also prepare and provide the trial balance and related worksheets to support the financial statements to the auditors, as well as any other required supporting documentation reasonably necessary to support the audit.

These audits and related object requirements are discussed in detail in the “Request for Proposal” (“RFP”). Firms will be asked to submit fee proposals based upon the scope of work as outlined.

A. Organization of Proposal.

The RFP is organized as follows:

Part I - Introduction

Part II - Terms and Conditions

Part III - Objectives and Requirements -General Purpose Financial Audit  
(Prepared in Compliance with GASB)

Part IV - Objectives and Requirements - Uniform Guidance 2 CFR Part 200

Part V - Pricing Proposal

Attachment I - Statement of Pricing

Attachment II – Seminole State College Annual Financial Report as of June 30, 2025

Attachment III- Seminole State College Education Foundation 990 as of December 31, 2024

Attachment IV - Non-Collusion Affidavit

B. Schedule. The following schedule will apply to this bid:

December 5, 2025 —Issue RFP

January 7, 2026—Proposals Open at 2:00 p.m.

(Hager-Chapman Center of the Ben & Bonnie Walkingstick Students Services Building)

January 15, 2026—SSC Board of Regents’ Consideration and Award of Contract

C. Inquires. Questions and inquiries concerning the RFP should be addressed to:

RFP Questions: Melanie Rinehart  
Vice President of Finance, Grants and Enrollment  
(405) 382-9277  
m.rinehart@sscok.edu

No pre-proposal conference will be held.

C. Proposal Format and Submission. The PROPOSAL and all attachments, to also include any applicable & acknowledged addenda, are to be included within the required submission.

1. The pricing formats in Attachment II will be used to submit all information concerning audit fees and other costs, if any, and other relevant factors.
2. The signature section on Attachment II must be signed.
3. Attachment III must be signed and notarized.
4. An original, two (2) copies and one (1) digital copy on a thumb drive of the bid must be submitted in a sealed envelope and signed by an authorized member of the firm.
5. Proposals will be submitted to:  
Mrs. Melanie Rinehart  
Vice President of Finance, Grants and Enrollment  
Seminole State College  
2701 Boren Blvd.  
P. O. Box 351  
Seminole, OK 74818-0351
6. Proposal envelopes must **clearly be marked on the outside of the sealed package** to:  
Seminole State College  
Attention: Melanie Rinehart, VP of Finance, Grants and Enrollment  
Bid Proposal Enclosed (202512-01)  
P. O. Box 351  
2701 Boren Blvd.  
Seminole, OK 74818
5. ***Facsimile and/or Email Proposals will NOT be accepted.***

## PART II

### TERMS AND CONDITIONS

- A. The following terms and conditions will govern in the submission and evaluation of proposals and the award of a contract. Firms submitting proposals are requested to carefully review the below terms and conditions.
- B. Contract Status. The response to this RFP will be considered as an offer to contract. Final negotiations on the best offer will be conducted to resolve any minor differences and informalities. After final negotiations, an acceptance of any modified RFP offer will be issued by the College in accordance with Part II, paragraph b.1. below.
1. Contract Format. The final contract will be comprised of this Request for Proposal (RFP) document, the firm's proposal (response thereto), all agreed-upon stipulations, and the final results of any negotiations.
  2. Contract Period. The contract will commence as mutually agreed beginning January 15, 2026. The contract will be for one (1) year with four (4) one-year options to renew, at the sole discretion of the College.
  3. Contract Termination for Cause. The College may terminate any resulting contract for cause by providing a Show Cause Letter to the auditor citing the instance of a noncompliance with the contract.
    - a. The auditor shall have ten (10) days to reply to the Show Cause Letter and indicate why the contract should not be terminated.
    - b. The auditor shall then have thirty (30) days to cure the noncompliance cited in the Show Cause Letter.
    - c. If the noncompliance is not cured within 30 days, the College will terminate the contract by an advance period, which is mutually agreeable.
  4. Contract Termination for Convenience. The College reserves the right to terminate this contract for convenience by providing written 30-day notice to the auditor.
  5. Contract Modification. Both parties prior to executing any change must agree to all changes to the contract in writing.
  6. Contract Assignment or Sub Contract. The resulting contract shall not be assigned, transferred, or sublet in whole or in part without the prior written approval of the College.
- D. Proposal Status.
1. Effective Period of Proposals. The bids/proposals submitted must remain in effect for a period of 90 days after the closing date.

4. Required Signatures. All signatures must be affixed on the form provided on Attachment II of the bid. Attachment III must be signed and notarized.
  3. Minor Informalities. The College reserves the right to wave minor informalities in proposals.
  4. Withdrawal of Proposals. Proposals may be withdrawn at any time prior to the closing date, but no respondent may withdraw a proposal after that date.
- D. Selection Criteria. The following criteria will apply in the selection of the accounting firm:
1. Have a diversified client base and have a demonstrated commitment to higher education so that the needs and requirements of Seminole State College are not unique to the firm.
  2. Have direct involvement/contact with regulatory bodies such as GASB, FASB, NACUBO, Oklahoma State Treasurer's Office, OMES and the Office of Management and Budget.
  3. Possess broad based technical support in areas such as audit, tax, IT, consulting, etc.
  4. Demonstrate knowledge of the Federal Cost Accounting Standards and Disclosure Statement Requirements. The firm must have the practical experience to apply this knowledge to the affected-sponsored grants and contracts and the institution's accounting practices.
  5. Demonstrate knowledge of Uniform Guidance 2 CFR Part 200 requirements, including direct and indirect cost compliance.
  6. Possess continuing professional education programs that equal or exceed industry standards and have at their disposal a network of training opportunities, not only for their own staff, but also for their clients.
- In addition to the above, the selection criteria will include:
- Fee Proposed for completion of the audits.
  - Responsiveness to proposal requirements as listed.
  - Time required to complete the audits. Ability to complete audits by the specified completion dates. Bids which specify later completion dates will not be considered.
- E. Bid Preparation Costs: Seminole State College is not liable for any expenses incurred by providers in the preparation and presentation of bids/proposals.
- F. Indemnification Requirements. The requirements listed below are mandatory for the protection and interest of the College.
1. Hold Harmless: The successful auditor shall indemnify, defend and hold harmless the College, its Regents, employees and authorized agent from any and all claims resulting

from the acts and/or omissions of the provider, its employees, directors or agents relating to and/or in the performance of the Contract.

2. Liens: The successful auditor shall keep the College free and clear from all liens asserted by any person or firm for any reason arising out of the furnishing of services or material by or to the auditor.
3. Choice of Law and Venue: The resulting contract shall be construed under the laws of the State of Oklahoma and venue in any action to enforce the contract shall be in Seminole County, Oklahoma.
4. Actions of Auditor. The actions of the successful auditor with third parties are not binding upon the College. The auditor is not a division of the College.

G. Pre-Award Presentations and Negotiations:

1. Pre-Award Presentations. As part of the bid/proposal evaluation process, the College may require presentations from the highest ranked providers.
2. Pre-Award Negotiations. Prior to award, the College may elect to conduct negotiations with the highest ranked providers for purposes of:
  - a. Resolving minor differences and informalities.
  - b. Clarifying necessary details and responsibilities.
  - c. Emphasizing important issues and points.
  - d. Receiving assurances from providers.
  - e. Exploring ways to improve the final contract.

H. Standard Terms and Conditions.

1. Non-Collusion Affidavit. Oklahoma laws require each provider submitting a competitive bid to the State of Oklahoma for goods or services to furnish a notarized sworn statement of non-collusion. Please complete the form provided as Attachment III.
2. Equal Employment Opportunity Requirement. In entering into any contract resulting from this bid, the provider agrees to comply with Equal Employment Opportunity requirements as stipulated in Executive Order 11246 and Executive Order 11375 and all subsequent amendments thereto and superseding orders.
3. Federal, State and Local Taxes, Licenses, and Permits. The successful provider will comply with all laws and regulations on taxes, licenses, and permits.

I. Client References. Providers shall provide the names, phone numbers, and contacts for three clients for which similar audits have been completed. It is expected that the names submitted will be those individuals who had direct working interaction with the provider's staff.

J. Resumes. Proposals shall include a resume of all personnel anticipated to be assigned to the project, including a resume for the partner-in-charge indicating his/her accounting, auditing and financial reporting experience relevant to these type audits. Details on experience with previous



Colleges or similar audits should be included. Personnel anticipated to be assigned to the project shall be available for interviews if required. Personnel assigned to work on the Uniform Guidance 2 CFR Part 200 compliance audit **MUST** have completed a documented continuing professional education program relating to the requirements of an Uniform Guidance 2 CFR Part 200 compliance audit.

For each member of the Oklahoma-based engagement team, the provider should provide the following:

- Higher education clients served in Oklahoma
- Government audit clients served in Oklahoma
- Training relevant to higher education clients

- K. Payment. No advance payments can be made. Progress payments will be made upon completion of identifiable milestones and submission of applicable deliverables. Request for progress payments must be invoiced to identify the specific amount for each audit listed in Part I, Introduction. Invoices for payment on the “single audit” must additionally identify the costs relating specifically to the audit of student financial assistance. It will be understood that fee amounts will include all audit costs to include professional fees, out-of-pocket expense, parking costs, photocopying, postage, etc.
- L. Rejection of Bids: Bids may be rejected unless the above procedures are followed. The college reserves the right to reject any and all bids if it is in the best interest of the College to do so.

### **PART III**

#### **OBJECTIVES AND REQUIREMENTS - GENERAL PURPOSE FINANCIAL AUDIT (Prepared in Compliance with GASB)**

A. Objectives.

The general-purpose audit for Seminole State College should meet the following objectives:

1. To determine that management assertions regarding economic actions and events embodied in the financial statements are verifiable, properly classified and disclosed.
2. To determine the extent to which management assertions conform to established criteria, standards, rules, regulations, and statutes of the State of Oklahoma.
3. To communicate to the College's Board of Regents the auditor's conclusions called an auditor's report or opinion, as to the fairness with which the financial statements present the college's financial position as of June 30 for each of the fiscal years covered by this proposal and for the years then ended in conformity with generally accepted accounting principles ("GAAP").
5. To communicate to the College's Board of Regents the auditor's conclusions, called a management letter, regarding any existing weaknesses in accounting, fiscal procedures, or internal control, and any other matters that may come to their attention, together with any recommendations for corrections or improvements.

The general-purpose audit and IRS Form 990 Filing for Seminole State College Educational Foundation should meet the following objectives:

1. To determine that management assertions regarding economic actions and events embodied in the financial statements are verifiable, properly classified and disclosed.
2. To determine the extent to which management assertions conform to established criteria, standards, rules, regulations, and statutes of the State of Oklahoma.
3. To communicate to the College's Educational Foundation Trustees the auditor's conclusions called an auditor's report or opinion, as to the fairness with which the financial statements present the college's financial position as of June 30 for each of the fiscal years covered by this proposal and for the years then ended in conformity with generally accepted accounting principles ("GAAP").
6. To communicate to the College's Educational Foundation Trustees the auditor's conclusions, called a management letter, regarding any existing weaknesses in accounting, fiscal procedures, or internal control, and any other matters that may come to their attention, together with any recommendations for corrections or improvements.

B. Staffing.

The College and Educational Foundation will provide cash basis information and the financial statements (trial balances) and other appropriate supporting documentation, as of June 30 and for the year then ended for each of the fiscal years covered by this proposal. Said information will be available for the auditor review no later than August 31 each year. The auditors will prepare the footnotes to the financial statements.

C. Audit Completion Date.

The audit completion date of **October 15** is the required completion date for Seminole State College during the fiscal year ending June 30, and will not be extended. For each additional fiscal year covered by this proposal, the completion date will be October 15 following the end of the fiscal year under review. The term “audit completion date” is defined as the completion of all audit-related requirements as set forth in section E below. Firms submitting bids must have a full intention to meet these dates.

The audit completion date of **May 31** is the required completion date for the Educational Foundation during the calendar year ending, and will not be extended. For each additional calendar year covered by this proposal, the completion date will be May 31<sup>st</sup> following the end of the calendar year under review. The term “audit completion date” is defined as the completion of all audit-related requirements as set forth in section E below. Firms submitting bids must have a full intention to meet these dates.

D. Relevance of Responses.

Bid responses should be limited to information relevant to the audit services specifically requested.

E. Requirements.

1. The performance of financial audits in accordance with generally accepted auditing standards (“GAAS”) and the applicable industry audit guide as of June 30 and for the year then ended. The auditor shall determine whether the financial statements of the college present fairly their financial position, results of operations, and changes in financial position as of June 30 for the year then ended in accordance with GAAP. Said financial audits shall include all accounts of the College including property, plant and equipment.
2. An auditor’s report or opinion as to the fairness with which each financial statement present fairly its financial position as of June 30 and for the year then ended in accordance with GAAP. Additionally, the auditor’s report or opinion should indicate that any supplemental information included as a part of the basic financial statements is fairly stated in all material respects in relation to the basic financial statements.
3. Audited financial statements consisting of net assets as of June 30 and the related statements of revenue and expenses, and changes in net assets and the statements of cash flows (direct method) for the year then ended, and other statements as may be required for conformity with GAAP. The College will be required to include the Management Discussion and Analysis.

4. A management letter identifying any existing weaknesses in accounting, fiscal procedures or internal control, and any other matters that may come to the auditor's attention, together with any recommendations for corrections or improvements.
5. For the College's audit, twenty (20) bound copies of the audited financial statements and related auditor's reports or opinions, and of the management letter shall be submitted by the auditor.

For the Foundation's audit, forty (40) bound copies of the audited financial statements and related auditor's reports or opinions, and of the management letter shall be submitted by the auditor.

6. At the conclusion of the College audits, the auditor shall meet with the President of the College and the Board of Regents audit committee to review the auditor reports, management letter or other comments or suggestions, and any other findings. Findings of material weaknesses, qualifications of the auditor's reports, and of defalcations, or reports of lack of such findings, shall be communicated in writing to the Board, the State Auditor and Inspector, the Legislative Service Bureau, and the Oklahoma State Regents for Higher Education with or in advance of the filing of the audit reports required by Section 45 2.10 of Title 74 of the Oklahoma State Statutes; and such written communications shall include any responses or other comments which the President or Board of Regents wishes to have included. During the course of the audits, the auditor will meet as needed with the Vice President of Finance, Grants and Enrollment to review the status of the audits.

At the conclusion of the Educational Foundation audits, the auditor shall meet with the President of the College and the Educational Foundation Board audit committee to review the auditor reports, management letter or other comments or suggestions, and any other findings. Findings of material weaknesses, qualifications of the auditor's reports, and of defalcations, or reports of lack of such findings, shall be communicated in writing to the Educational Foundation Board. During the course of the audit, the auditor will meet as needed with the Director of Community Relations and Foundation Business Manager to review the status of the audits.

7. As a part of providing ongoing professional services to the College, the auditor will be required to provide a timely written description of changes in promulgated GAAP, and other relevant changes (e.g., changes in the Internal Revenue Service ("IRS") Code effecting the taxation of unrelated business income tax compliance, and tax reporting) occurring during the contract period and the impact thereof, if any, to the College as a result of said changes. The auditor shall also 1) provide current information on prevailing industry practices through mailings of technical material and other publications as appropriate; 2) invite members of the College staff to participate in the firm's professional development seminars; and 3)

provide any other assistance that would further train and develop the College staff.

7. Audit work papers and reports shall be retained by the auditor for a minimum of three (3) years from the date of the audit report, unless the auditor is notified otherwise in writing by the College or Educational Foundation. Audit work papers shall be made available upon request to the College and Educational Foundation following completion of the audit.

F. Reference / Hours.

For your reference, Hinkle & Company, Tulsa, Oklahoma, performed the institutional audit for the last five years. Mr. Matt Bauman was the lead auditor and can be contacted as to number of hours invested in the college audit. We do not anticipate any additional hours to be required for future general-purpose financial audits.

## PART IV

### OBJECTIVES AND REQUIREMENTS – UNIFORM GUIDANCE (2 CFR PART 200 – Subpart F)

#### A. OBJECTIVES.

Seminole State College wishes to meet the following objectives as a result of compliance audits of federally-funded assistance agreements and negotiated contracts: Federal program expenditures to be audited include: appropriations, grants and cooperative agreements, cost-type contracts, flow-through from federally-funded prime grants, and student financial assistance programs. Student financial assistance programs expenditures to be audited include: Federal Work Study Program, Federal Supplemental Education Opportunity Grants Program, Federal Pell Grants Program, Federal Direct Student Loan Program and the Parent Undergraduate Students/PLUS.

1. To determine that the financial statements of the College present fairly its financial position and the results of its operations in accordance with GAAP as of June 30 and for each year then ended covered under this proposal.
2. To determine that the College has an internal accounting and other control systems to provide reasonable assurance that it is managing its Federal awards in compliance with applicable laws and regulations.
3. To determine that the College has complied with laws and regulations that may have a material effect on its financial statements and on each major Federal award program, as defined in Uniform Guidance (2 CFR Part 200 – Subpart F).
4. To determine that the College has complied with the applicable requirements set forth in the higher Education Amendments of 1992.

#### B. Staffing.

The College will prepare the following information.

1. With the exception of student financial assistance programs, a list of auditable Federal programs and their expenditures for the year ended June 30 for each of the fiscal years covered by this proposal. For student financial assistance programs, a list of their expenditures will be prepared for the fiscal years covered by this proposal.
2. Reports of compliance testing completed by the Internal Auditors, if any.

#### C. Audit Completion Date

The audit completion date of October 15 is a mandatory completion date for the fiscal year and will not be extended. For each additional fiscal year covered by this proposal, the completion date will be October 15 following the end of the fiscal year under review, or earlier, if required by the State of Oklahoma. The term “audit completion date” is defined as the completion of all audits related requirements as set forth in Part IV, section D below. Firms submitting bids must have full intention to meet these dates.

#### D. Requirements.

1. The audits shall be as of June 30 and for the year then ended. The audits shall be performed in accordance with generally accepted government audit standards covering financial, internal control, and compliance, issued by the Comptroller General, OMB 2 CFR Part 200 (Uniform Guidance) in effect during the fiscal year being audited, GASB and GAAS.

2. The audits shall result in the issuance of reports and should be made up of at least:
  - a. The auditor's report shall state that the audit was made in accordance with the provisions of OMB 2 CFR Part 200 (Uniform Guidance).
  - b. An opinion (or disclaimer of opinion) as to whether the financial statements of the institution are presented fairly in all material respects in conformity with generally accepted accounting principles; and an opinion or disclaimer of opinion as to whether the schedule of expenditures of Federal awards is presented fairly in all material respects in relation to the financial statement taken as a whole.
  - c. A report on internal control related to the financial statements and major federal programs, describing the scope of internal control testing and the results of the tests and including, if necessary, reference to a separate schedule of findings and questioned costs.
  - d. A report on compliance with laws, regulations, and the provisions of contracts and grant agreements, which, if violated, could have a material effect on the financial statements. This would include an opinion (or disclaimer of opinion) as to whether the College has complies with laws, regulations, and the provisions of contracts or grant agreements which could have a direct and material effect on each major program. Further, these components must also refer to a separate schedule of findings and questioned costs, if necessary.
  - e. The separate schedule of findings and questioned costs contain:
    - 1) a summary of the auditor's results which identifies the types of opinions issued, discloses whether certain types of internal control, compliance, and questioned cost findings were disclosed;
    - 2) Findings related to the financial statements which are required to be reported by generally accepted government auditing standards; and
    - 3) Findings and questioned costs related to federal programs.
  - f. The following types of findings must be presented in the schedule of findings and questioned costs:
    - 1) Reportable conditions (or material weaknesses) in internal controls over major programs;
    - 2) Material non-compliance with laws, regulations, or contracts or grant agreements related to a major program;
    - 3) Known questioned costs greater than \$10,000 affecting a type of compliance requirement for a major program;
    - 4) Known questioned costs which the likely questioned costs affecting a type of compliance requirement listed for a major program exceed \$10,000;
    - 5) Known questioned costs exceeding \$10,000 that come to the auditor's attention for a federal program not audited as a major program;

- 6) The circumstances which prompted the auditor to issue an other than qualified opinion on compliance for major federal programs unless these are otherwise reported in the schedule of findings and questioned costs;
  - 7) The details of known fraud affecting a federal award unless otherwise reported in the schedule of findings and questioned costs;
  - 8) Instances where audit follow-up procedures disclosed that the College's summary of schedule of prior audit findings materially represented the status of a prior finding.
7. The audit report will be presented to the cognizant Federal agency. The auditor shall submit twenty-five (20) bound copies of each audit report.
8. All fraud or illegal acts or indications of such acts, including all questioned costs found as the result of these acts that auditors become aware of, may be covered in a separate written report submitted in accordance with the Government Auditing Standards.
9. As a part of providing ongoing professional services to the College, the auditor will be required to provide a timely written description of changes in the documents identified in Part IV, section D - paragraph 1, and Part IV, section D - paragraph 13 and any other relevant changes occurring during the contract period and the impact thereof, if any, to the College as a result of said changes.
10. At the conclusion of the audit, the auditor may be required to meet with the President of the College, various College administrative officers and/or the Board of Regents to review the audit reports.
11. Audit work papers and reports shall be retained by the auditor for a minimum of three (3) years from the date of the audit report, unless, the auditor is notified otherwise in writing by the cognizant Federal agency. Audit work papers shall be made available upon request to the cognizant agency, or its designee, the General Accounting Office ("GAO"), or the College following the completion of the audit.
12. In addition to the audit reports, the College shall provide comments on the findings and recommendations in the reports, including a plan of action taken or planned and comments on the status of corrective action taken on prior findings. If corrective action is not necessary, a statement describing the reason it is not shall accompany the report.
13. The auditor should be thoroughly knowledgeable and have extensive experience with all applicable AICPA Government Auditing Standards, the OMB 2 CFR Part 200 (Uniform Guidance), and all relevant Governmental Accounting Standards Board (GASB) pronouncements.



## PART V

### PRICING PROPOSAL

A. Proposal Requirements

Proposals shall include the following:

1. A transmittal letter signed by an authorized officer of the firm, which lists a price structure for the audit, and a detailed breakdown of how these amounts were computed.
2. An estimate of hours to complete the audit.
3. Estimated completion date. The auditor must have full intention to meet the specified completion dates.
4. A written description of the methodology utilized in calculating fee increases and/or decreases.
5. Client References for three clients for which similar audits have been completed.
6. Resumes of all personnel anticipated to be assigned.

B. Pricing Schedule

The attached pricing schedule (Attachment II) has been provided to assist firms in documenting the pricing proposal and should be utilized when submitting proposals.

C. Non-Collusion Affidavit

A non-collusion affidavit (Attachment III) must be executed and must be included when submitting proposals.

Return to:

Mrs. Melanie Rinehart  
Vice President of Finance, Grants and Enrollment  
Seminole State College  
P. O. Box 351  
2701 Boren Blvd.  
Seminole, OK 74818



**Attachment I**

**STATEMENT OF PRICING**

- A. Seminole State College General Purpose Financial Audit (Prepared in Compliance with GASB) and OMB 2 CFR Part 200 (Uniform Guidance) Audits

<b>Fiscal Year</b>	<b>Fee (\$) Amount</b>	<b>Estimated Hours</b>
2026		
2027		
2028		
2029		
2030		

- B. Seminole State College Educational Foundation General Purpose Financial Audit and IRS Form 990 Filing

<b>Fiscal Year</b>	<b>Fee (\$) Amount</b>	<b>Estimated Hours</b>
2026		
2027		
2028		
2029		
2030		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Seminole State College**  
**Combining Statement of Net Assets**  
**As of June 30, 2025**

	<b>Education and General Fund</b>	<b>Auxiliary and Restricted Fund</b>	<b>Capital Projects Fund</b>	<b>Payroll Withholding Fund</b>	<b>OKHEEI Trust Fund</b>	<b>Federal Restricted Fund</b>	<b>CARES Act Fund</b>	<b>Capital Assets and Long-Term Debt Fund</b>	<b>Total All Funds</b>
Cash and Cash Equivalents	1,317,331	1,610,640	1,122,747	2,716	(5,244)	31,108	250	-	4,079,548
Accounts Receivable, net	-	-	-	-	-	-	-	-	-
Other Accrued Income	(63,261)	-	-	-	-	-	-	-	(63,261)
Capital Assets, net	-	-	-	-	-	-	-	21,892,056	21,892,056
<b>Total Assets</b>	<b>1,254,070</b>	<b>1,610,640</b>	<b>1,122,747</b>	<b>2,716</b>	<b>(5,244)</b>	<b>31,108</b>	<b>250</b>	<b>21,892,056</b>	<b>25,908,343</b>
Accounts Payable	(401)	118,961	-	581	-	-	-	-	119,141
Other Accrued Expenses	-	-	-	2,135	-	-	-	-	2,135
Due To/From Other Funds	-	-	-	-	-	-	-	-	-
Long-Term Debt	-	-	-	-	-	-	-	11,307,687	11,307,687
<b>Total Liabilities</b>	<b>(401)</b>	<b>118,961</b>	<b>-</b>	<b>2,716</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,307,687</b>	<b>11,428,964</b>
Beginning Net Position	2,484,730	626,834	756,350	-	(5,244)	29,181	(2,800)	4,546,264	8,435,315
Change in Net Position	(880,259)	864,845	366,397	-	-	1,927	3,050	6,038,105	6,394,064
<b>Ending Net Position</b>	<b>1,604,471</b>	<b>1,491,678</b>	<b>1,122,747</b>	<b>-</b>	<b>(5,244)</b>	<b>31,108</b>	<b>250</b>	<b>10,584,369</b>	<b>14,829,379</b>

**Seminole State College**  
**Combining Statement of Revenues, Expenses and Changes in Net Assets**  
**For the Period July 1 through June 30, 2025**

	Education and General Fund	Auxiliary and Restricted Fund	Capital Projects Fund	Payroll Withholding Fund	OKHEEI Trust Fund	Federal Restricted Fund	CARES Act Fund	Capital Assets and Long-Term Debt Fund	Total All Funds
Revenues									
Tuition and fees, net	\$ 4,178,887	\$ 1,645,243	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,824,130
State appropriations	6,045,778	-	2,257,551	-	-	-	-	-	8,303,329
Federal grants and contracts	-	9,435,539	-	-	-	17,000	-	-	9,452,539
State and private grants and contracts	68,768	1,529,390	-	-	-	-	-	-	1,598,158
Housing & Food Service	-	1,100,525	-	-	-	-	-	-	1,100,525
Bookstore	-	1,237,028	-	-	-	-	-	-	1,237,028
Other revenues	1,619,076	1,344,444	301,330	-	-	-	-	-	3,264,850
Total operating revenues	11,912,509	16,292,168	2,558,882	-	-	17,000	-	-	30,780,558
Expenditures									
Compensation and benefits	9,274,761	3,549,160	-	-	-	5,064	-	-	12,828,985
Contractual services	817,915	1,210,890	483,619	-	-	-	-	-	2,512,424
Supplies and materials	547,803	5,852,756	884,950	-	-	5,796	(3,050)	-	7,288,255
Scholarships and fellowships	1,176,293	2,767,021	-	-	-	-	-	-	3,943,314
Communications	69,010	12,791	-	-	-	2,963	-	-	84,764
Depreciation	-	-	-	-	-	-	-	-	-
Utilities	399,101	156,655	-	-	-	-	-	-	555,757
Other expenditures	507,885	1,878,050	823,916	-	-	1,250	-	(6,038,105)	(2,827,005)
Total Operating Expenses	12,792,768	15,427,324	2,192,484	-	-	15,073	(3,050)	(6,038,105)	24,386,494
Operating income (loss)	(880,259)	864,845	366,397	-	-	1,927	3,050	6,038,105	6,394,064
Transfers from (to)	-	-	-	-	-	-	-	-	-
Change in Net Position	(880,259)	864,845	366,397	-	-	1,927	3,050	6,038,105	6,394,064

**Seminole State College**  
**Combining Statement of Changes in Cash and Cash Equivalents**  
**For the Period July 1 through June 30, 2025**

	<b>Education and General Fund</b>	<b>Auxiliary and Restricted Fund</b>	<b>Capital Projects Fund</b>	<b>Payroll Withholding Fund</b>	<b>OKHEEI Trust Fund</b>	<b>Federal Restricted Fund</b>	<b>CARES Act Fund</b>	<b>Capital Assets and Long-Term Debt Fund</b>	<b>Total All Funds</b>
Cash and Cash Equivalents	\$ 2,888,940	\$ 484,548	\$ 1,799,249	\$ 2,135	\$ (5,244)	\$ 29,181	\$ (2,800)	\$ -	\$ 5,196,010
Change in Net Position	(880,259)	864,845	366,397	-	-	1,927	3,050	6,038,105	6,394,064
Changes not providing (using) cash	(691,350)	261,247	(1,042,900)	581	-	-	-	(6,038,105)	(7,510,526)
Cash and Cash Equivalents, Ending	<u>\$ 1,317,331</u>	<u>\$ 1,610,640</u>	<u>\$ 1,122,747</u>	<u>\$ 2,716</u>	<u>\$ (5,244)</u>	<u>\$ 31,108</u>	<u>\$ 250</u>	<u>\$ -</u>	<u>\$ 4,079,548</u>

**Seminole State College**  
**Education and General - Statement of Budgeted Revenues and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b>CURRENT</b>	<b>YEAR-TO-DATE</b>	<b>ANNUAL</b>	<b>YEAR-TO-DATE</b>
<b><u>REVENUE</u></b>				
<b>State Appropriations</b>	\$ 446,258	\$ 6,045,778	6,045,148	\$ 6,045,148
Tuition	466,941	2,131,217	2,702,742	2,702,742
Non-Resident Tuition Fees	22,703	514,643	650,063	650,063
Remedial Course Fee	2,400	31,913	37,832	37,832
<b>Tuition</b>	<b>492,044</b>	<b>2,677,772</b>	<b>3,390,637</b>	<b>3,390,637</b>
STEM Academic Excellence Fee	20,297	117,963	115,470	115,470
LAH Academic Excellence Fee	9,349	50,693	47,456	47,456
Bus & Ed Academic Excellence Fee	7,804	64,819	66,418	66,418
Health Science Academic Excellence Fee	840	9,096	12,457	12,457
Social Science Academic Excellence Fee	8,013	48,696	49,022	49,022
Physical Therapist Assistance Fee	720	4,661	3,668	3,668
Technology Service Fee	37,906	243,941	261,000	261,000
Bus And Ind Additional Fees	-	-	500	500
Nursing Fee	4,003	56,460	76,062	76,062
Laboratory Fees	8,886	61,789	70,787	70,787
Medical Lab Tech Fee	1,560	5,560	8,776	8,776
Electronic Academic Access Fee	15,045	93,089	76,800	76,800
Dist Education/Outreach Fee	86,009	357,218	306,377	306,377
<b>Academic Course Fees</b>	<b>200,433</b>	<b>1,113,983</b>	<b>1,094,793</b>	<b>1,094,793</b>
Late Payment Fees	1,450	3,956	5,458	5,458
Application For Admission Fees	782	6,679	11,225	11,225
Assessment Fee	12,699	80,920	86,063	86,063
Refund	350,000	350,000	-	-
Ace Testing Fees	-	575	2,590	2,590
Hybrid Course Fee	-	-	-	-
Sr Citizens Discount	-	-	-	-
Enrollment Seminars	-	-	-	-
Clep Testing Fees	15	111	190	190
Library Automation Fee	11,590	74,359	79,643	79,643
Clearing Other Special Enrollment	-	-	-	-
Records Fee	8,432	54,048	57,765	57,765
Parking Fees	7,018	19,582	27,040	27,040
Student Id Fee	980	8,966	14,964	14,964
Accident Shield Fee	2,039	30,697	97,035	97,035
Special Testing Fees	345	4,886	3,350	3,350
International Student Fee	-	53	8,138	8,138
Compliance Fee	8,475	53,991	57,360	57,360
Safety Fee	7,712	48,309	49,978	49,978
<b>Other Student Fees</b>	<b>411,537</b>	<b>737,132</b>	<b>500,799</b>	<b>500,799</b>
<b>Total Tuition and Fees</b>	<b>1,104,014</b>	<b>4,528,887</b>	<b>4,986,229</b>	<b>4,986,229</b>
<b>Other Income</b>	<b>135,180</b>	<b>1,337,844</b>	<b>500,544</b>	<b>500,544</b>
<b>Total Revenue</b>	<b>1,685,452</b>	<b>11,912,509</b>	<b>11,531,921</b>	<b>11,531,921</b>
<b><u>EXPENDITURES</u></b>				
Instruction	433,855	5,224,633	5,672,273	5,672,273
Research	-	-	-	-
Public Service	-	-	-	-
Academic Support	37,838	635,799	639,771	639,771
Student Services	160,942	1,900,428	2,049,133	2,049,133
Institutional Support	153,061	1,861,441	2,023,331	2,023,331
Physical Plant	172,501	2,029,698	2,221,864	2,221,864
Scholarships and Tuition Waivers	1,220	1,140,768	950,000	950,000
<b>Total Expenditures</b>	<b>959,418</b>	<b>12,792,768</b>	<b>13,556,372</b>	<b>13,556,372</b>
<b>Total Revenue Over (Under) Expenditures</b>	<b>\$ 726,034</b>	<b>(880,259)</b>	<b>\$ (2,024,451)</b>	<b>\$ (2,024,451)</b>

**Seminole State College**  
**Auxiliary Summary Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>CURRENT MONTH</b>	<b>YEAR TO DATE</b>	<b>BUDGET</b>	
			<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
<b><u>REVENUES</u></b>				
Contractual Food Service	\$ 16,439	\$ 735,091	\$ 815,542	\$ 815,542
Bookstore	75,110	1,259,101	1,346,480	1,346,480
Institutional Support	94,952	1,132,284	622,685	622,685
Seminole/Roesler Residential Centers	5,508	1,103,663	1,073,670	1,073,670
Student Activities	52,040	607,656	353,477	353,477
<b>Total Revenues</b>	<b>244,049</b>	<b>4,837,794</b>	<b>4,211,854</b>	<b>4,211,854</b>
<b><u>EXPENDITURES</u></b>				
Contractual Food Service	45,397	770,189	815,542	815,542
Bookstore	42,492	664,142	951,358	951,358
Institutional Support	61,991	1,182,271	1,109,000	1,109,000
Seminole/Roesler Residential Centers	52,476	857,793	799,351	799,351
Student Activities	989	98,231	141,615	141,615
<b>Total Expenditures</b>	<b>203,345</b>	<b>3,572,625</b>	<b>3,816,866</b>	<b>3,816,866</b>
<b>Revenue Over (Under) Expenditures</b>	<b>\$ 40,704</b>	<b>\$ 1,265,169</b>	<b>\$ 394,988</b>	<b>\$ 394,988</b>



**Seminole State College**  
**Food Service - Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b><u>CURRENT</u></b>	<b><u>YEAR-TO-DATE</u></b>	<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
Meals revenue	\$ 16,439	\$ 731,435	\$ 800,000	\$ 800,000
Other revenue	-	3,656	15,542	15,542
<b>Total revenue</b>	<u>16,439</u>	<u>735,091</u>	<u>815,542</u>	<u>815,542</u>
Supplies	1,760	9,080	4,826	4,826
Miscellaneous Expenditures	-	-	-	-
Contractual Service	40,807	743,933	800,000	800,000
Professional Services	2,830	17,177	10,716	10,716
<b>Total expenditures</b>	<u>45,397</u>	<u>770,189</u>	<u>815,542</u>	<u>815,542</u>
<b>Net profit (loss)</b>	<u>\$ (28,959)</u>	<u>\$ (35,098)</u>	<u>\$ -</u>	<u>\$ -</u>

**Seminole State College**  
**Bookstore Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b><u>CURRENT</u></b>	<b><u>YEAR-TO-DATE</u></b>	<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
Sales revenue	\$ 73,967	\$ 1,237,028	\$ 1,313,375	\$ 1,313,375
Other revenue	1,143	22,073	33,105.00	\$ 33,105
<b>Total revenue</b>	<u>75,110</u>	<u>1,259,101</u>	<u>1,346,480</u>	<u>1,346,480</u>
Purchase For Resale	<u>27,446</u>	<u>471,917</u>	<u>781,500</u>	<u>781,500</u>
Professional Salaries, F.T.	3,657	43,888	42,245	42,245
Classified Salaries, F.T.	5,000	60,128	38,049	38,049
Classified Salaries, P.T.	-	-	1,295	1,295
Student Wages	-	-	5,000	5,000
Fringe Benefits	5,455	61,513	45,769	45,769
<b>Compensation expenditures</b>	<u>14,113</u>	<u>165,528</u>	<u>132,358</u>	<u>132,358</u>
Travel	-	1,420	2,000	2,000
Supplies	-	4,053	7,000	7,000
Miscellaneous Expenditures	200	2,240	1,000	1,000
Contractual Service	733	18,459	24,800	24,800
Sponsorships	-	523	1,500	1,500
Postage	-	-	1,200	1,200
<b>Other expenditures</b>	<u>933</u>	<u>26,696</u>	<u>37,500</u>	<u>37,500</u>
<b>Total expenditures</b>	<u>42,492</u>	<u>664,142</u>	<u>951,358</u>	<u>951,358</u>
<b>Net profit (loss)</b>	<u>\$ 32,618</u>	<u>\$ 594,959</u>	<u>\$ 395,122</u>	<u>\$ 395,122</u>

**Seminole State College**  
**Institutional Support- Statement of Budgeted Revenues and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b><u>CURRENT</u></b>	<b><u>YEAR-TO-DATE</u></b>	<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
<b><u>REVENUE</u></b>				
Student Service Fee	\$ 42,810	\$ 495,442	\$ 288,042	288,042
Infrastructure Fee	46,683	542,351	313,283	313,283
<b>Student Fees</b>	<b>89,493</b>	<b>1,037,793</b>	<b>601,325</b>	<b>601,325</b>
Other Income-Overpayment	-	51,108	8,368	8,368
ATM other non-revenue	-	4,248	20	20
Refunds / Reimbursements	-	72	1,484	1,484
Interest Income	1,629	28,593	-	-
Seminar fees	-	-	1,243	1,243
Vending maching commissions	80	1,194	-	-
Photocopy revenue	-	-	-	-
Repair and replacemnet, damaged property	-	-	-	-
Haney Center	3,750	9,275	10,245	10,245
<b>Other income</b>	<b>5,459</b>	<b>94,491</b>	<b>21,360</b>	<b>21,360</b>
<b>Total Revenue</b>	<b>94,952</b>	<b>1,132,284</b>	<b>622,685</b>	<b>622,685</b>
<b><u>EXPENDITURES</u></b>				
Professional Services	700	171,017	150,000	150,000
<b>Personnel expenditures</b>	<b>700</b>	<b>208,513</b>	<b>150,000</b>	<b>150,000</b>
Travel	-	-	3,000	3,000
Supplies	-	3,690	7,000	7,000
Miscellaneous Expenditures	9,952	45,623	49,000	49,000
Contractual Service	446	5,523	-	-
Housing and book scholarships	50,893	918,315	900,000	900,000
Haney Center	-	139	-	-
<b>Total Expenditures</b>	<b>61,991</b>	<b>1,182,271</b>	<b>1,109,000</b>	<b>1,109,000</b>
<b>Total Revenue Over (Under) Expenditures</b>	<b>\$ 32,961</b>	<b>\$ (49,987)</b>	<b>\$ (486,315)</b>	<b>(486,315)</b>

**Seminole State College**  
**Housing - Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b><u>CURRENT</u></b>	<b><u>YEAR-TO-DATE</u></b>	<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
Rental revenue - Dorms	\$ 4,538	1,092,856	\$ 1,055,388	1,055,388
Other revenue	971	10,807	18,282	18,282
<b>Total revenue</b>	<u>5,508</u>	<u>1,103,663</u>	<u>1,073,670</u>	<u>1,073,670</u>
Professional Salaries, F.T.	3,657.37	43,888	41,598	41,598
Professional Services	866.77	9,968	41,598	41,598.00
Professional Services	8,250.00	9,755	6,000	6,000.00
Fringe Benefits	2,415.94	27,921	32,135	32,135.00
<b>Personnel expenditures</b>	<u>15,190</u>	<u>91,532</u>	<u>121,331</u>	<u>121,331</u>
Travel	-	461	1,500	1,500
Supplies	17,824	31,858	36,320	36,320
Miscellaneous Expenditures	528	2,272	500	500
Lease Payments	-	545,630	500,000	500,000
Contractual Service	6,625	30,856	8,700	8,700
Utilities	12,309	155,185	131,000	131,000
<b>Other expenditures</b>	<u>37,286</u>	<u>766,261</u>	<u>678,020</u>	<u>678,020</u>
<b>Total expenditures</b>	<u>52,476</u>	<u>857,793</u>	<u>799,351</u>	<u>799,351</u>
<b>Net profit (loss)</b>	<u>\$ (46,968)</u>	<u>245,870</u>	<u>\$ 274,319</u>	<u>\$ 274,319</u>

**Seminole State College**  
**Student Activities - Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<b>ACTUAL</b>		<b>BUDGET</b>	
	<b><u>CURRENT</u></b>	<b><u>YEAR-TO-DATE</u></b>	<b><u>ANNUAL</u></b>	<b><u>YEAR-TO-DATE</u></b>
Student activity fee	\$ 46,752	\$ 545,787	\$ 317,770	\$ 317,770
Cultural & recreation fee	5,288	61,662	35,707	35,707
Softball	-	206	-	-
<b>Total Revenue</b>	<u>52,040</u>	<u>607,656</u>	<u>353,477</u>	<u>353,477</u>
Athletic Administration	-	-	-	-
National Tournaments	979	16,622	50,000	50,000
Golf-Women	-	3,250	800	800
Golf-Men	-	4,000	800	800
Womens Soccer	-	18,360	17,619	17,619
Men's Basketball	-	8,664	9,000	9,000
Women's Basketball	-	1,623	3,295	3,295
Volleyball	-	7,933	3,600	3,600
Baseball	-	15,329	18,560	18,560
Softball	-	6,578	19,441	19,441
Student Government	-	8,889	6,500	6,500
Livestock Judging Team	-	-	-	-
PLC	-	7,598	12,000	12,000
SSC Aggie (AFAC)	-	(400)	-	-
Phi Theta Kappa (AFAC)	10	(2)	-	-
NASA (AFAC)	-	(214)	-	-
Student Nurse Association(AFAC)	-	-	-	-
<b>Total Expenditures</b>	<u>989</u>	<u>98,231</u>	<u>141,615</u>	<u>141,615</u>
<b>Revenue Over (Under) Expenditures</b>	<u>\$ 51,051</u>	<u>\$ 509,425</u>	<u>\$ 211,862</u>	<u>\$ 211,862</u>

**Seminole State College**  
**Restricted Funds - Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	Revenue	Expenditures	Net
PELL	\$ 3,538,381	\$ 3,528,296	\$ 10,085
PELL Admin	9,735	-	9,735
SEOG	81,827	81,427	400
Direct Loans	1,111,112	1,097,115	13,997
College Work Study	59,641	59,641	-
SSC Foundation	-	25,312	(25,312)
Private Scholarships	551,679	666,384	(114,705)
Private Loans	194,419	-	194,419
Tribal Fest	1,763	1,648	115
Cherokee Student Grants	55,600	60,000	(4,400)
Sac & Fox Student Grants	15,848	15,848	-
Creek Tribe Student Grants	23,030	20,030	3,000
Shawnee Tribe Student Grants	9,714	25,135	(15,421)
Choctaw Tribe Student Grants	39,543	39,188	355
Citizen Pottawatomie Stud Grnt	43,623	48,273	(4,650)
Chickasaw Tribe Std Grants	96,712	82,962	13,750
OHLAP	340,688	348,927	(8,239)
Misc Indial Tribal Grants	70,859	58,438	12,421
Seminole Tribe Student Grants	29,200	29,200	-
Oklahoma Tuition Aid Grant	247,300	247,300	-
<b>Subtotal Financial Aid</b>	<b>6,520,673</b>	<b>6,435,123</b>	<b>85,550</b>
Title III Engaging Students in Science	-	-	-
Ub Math/Science #2	344,609	327,702	16,908
Ub Math/Science #1	341,550	332,515	9,035
Upward Bound #2	322,180	314,882	7,299
Upward Bound #1	415,465	401,340	14,125
Talent Search West	298,336	299,221	(884)
Talent Search Central	412,164	414,114	(1,950)
Dream Catcher Gear Up	1,004,671	932,684	71,988
STEM Student Support	287,390	304,845	(17,455)
Student Support Serices	314,187	332,489	(18,303)
NASNTI Grant	696,568	423,189	273,379
Scholars for Excellence	82,922	76,230	6,692
NASNTI Grant Supplemental	-	109,285	(109,285)
NASNTI - Supplemental FY25	-	88,869	(88,869)
CONGRESSIONAL FUNDS - NURSING	-	326,068	(326,068)
GEER FUNDING - OSRHE	82,349	8,754	73,595
TANF	175,390	104,170	71,220
TANF - Ada	-	27,125	(27,125)
Carl Perkins	29,303	-	29,303
<b>Subtotal Federal Grants</b>	<b>4,807,085</b>	<b>4,823,483</b>	<b>(16,398)</b>
Care Bears	14,051	17,865	(3,813)
Nursing Student'S	1,152	980	172
Upward Bound #2 Fund Raiser	768	-	768
Upward Bound M/S Fund Raiser	1,326	-	1,326
Ub Ms #2 Fund Raiser	2,020	-	2,020
Upward Bound #1 Fundraiser	108	4,020	(3,912)
Global Studies	-	5,995	(5,995)
<b>Subtoal Other Restricted</b>	<b>19,425</b>	<b>28,860</b>	<b>(9,435)</b>
<b>Total</b>	<b>\$ 11,347,183</b>	<b>\$ 11,287,466</b>	<b>\$ 59,718</b>

**Seminole State College**  
**Campus Organizations - Statement of Revenue and Expenditures**  
**For the Period July 1 through June 30, 2025**

	<u>Revenue</u>	<u>Expenditures</u>	<u>Net</u>
VA REPORT FEE	864	1,822	(958)
FACULTY SENATE	3,330	3,498	(168)
SEMINOLE STATE AGGIE CLUB	6,959	3,879	3,080
SSC STUDENT PTA ASSOCIATION	350	700	(350)
NURSING STUDENTS MAILBOXES	-	300	(300)
UB #1 SUMMER FOOD PROGRAM	6,551	-	6,551
PHI THETA KAPPA	741	605	136
UBMS SUMMER FOOD PROGRAM	4,160	-	4,160
UB M/S #2 SUMMER FOOD PROGRAM	5,429	5,000	429
UB2 SUMMER FOOD PROGRAM	4,726	-	4,726
MLT BOC FEE	-	1,575	(1,575)
RESIDENTIAL DEPOSITS	3,132	-	3,132
PROFESSIONAL STAFF COUNCIL	2,741	1,972	769
CLASSIFIED STAFF ASSOCIATION	1,088	1,415	(327)
MU ALPHA THETA (MATH HONORS)	175	242	(67)
SHOTGUN SHOOTING TEAM	-	324	(324)
P.R.I.D.E.	84	149	(65)
MU ALPHA THETA - AFAC	-	(300)	300
PSI BETA - DEPOSITS	105	113	(8)
PSI BETA AFAC	-	(400)	400
FBLA AFAC	-	(800)	800
SIGMA KAPPA DELTA (AFAC)	-	(150)	150
ART CLUB - AFAC	-	(660)	660
PRIDE - AFAC	-	(200)	200
OTHER ORGANIZATIONS AND ACTIVITIES	66,755	547,701	(480,946)
	<u>\$ 107,190</u>	<u>\$ 567,233</u>	<u>\$ (460,043)</u>

Form **990**Department of the Treasury  
Internal Revenue ServiceExtended to November 17, 2025  
**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Seminole State College Educational Found  
Educational Foundation Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**PO Box 351**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Seminole, OK 74818-0351****F** Name and address of principal officer: **Mark Schell****same as C above****D** Employer identification number**73-0781297****E** Telephone number**(405) 382-9218****G** Gross receipts \$**3,808,942.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.sscok.edu/foundation/****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1972****M** State of legal domicile: **OK****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Provide college support, student scholarships, and economic development in surrounding areas</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>34</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>34</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>1</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>34</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>2,827,604.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>156,790.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>337,132.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>94,150.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,415,676.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>120,342.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,099,507.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,644,354.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>771,322.</b>
	<b>20</b>	Total assets (Part X, line 16) <b>15,428,457.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>7,334,782.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>8,093,675.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	<b>Mark Schell, Chairman</b>				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>James D Hinkle</b>	<b>James D Hinkle</b>			<b>P00532558</b>
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	<b>Hinkle &amp; Company, PC</b>	<b>27-1494012</b>	<b>918-492-3388</b>		
Preparer Use Only	Firm's address				
	<b>5028 E. 101st Street</b>				
Preparer Use Only	<b>Tulsa, OK 74137</b>				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)



Seminole State College Educational Found  
Educational Foundation Inc

Form 990 (2024)

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Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
Seminole State College Educational foundation provides support to  
Seminole State College, scholarships for Seminole State College  
students, and economic development for surrounding areas.
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 2,759,310. including grants of \$ 2,531,985. ) (Revenue \$ )  
Seminole State College Educational Foundation via the Rural Business  
Resource Center uses contribution revenue from the Oklahoma Department  
of Commerce (ODOC) to foster economic development in the surrounding  
areas.
- 4b (Code: ) (Expenses \$ 1,008,618. including grants of \$ ) (Revenue \$ 315,326. )  
Seminole State College Educational Foundation owns and operates the  
Brian Crawford Memorial Sports Complex (BCMCS), which provides fields  
and other facilities for some Seminole State College sports teams and  
fosters economic development in the surrounding areas by hosting sports  
tournaments and other events.
- 4c (Code: ) (Expenses \$ 190,154. including grants of \$ 174,312. ) (Revenue \$ 47,778. )  
Seminole State College Educational Foundation provides support to  
Seminole State College for its programs and capital projects.
- 4d Other program services (Describe on Schedule O.)  
(Expenses \$ 37,123. including grants of \$ 37,123. ) (Revenue \$ )
- 4e Total program service expenses 3,995,205.

Form 990 (2024)

**Seminole State College Educational Found  
Educational Foundation Inc**

Form 990 (2024)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b> X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Seminole State College Educational Found  
Educational Foundation Inc**

Form 990 (2024)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b> X	
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 24	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Seminole State College Educational Found  
Educational Foundation Inc**

Form 990 (2024)

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> 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>2a</b> 1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		<b>X</b>
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 34</span> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 34</span>			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> 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 .....	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		<b>X</b>
<b>b</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? .....	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>		<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>		<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>		<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>		<b>X</b>
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>		<b>X</b>
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>		<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		<b>X</b>
<b>b</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? .....	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed OK

**18** 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.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
Zac Coplen - (405)382-9950  
PO Box 351, Seminole, OK 74818

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**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.

• 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kim Pringle Director of Comm Relations	16.00 24.00			X				0.	46,572.	6,925.
(2) Mark Schell Chair	1.00	X		X				0.	0.	0.
(3) Lance Wortham Co-Chair	1.00	X		X				0.	0.	0.
(4) Rhonda McKee Co-Chair	1.00	X		X				0.	0.	0.
(5) Steve Bagwell Trustee	1.00	X						0.	0.	0.
(6) Adam Baker Trustee	1.00	X						0.	0.	0.
(7) Rocky Barrett Trustee	1.00	X						0.	0.	0.
(8) Dan Boren Trustee	1.00	X						0.	0.	0.
(9) Vickie Carter Trustee	1.00	X						0.	0.	0.
(10) Brooke Case Trustee	1.00	X						0.	0.	0.
(11) Haley Coates Trustee	1.00	X						0.	0.	0.
(12) Steve Degraffenreid Trustee	1.00	X						0.	0.	0.
(13) Darren Frederick Trustee	1.00	X						0.	0.	0.
(14) Suzanne Gilbert Trustee	1.00	X						0.	0.	0.
(15) Jim Hardin Trustee	1.00	X						0.	0.	0.
(16) John Hargrave Trustee	1.00	X						0.	0.	0.
(17) Douglas Humphreys Trustee	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kimberly Hyden Trustee	1.00	X						0.	0.	0.
(19) Kathy Laster Trustee	1.00	X						0.	0.	0.
(20) Tim Mathews Trustee	1.00	X						0.	0.	0.
(21) Ray McQuiston Trustee	1.00	X						0.	0.	0.
(22) Gordon Melson Trustee	1.00	X						0.	0.	0.
(23) Angi Mohr Trustee	1.00	X						0.	0.	0.
(24) Chris Moore Trustee	1.00	X						0.	0.	0.
(25) Brian Nave Trustee	1.00	X						0.	0.	0.
(26) Jeramy Rich Trustee	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	46,572.	6,925.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	46,572.	6,925.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**See Part VII, Section A Continuation sheets**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Lance Ruffel Trustee	1.00	X						0.	0.	0.
(28) Roy Sisco Trustee	1.00	X						0.	0.	0.
(29) Jason Smalley Trustee	1.00	X						0.	0.	0.
(30) Sue Snodgrass Trustee	1.00	X						0.	0.	0.
(31) Bob Swearingen Trustee	1.00	X						0.	0.	0.
(32) Carla Tollett Trustee	1.00	X						0.	0.	0.
(33) Andy Tucker Trustee	1.00	X						0.	0.	0.
(34) Reggie Whitten Trustee	1.00	X						0.	0.	0.
(35) David Wilson Trustee	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,813,492.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 42,500.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> <b>Building Rental Income</b>	<b>Business Code</b>	531120	100,444.	100,444.		
	<b>b</b> <b>BCMCS Concessions</b>		722515	63,971.	63,971.		
	<b>c</b> <b>BCMCS Gate Revenue</b>		711210	1,325.	1,325.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			165,740.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			331,484.	197,364.	
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....				660.			660.
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>		117,409.			
<b>b</b> Less: direct expenses .....		<b>8b</b>		17,469.			
<b>c</b> Net income or (loss) from fundraising events .....				99,940.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....		524298	1,835.			1,835.
	<b>e Total.</b> Add lines 11a-11d .....			1,835.			
	<b>12 Total revenue.</b> See instructions .....			3,504,315.	363,104.	0.	327,719.

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**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,706,297.	2,706,297.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	37,123.	37,123.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	91,846.	91,846.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	18,950.	18,950.		
<b>10</b> Payroll taxes	7,382.	7,382.		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	58,210.	58,210.		
<b>b</b> Legal				
<b>c</b> Accounting	28,577.	1,240.	27,337.	
<b>d</b> Lobbying	60,000.		60,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	19,123.		19,123.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,695.	34,695.		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	11,509.	5,984.	5,525.	
<b>14</b> Information technology	8,549.	107.	8,442.	
<b>15</b> Royalties				
<b>16</b> Occupancy	737,289.	715,845.	21,444.	
<b>17</b> Travel	26,588.	21,543.	5,045.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,898.	25,289.	5,609.	
<b>20</b> Interest	3,928.		3,928.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	136,230.	128,127.	8,103.	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a Repairs/Improvements</b>	89,943.	89,943.		
<b>b Concessions Inventory</b>	22,524.	22,524.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	34,986.	30,100.	4,886.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,164,647.	3,995,205.	169,442.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,443,768.	<b>1</b>	153,814.
	<b>2</b> Savings and temporary cash investments .....	303,486.	<b>2</b>	802,152.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....	100,000.	<b>5</b>	100,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	5,471,122.		
	<b>b</b> Less: accumulated depreciation .....	565,621.		
	<b>11</b> Investments - publicly traded securities .....	4,751,469.	<b>10c</b>	4,905,501.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,248,560.	<b>11</b>	2,403,347.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	2,030.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,581,174.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	15,428,457.	<b>15</b>	6,273,399.	
<b>17</b> Accounts payable and accrued expenses .....	71,897.	<b>16</b>	14,640,243.	
<b>18</b> Grants payable .....		<b>17</b>	67,799.	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other 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 .....		<b>21</b>	281,158.	
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,022,885.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	6,842,696.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	240,000.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,334,782.	<b>25</b>		
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	7,191,653.	
<b>28</b> Net assets without donor restrictions .....	2,224,008.	<b>27</b>	2,126,469.	
<b>29</b> Net assets with donor restrictions .....	5,869,667.	<b>28</b>	5,322,121.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	8,093,675.	<b>32</b>	7,448,590.	
<b>35</b> Total liabilities and net assets/fund balances .....	15,428,457.	<b>33</b>	14,640,243.	

Form **990** (2024)

**Seminole State College Educational Found  
Educational Foundation Inc**

Form 990 (2024)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,504,315.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,164,647.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-660,332.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	8,093,675.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,247.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,448,590.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	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? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization	Seminole State College Educational Found Educational Foundation Inc	Employer identification number 73-0781297
--------------------------	--	--

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college 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 exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Seminole State College Educational Found  
Educational Foundation Inc**

Schedule A (Form 990) 2024

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**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1382362.	1041962.	332,138.	2827604.	2813492.	8397558.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	108,553.	105,613.	126,584.	105,333.	100,936.	547,019.
<b>4 Total.</b> Add lines 1 through 3 .....	1490915.	1147575.	458,722.	2932937.	2914428.	8944577.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						132,766.
<b>6 Public support.</b> Subtract line 5 from line 4.						8811811.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	1490915.	1147575.	458,722.	2932937.	2914428.	8944577.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	132,100.	156,486.	80,486.	319,062.	134,120.	822,254.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						9766831.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,294,464.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.22 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	87.99 %

**16a 33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**17a 10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

**b 10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990) 2024

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section 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 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 organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
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 these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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.)

**2024**

\*\*\* Not Open to Public Inspection \*\*\*

423171 04-01-24

**Schedule B  
(Form 990)**

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

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Seminole State College Educational Found  
Educational Foundation Inc

Employer identification number

73-0781297

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

Name of organization

Seminole State College Educational Found  
Educational Foundation Inc

Employer identification number

73-0781297

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Oklahoma Department of Commerce 900 N Stiles Ave Oklahoma City, OK 73104	\$ 2,416,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Avedis Foundation 1500 E Independence St Shawnee, OK 74804	\$ 73,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

73-0781297

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>



Name of organization	Employer identification number
Seminole State College Educational Found Educational Foundation Inc	73-0781297

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Seminole State College Educational Found Educational Foundation Inc	Employer identification number (EIN)	73-0781297
----------------------	--	--------------------------------------	------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024



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](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **Seminole State College Educational Found  
Educational Foundation Inc** Employer identification number  
**73-0781297**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$

(ii) Assets included in Form 990, Part X ..... \$ **52,291.**

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$

b 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)

LHA 432051 01-02-25

## Seminole State College Educational Found

Schedule D (Form 990) (Rev. 12-2024) Educational Foundation Inc

73-0781297 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,048,302.	1,852,298.	2,104,363.	1,890,962.	1,732,933.
b Contributions	25,000.	45,000.			
c Net investment earnings, gains, and losses	104,740.	179,644.	-209,081.	233,488.	182,429.
d Grants or scholarships	16,464.	28,640.	42,984.	20,087.	24,400.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,161,578.	2,048,302.	1,852,298.	2,104,363.	1,890,962.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment 63.0000 %

c Term endowment 37.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		327,995.		327,995.
b Buildings		4,789,331.	488,660.	4,300,671.
c Leasehold improvements		271,276.	10,228.	261,048.
d Equipment		82,520.	66,733.	15,787.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,905,501.

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

## Seminole State College Educational Found

Schedule D (Form 990) (Rev. 12-2024) Educational Foundation Inc

73-0781297 Page 3

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Lease-Purchase Receivables	6,120,005.
(2) Beneficial Interest in Remainder Trust	64,571.
(3) Cash Surrender Value of Insurance Policy	36,532.
(4) Statue	52,291.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,273,399.

**Part X Other Liabilities**

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) .....	
<b>Total.</b> (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)

## Seminole State College Educational Found

Schedule D (Form 990) (Rev. 12-2024) Educational Foundation Inc

73-0781297 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,610,008.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,247.
b	Donated services and use of facilities	2b	100,936.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-10,490.
e	Add lines 2a through 2d	2e	105,693.
3	Subtract line 2e from line 1	3	3,504,315.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,504,315.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,255,093.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	100,936.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	100,936.
3	Subtract line 2e from line 1	3	4,154,157.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,123.
b	Other (Describe in Part XIII.)	4b	-8,633.
c	Add lines 4a and 4b	4c	10,490.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,164,647.

**Part XIII Supplemental Information**

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

**Part III, line 4:**

In 2018, the Foundation paid for the design and cast for a custom bronze sculpture of a baseball runner that was subsequently placed on the property where BCMSC is located.

**Part IV, line 2b:**

The foundation is custodian of funds that college sports teams earn to support their teams.

**Part X, Line 2:**

The Foundation evaluates and accounts for its uncertain tax positions, if any, in accordance with ASC Topic 740, "Income Taxes," including the Foundation's tax position as a tax-exempt not-for-profit entity. Through the Foundation's evaluation of its uncertain tax positions, management has determined no uncertain tax positions existed as of December 31, 2020 or 2019, which would require the Foundation to record a liability for the uncertain tax positions in its financial statements. Federal and state income tax statutes dictate that tax returns filed in any of the previous three reporting periods remain open to examination. Currently, the Foundation has no open examinations with either the Internal Revenue Service or the Oklahoma Tax Commission.

**Part XI, Line 2d - Other Adjustments:**

Investment Management Fees	-19,123.
Change in value of split-interest agreement	2,447.



**Part XIII** Supplemental Information (continued)

Miscellaneous Revenue	6,186.
Total to Schedule D, Part XI, Line 2d	-10,490.

Part XII, Line 4b - Other Adjustments:	
Change in value of split-interest agreement	-2,447.
Miscellaneous revenue	-6,186.
Total to Schedule D, Part XII, Line 4b	-8,633.

Empty lines for supplemental information.

SCHEDULE G
(Form 990)

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

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: Seminole State College Educational Found
Educational Foundation Inc
Employer identification number: 73-0781297

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not
required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.

## Seminole State College Educational Found

Schedule G (Form 990) (Rev. 12-2024) Educational Foundation Inc

73-0781297 Page 2

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Golf Tourney	Banquet	1	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts .....	46,729.	41,419.	29,261.	117,409.
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....	46,729.	41,419.	29,261.	117,409.
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....	3,161.			3,161.
6 Rent/facility costs .....	4,408.			4,408.
7 Food and beverages .....	838.		172.	1,010.
8 Entertainment .....			300.	300.
9 Other direct expenses .....	5,892.	1,606.	1,092.	8,590.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				17,469.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				99,940.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue .....				
Direct Expenses				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**Seminole State College Educational Found**

Schedule G (Form 990) (Rev. 12-2024) **Educational Foundation Inc**

**73-0781297** Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

<b>Part IV</b>		<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **Seminole State College Educational Found  
Educational Foundation Inc**

**Employer identification number**  
**73-0781297**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Seminole State College 2701 Boren Blvd Seminole, OK 74868		GOVT	174,312.	0.			College Support
Community Care Funeral Service 1321 W Columbia St Okemah, OK 74859			20,000.	0.			Economic Development
Shan - E - Roti 1001 S Woody Guthrie St Okemah, OK 74859			10,000.	0.			Economic Development
Hill Top Pine Soap & Candle, LLC PO Box 67 Holdenville, OK 74848			20,000.	0.			Economic Development
Okemah Oil Company 4 E Broadway St Okemah, OK 74859			20,000.	0.			Economic Development
Sweetness & Soul 309 S 2nd St. Okemah, OK 74859			20,000.	0.			Economic Development

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table **38.**

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

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

**Seminole State College Educational Found  
Educational Foundation Inc**

Schedule I (Form 990)

73-0781297

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Flying O Machine, LLC 19638 E 970 Rd Hammon, OK 73650			100,000.	0.			Economic Development
The Grind 215 W Broadway Okemah, OK 74859			20,000.	0.			Economic Development
1895 Homemade Ice Cream 102 E Main St Shawnee, OK 74801			18,000.	0.			Economic Development
Living Moss, LLC 11637 NS 3580 Rd Prague, OK 74864			20,000.	0.			Economic Development
Mamaw's Cafe & Catering 1105 N Jim Thorpe Blvd Prague, OK 74864			20,000.	0.			Economic Development
Shawnee Spine, LLC 1049 Vision Blvd, Suite 700 Shawnee, OK 74804			20,000.	0.			Economic Development
Blessed Acres 114042 Hwy 27 Okemah, OK 74859			10,000.	0.			Economic Development
Seminole County Recycling Co. 808 William Blvd Seminole, OK 74868			20,000.	0.			Economic Development
Foundation Stocks, LLC 7784 E 122 Wetumka, OK 74883			50,000.	0.			Economic Development

Schedule I (Form 990)

**Seminole State College Educational Found  
Educational Foundation Inc**

Schedule I (Form 990)

73-0781297

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation Training Ranges, LLC 7784 E 122 Wetumka , OK 74883			50,000.	0.			Economic Development
Glenn Kay Evans Farms, Inc. 311 S Wewoka Ave Wewoka, OK 74884			20,000.	0.			Economic Development
Morrison's Main St. Market 321 W Broadway St Okemah, OK 74859			12,000.	0.			Economic Development
South Central Industries, Inc. 204 N Louisa Ave Shawnee, OK 74801			20,000.	0.			Economic Development
Jasmine Moran Children's Museum 1714 W Wrangler Blvd Seminole, OK 74868		501(c)(3)	20,000.	0.			Economic Development
Downtown Floral Co. 210 E Evans Ave Seminole , OK 74868			20,000.	0.			Economic Development
Housing Authority of the Seminole Nation of Oklahoma - 120 W 4th St - Wewoka, OK 74884		GOVT	40,000.	0.			Economic Development
Oklane Coffee Company 1100 N Milt Phillips Ave Seminole , OK 74868			10,000.	0.			Economic Development
Small Towne Thrift 317 W Broadway Okemah, OK 74859			7,500.	0.			Economic Development

Schedule I (Form 990)



**Seminole State College Educational Found  
Educational Foundation Inc**

Schedule I (Form 990)

73-0781297

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Complete Computer Concepts, Inc. 2020 Seran Drive Wewoka, OK 74884			10,000.	0.			Economic Development
Wes Thomas and Family, LLC 215 S Seminole Wewoka , OK 74884			20,000.	0.			Economic Development
Complete Pedorthic Solutions, LLC 700 Smoking Oaks Wewoka, OK 74884			10,000.	0.			Economic Development
Auld Construction, LLC 101731 S Hwy 99 Prague, OK 74864			20,000.	0.			Economic Development
Dynamic Dance Studio 1025 S Wewoka Ave Wewoka, OK 74884			10,000.	0.			Economic Development
Reggie's Hardware and Home Center 36776 Ew 1250 Wewoka, OK 74884			20,000.	0.			Economic Development
Hynson's Classic Burgers 1405 Interurban Way Edmond , OK 73034			20,000.	0.			Economic Development
Vickie's Nutrition Store 222 N Main St Seminole , OK 74868			10,000.	0.			Economic Development
Jearl Smart Foundation PO Box 1551 Wewoka , OK 74884		501(c)(3)	20,000.	0.			Economic Development

Schedule I (Form 990)

**Seminole State College Educational Found  
Educational Foundation Inc**

Schedule I (Form 990)

73-0781297

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seminole Nation Historical Society 524 S Wewoka Ave Wewoka, OK 74884		501(c)(3)	10,000.	0.			Economic Development
B & S Wilbourn, LLC 501 W Main St Holdenville, OK 74848			20,000.	0.			Economic Development
Seminole Arts Council 139 N Main Street Seminole, OK 74868		501(c)(3)	20,000.	0.			Economic Development
Benson True Value Hardware 102 S Woody Guthrie St Okemah, OK 74859			20,000.	0.			Economic Development
Surf Bar 4392 N Union Ave Shawnee, OK 74804			10,000.	0.			Economic Development
Paul's Appliance & Refrigeration Repair - 104087 North 3740 Road - Okemah, OK 74859			10,000.	0.			Economic Development
Parcel & Prairie, LLC 40202 Benson Park Rd Shawnee, OK 74801			15,000.	0.			Economic Development
The Wash House Launderette, LLC 2313 Highway 75 Wetumka, OK 74883			10,000.	0.			Economic Development
Toni's Castle Store & Cafe 371041 E 960 Rd Welty, OK 74833			10,000.	0.			Economic Development

Schedule I (Form 990)

Schedule I (Form 990)

Page 1

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04-01-24

## Schedule I (Form 990) (Rev. 12-2024) Educational Foundation Inc

Page 2

**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.

(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
College Scholarships	27	37,123.	0.		

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **Seminole State College Educational Found  
Educational Foundation Inc** Employer identification number **73-0781297**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)Mike Langley	Former T	Investme		X	100,000.	100,000.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 100,000.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

See Part V for Continuations



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization **Seminole State College Educational Found  
Educational Foundation Inc** Employer identification number  
**73-0781297**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <u>Irrigation Sys</u> )	X	1	23,000.	Selling Price
26 Other ( <u>Asphalt Milling</u> )	X	1	19,500.	Selling Price
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

432142 01-18-25



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	Seminole State College Educational Found Educational Foundation Inc	Employer identification number 73-0781297
--------------------------	--	--

Form 990, Part III, Line 4d, Other Program Services:

Student Scholarships

Expenses \$ 37,123. including grants of \$ 37,123. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by Management before it's filed.

Form 990, Part VI, Section C, Line 19:

Documents are made available to the public upon request.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>Seminole State College Educational Found Educational Foundation Inc</b>	Employer identification number <b>73-0781297</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Seminole State College - 73-0781297 2701 Boren Blvd Seminole, OK 74868		Oklahoma	GOVT				X

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

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

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

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

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

## Part IV

[illegible]

**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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X

**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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

## Part VI

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

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.

[illegible]

## Part VII

Provide additional information for responses to questions on Schedule R. See instructions.



**NOTE:** A certification shall be included with any competitive bid and/or contract exceeding \$25,000.00 submitted to the State for goods or services.

Agency Name: OMES Agency #: 09000

Supplier Legal Name: \_\_\_\_\_ Solicitation or Purchase Order #: \_\_\_\_\_

**SECTION I [74 O.S. § 85.22]:**

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder, for the purpose of certifying the facts pertaining to the existence of collusion among and between bidders and suppliers and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in connection with the prospective acquisition;
2. I am fully aware of the facts and circumstances surrounding the acquisition or making of the bid to which this statement relates and have been personally and directly involved in the events leading to the acquisition or submission of such bid; and
3. Neither the business entity that I represent in this certification nor anyone subject to the business entity's direction or control has been a party:
  - a. to any collusion among bidders or suppliers in restraint of freedom of competition by agreement to bid or contract at a fixed price or to refrain from bidding or contracting,
  - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - c. to any discussions between bidders or suppliers and any state official concerning exchange of money or other thing of value for special consideration in connection with the prospective contract.

B. I certify, if awarded the contract, whether competitively bid or not, neither the business entity I represent nor anyone subject to the business entity's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of this state any money or other thing of value, either directly or indirectly, in procuring the contract to which this statement relates.

**SECTION II [74 O.S. § 85.42]:**

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

**SECTION III [74 O.S. § 582]:**

For the purpose of a contract for goods or services, the supplier also certifies is not currently engaged in a boycott of goods or services from Israel that constitutes an integral part of business conducted or sought to be conducted with the state.

The undersigned, duly authorized agent for the above named bidder or supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

**OR**

☐ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

\_\_\_\_\_  
Supplier Authorized Signature

\_\_\_\_\_  
Certified This Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax Number