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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Publi

Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable NORTHWESTERN COLLEGE use IRS Address change 42-0698196 label or Doing Business As E Telephone number print or Name change type. See Specific (712)707-7121Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 56,701,817 Terminated tions. City or town, state or country, and ZIP + 4 Orange City, IA 51041 Amended return Application pending Name and address of principal officer Is this a group return for Doug Beukelman affiliates? 101 7th Street SW Orange City, IA 51041 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 **Website: ►** www nwcrowa edu K Form of organization ✓ Corporation ┌ Trust ┌ Association ┌ Other ► M State of legal domicile IA L Year of formation 1883 Part I Summary Briefly describe the organization's mission or most significant activities Institution of Higher Education providing postsecondary educational services Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 20 1,414 Total number of employees (Part V. line 2a) . . . 112 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,405,062 3,746,547 Program service revenue (Part VIII, line 2g) . 32,002,416 32,588,905 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -880,258 240,065 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 381,164 545,694 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 34,908,384 37,121,211 10,848,671 11,646,683 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 15.704.317 15.446.566 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 60,784 59,844 Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,308,368 Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 10,425,971 10,486,772 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 37,039,743 37,639,865 -518,654 19 Revenue less expenses Subtract line 18 from line 12 . -2.131.359 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 93,856,565 95,988,335 Total liabilities (Part X, line 26) . . 10,428,755 9,150,694 22 83,427,810 86,837,641 Net assets or fund balances Subtract line 21 from line 20 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 2011-02-11 Here Signature of officer Douglas Beukelman V President for Financial Affairs Type or print name and title Date Preparer's identifying number Preparer's signature Check if Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 ┌ Yes ┌ No May the IRS discuss this return with the preparer shown above? (see instructions) .

Cat No 11282Y

Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

Total program service expenses►\$

Northwestern College is a Christian academic community engaging students in courageous and faithful learning and living that empowers them to follow Christ and pursue God's redeeming work in the world

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?								
	If "Yes," describe	these new services on S	chedule O						
3	•	on cease conducting, or	•	•		_ Yes ✓ No			
	If "Yes," describe	these changes on Sched	lule O						
4	Section 501(c)(3)		tions and sectio	on 4947(a)(1) trusts a	largest program services by e re required to report the amou service reported				
4a	(Code) (Expenses \$	28,959,066	ıncludıng grants of \$	11,646,683) (Revenue \$	30,340,116)			
		oviding educational opportuni heir education and to student			aggregated costs of those services N	Making grants to faculty			
4b	(Code) (Expenses \$	3,487,853	ıncludıng grants of \$) (Revenue \$	6,781,095)			
		oviding sales & service of aux nents of the primary purpose o			ents Providing textbooks & sundry st nts)	upplies to 1206 students Both			
4c						upplies to 1206 students Both			
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of		ional services (1206 Studei	nts)				
4c	are essential compor	nents of the primary purpose of	of providing educat	ional services (1206 Studei	nts)				

32,446,919

	_				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes		
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes		
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.				
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
L	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
	complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		No
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2009)

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	Ī		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

101 7th St SW

Orange City, IA 51041 (712) 707-7121

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 28			
ь	Enter the number of voting members that are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			NI-
10-	Describe an experience have been been been been been seen of the been a	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	164		
£^	ction C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	Douglas Beukelman			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -3
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc 101 7th St SW Orange City, IA 51041	Food Service Management	1,913,323
Jenzabar 800 Boylston St 35th Floor Boston, MA 02199	Software Vendor	106,716
Cannon Moss Brygger & Associates PO Box 3689 Sioux City, IA 51102	Architectual Services	211,322
2 Total number of independent contractors (including but not limited to those listed abo	ve) who received more than	

\$100,000 in compensation from the organization 📭 3

5

Nο

37,121,211

33,012,792

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	(B) (C) (D)								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,646,683	11,646,683						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	501,992	172,292	329,700	0				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	11,499,120	9,611,286	1,240,583	647,251				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	743,986	607,837	96,718	39,431				
9	Other employee benefits	1,886,637	1,525,408	246,506	114,723				
10	Payroll taxes	814,831	665,717	105,928	43,186				
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	7,559		7,559					
c	Accounting	86,207	7,973	78,234					
d	Lobbying								
e	Professional fundraising See Part IV, line 17	59,844			59,844				
f	Investment management fees								
g	Other	91,702	61,082	30,620					
12	Advertising and promotion	373,111	210,464	14,876	147,771				
13	Office expenses	1,087,022	718,672	314,619	53,731				
14	Information technology	517,640	310,478	200,551	6,611				
15	Royalties								
16	Occupancy	754,675	317,030	 					
17	Travel	867,882	753,388	84,694	29,800				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	262,516	232,049	21,253	9,214				
20	Interest	192,996		192,996					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	2,191,015	2,191,015						
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	285,271	162,272	122,999					
а	total expenses shown on line 25 below) Outside Instruction	503,858	503,858	0	0				
a b	Activities	429,651	378,025	 	31,649				
c	Food Service	1,759,799	1,759,799		0				
d	Library Acquisitions	146,333	146,333		0				
u e	Fund Raising	116,699	140,333	1	116,699				
f	All other expenses	812,836	465,258	-	8,458				
25	Total functional expenses. Add lines 1 through 24f	37,639,865	32,446,919		1,308,368				
26	Joint costs. Check here ► ☐ If following SOP 98-2	37,039,003	32,740,319	3,004,378	1,300,300				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			1,138,199	1	975,363		
	2	Savings and temporary cash investments	5,553,891	2	10,174,280				
	3	Pledges and grants receivable, net	2,974,966	3	2,388,683				
	4	Accounts receivable, net			113,499	4	206,167		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	m current and former officers, directors, trustees, key employees, and						
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and					
70		Schedule L				6			
ssets	7	Notes and loans receivable, net			3,188,521	7	3,027,206		
8	8	Inventories for sale or use			58,506	8	71,182		
As	9	Prepaid expenses and deferred charges			80,608	9	131,516		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	75,373,569					
	ь	Less accumulated depreciation	10b	30,214,947	46,482,275	10c	45,158,622		
	11	Investments—publicly traded securities			31,324,913	11	31,022,191		
	12	Investments—other securities See Part IV, line 11	1,595,524	12	1,677,462				
	13	Investments—program-related See Part IV, line 11	0	13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	1,345,663	15	1,155,663				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			93,856,565	16	95,988,335		
	17	Accounts payable and accrued expenses .	2,780,026	17	2,262,132				
	18	Grants payable	1,499,363	18	1,522,004				
	19	Deferred revenue	eferred revenue						
	20	Tax-exempt bond liabilities		4,535,000	20	3,935,000			
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	ow or custodial account liability Complete Part IV of Schedule D						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ï		persons Complete Part II of Schedule L	ns Complete Part II of Schedule L						
	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable to unrelated third parties		24					
	25	Other liabilities Complete Part X of Schedule D	1,614,366	25	1,431,558				
	26	Total liabilities. Add lines 17 through 25	10,428,755	26	9,150,694				
so O		Organizations that follow SFAS 117, check here ► $\overline{\checkmark}$ and compthrough 29, and lines 33 and 34.	let e li	ines 27					
ĕ	27	Unrestricted net assets			64,498,472	27	65,212,543		
Fund Balance	28	Temporarily restricted net assets		2,492,560		4,349,417			
<u> </u>	29	Permanently restricted net assets	16,436,778		17,275,681				
Ĭ	•	Organizations that do not follow SFAS 117, check here ► ar	d com	unlet e	10, 100,110		11,210,001		
<u>.</u>		lines 30 through 34.	ia com	ipiere					
S O.	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
As:	32	Retained earnings, endowment, accumulated income, or other fu				32			
Net	33	Total net assets or fund balances			83,427,810	33	86,837,641		
Z	34	Total liabilities and net assets/fund balances			93,856,565	34	95,988,335		
	i				1				

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization

Employer identification number

NORTE	100 E S I I	ERN CULLEGE						4.3	0608106			
Dai	rt I	Deacor	for Duk	olic Charity Stat	ue (All organiza	ations mi	ist complete thi		-0698196 See instri	uctions		
				foundation because					See msu	uctions		
1			-	n of churches, or as	•	_	•	•				
2	Ī			n section 170(b)(1								
3	Ė			erative hospital ser				(1)(A)(i	ii).			
4	Γ	A medica	l research	organization operat y, and state	_				-	A)(iii). Ente	r the	
5	Г			rated for the benefit		ıversıty ov	vned or operated	by a gove	ernmental u	nıt describe	- d ın	
6	\vdash			ocal government or	•	t describe	d in section 170(h)(1)(A)((v).			
7	Ė	An organi described	zation that in	t normally receives (Complete Pa	a substantial part		-		• •	the general	public	
8	Γ	A commu	nity trust o	described in section	170(b)(1)(A)(vi)	(Comple	e Part II)					
9	Γ	An organi	zatıon that	normally receives	(1) more than 33	1/3% of its	support from cor	ntributior	ns, members	ship fees, ar	nd gross	5
		receipts f	rom activit	ties related to its ex	empt functions—s	ubject to	certain exception	s, and (2) no more tl	han 331/3%	of	
		ıts suppo	t from gro	ss investment incor	ne and unrelated b	usiness t	axable income (le	ss sectio	on 511 tax)	from busine	esses	
		acquired	by the orga	anızatıon after June	30,1975 See se	ct ion 509(a)(2). (Complete	Part III)			
10	\sqcap	An organı	zatıon orga	anızed and operated	exclusively to tes	t for publi	c safety See sect	ion 509(a	a)(4).			
11	Γ	one or mo	re publicly	anized and operated supported organizates the type of supported b	itions described in orting organization	section 5 and comp	09(a)(1) or secti	on 509(a rough 11	a)(2) See s		a)(3). C	Check
e	Γ		foundatio	x, I certify that the on managers and oth								
f		If the org		eceived a written de	termination from t	he IRS th	atıtıs a Type I, T	ype II o	rType III s	upporting o	rganıza	tion,
g		Since Aug following	•	006, has the organiz	zation accepted ai	ny gift or c	ontribution from a	ny of the	9			
		(i) a pers	on who dir	ectly or indirectly co	ontrols, either alor	ne or toget	her with persons	describe	d ın (ıı)		Yes	No
		and (III) b	elow, the g	overning body of the	e the supported or	ganızatıor	?			11g(i)		
		(ii) a fam	ly member	r of a person describ	ed in (i) above?					11g(ii)		
		(iii) a 35°	% controll	ed entity of a persor	n described in (i) o	r (11) abov	e?			11g(iii)		
h		Provide th	ne following	g information about	the supported org	anızatıon(s	5)					
				(iii)	(iv)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	Is the		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		tion (that a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Robert Wei Board Member	1	Х				,		0	0	0	
Doug Boone Board Member/Secretary	3 00	X		X				0	0	0	
Robert Haveman Board Member	1	Х						0	0	0	
Rev Nolan Palsma Board Member	1	X						0	0	0	
Rev Mark Heijerman Board Member	1	X						0	0	0	
Dr Jeff V anDerWerff Board Member	40	X						50,709	0	0	
Drew V ogel	3	X		X				0	0	0	
Board Member/Chairman Rev Steven Vander Molen								0	0	0	
Board Member	2	X						0	0	0	
David Van Engelenhoven Board Member/Vice Chairman	3 00	Χ		X				0	0	0	
Lında Van Peursem Board Member	1	X						0	0	0	
Wayne Van Heuvelen Board Member	1	X						0	0	0	
Rev R Van Rathbun Board Member	1	Х						0	0	0	
Kurt Dykstra Board Member	1	X						0	0	0	
Rev Jonathan Opgenorth Board Member	2	X						0	0	0	
Rev Irving Rivera Board Member	1	Х						0	0	0	
Rev Perry De Groot Board Member	1	X						0	0	0	
Arlan Draayer Board Member	1	X						0	0	0	
Cornelius Koerselman Board Member	2 00	Х						0	0	0	
Brad De Jong Legal Counsel	2 00	X						0	0	0	
Dr Magnolia Jackson Board Member	1 00	X						0	0	0	
A nita Bomgaars Board Member	2 00	X						0	0	0	
Dr Nicholas deVries Board Member	1 00	X						0	0	0	
Dave Dunkelberger Board Member	1	X						0	0	0	
Lında Van Roekel Board Member	1	X						0	0	0	
Rev Carl Boersma Board Member	1 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Provost

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Ke) emplojea Officei	- Let - CT	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Merlyn De Vries Board Member	1 00	Х					0	0	0		
Dr Bryan Den Hartog Board Member	1 00	X					0	0	0		
Dale Den Herder Board member	1 00	X					0	0	0		
Martın Guthmiller Board Member	1 00	Х					0	0	0		
Lorı Scott Board Member	1 00	X					0	0	0		
Douglas Beukelman Vice President for Finance	40			X			129,789	0	0		
Gregory Christy President	40			X			181,801	0	0		
Jasper Lesage Provost	40				Х		107,309	0	0		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Outside Instruction	503,858	503,858	0	0
Activities	429,651	378,025	19,977	31,649
Food Service	1,759,799	1,759,799	0	0
Library Acquisitions	146,333	146,333	0	0
Fund Raising	116,699	0	0	116,699

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493042003281

OMB No 1545-0047

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. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	ction 50 f(c) (other than section 50 f(c)(5)) organizations. Complete Parts FA and C below. Bo not con- ction 527 organizations. Complete Part I-A only	ubiere La	III FD				
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4	7 (Lobb	wina /	\ctivi	tios) thai	n	
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part	•			• •	•	
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete			•		: II-A	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin				•		
• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III						
	me of the organization RTHWESTERN COLLEGE	Employe	er iden	tıfıcat	tion numbe	≥ r	
NOF		42-069	8196				
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s			org	anizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Par	+ 11/					
2			_	_			
3	Political expenditures		•	\$			
3	Volunteer hours			_			-
Par	t 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		Þ	\$			_
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						
Par	t I-C Complete if the organization is exempt under section 501(c) except	sectio	n 501	.(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	 -	\$			_
2	Enter the amount of the filing organization's funds contributed to other organizations for section	527	_				
	exempt funtion activities		•	\$			-
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	F	\$			
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	☐ No	
5	State the names, addresses and employer identification number (EIN) of all section 527 politica were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in F	s Also e ion, suc	enter tl	he am	ount of po	litical	

contributions received that wei	on listed, enter the amount paid fror re promptly and directly delivered to ittee (PAC) If additional space is no	a separate politic	al organization, such as a	•
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's	(e) A mount of political contributions receive

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

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		C	
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		C	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1:		•	С	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- answered "Yes".

 Dues, assessments and similar amounts from members
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- a Current year
- **b** Carryover from last year
- c Tota
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		On a limited number of occasions, the president of the College may contact legislators or their staff to discuss matters of interest to the College, or may visit them for a brief meeting as an incidental part of an unrelated business trip. Students are encouraged to write letters to legislators with concerns regarding financial aid and higher education.

2a

2b

2c 3

4

5

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DLN: 93493042003281

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

rnal	Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspection
	ne of the organ			Emp	loyer identification number
IUK	THING COLL	LOL		42-0	0698196
a			dvised Funds or Other Similar Fu	unds	or Accounts. Complete if the
	organi	zation answered "Yes" to Form 99			(h) F
	Total number o	t and afven	(a) Donor advised funds	(b) Funds and other accounts
	Total number a	·			
		tributions to (during year)			
		nts from (during year) ue at end of year			
		·			
	funds are the o	organization's property, subject to the	sors in writing that the assets held in don organization's exclusive legal control?		┌ Yes ┌ No
	used only for c conferring imp	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny othe	r purpose Yes No
	t III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" to	o Forn	n 990, Part IV, line 7.
	Preservat Protection Preservat Complete lines	conservation easements held by the o ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a-2d if the organization held a qual he last day of the tax year	on or pleasure) Γ Preservation of an	ertifie	ically importantly land area d historic structure onservation
	easement on t	ne last day of the tax year			Held at the End of the Year
	Total number o	of conservation easements		2a	ricia de the End of the Teal
	Total acreage	restricted by conservation easements		2b	
	_	servation easements on a certified his	ŀ	2c	
		servation easements included in (c) a	` ` ` 	2d	
	the taxable ye	iservation easements modified, transfe ar - tes where property subject to conserva	rred, released, extinguished, or terminate	d by th	e organization during
			g the periodic monitoring, inspection, hand	— Una of	violations and
	enforcement o	f the conservation easements it holds?			☐ Yes ☐ No
	Staff and volur	nteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🟲
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$
		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
	balance sheet	-	onservation easements in its revenue and the footnote to the organization's financial nents	•	•
		izations Maintaining Collection ete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.
	art, historical	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch ın fu	
	historical trea	· ·	116, to report in its revenue statement a public exhibition, education, or research ii ;		·
	(i) Revenues i	included in Form 990, Part VIII, line 1			► \$
	(ii) Assets Inc	luded in Form 990, Part X			► \$
	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items	r finan	
	Revenues incl	uded in Form 990, Part VIII, line 1			▶ \$
		ed in Form 990, Part X			<u> </u>
	Transcia ilicidut	aa mii oim oogi ait A			F +

Sche	dule D (Form 990) 2009								Page 2
Par	Organizations Maintaining Co	llections of Art,	Historical T	reas	ures, or Oth	er Simila	r Ass	ets (c	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any	_		-		ollectio	n	
а	Public exhibition		d Loan	orex	change progran	ns			
b	Scholarly research		e Γ Othe	r					
c	Preservation for future generations								
1	Provide a description of the organization's co	ollections and explai	n how they furth	er the	organization's	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		,			ımılar	Г	Yes	┌ No
Pa	TEXT Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te if the orgar	nzatio		"Yes" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary for contrib	utions	or other asset	s not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollowing table						
							A mo	unt	
С	Beginning balance				10	:			
d	Additions during the year				10	1			
e	Distributions during the year				16	•			
f	Ending balance				1f	,			
a:	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•							
Pa	rt V Endowment Funds. Complete	f the organization							
		(a)Current Year	(b)Prior Year		Two Years Back	(d)Three Years	Back (e) Four Y	ears Bac
а	Beginning of year balance	31,730,978	39,248,4	_					
b	Contributions	802,348	640,4	_					
С	Investment earnings or losses	3,479,580	-7,416,3	_					
d	Grants or scholarships	564,749	667,6						
e	Other expenditures for facilities and programs	0	73,9						
f	Administrative expenses	,	21 720 0	0					
g	End of year balance	35,448,157	31,730,9	/8					
	Provide the estimated percentage of the yea		S						
а	Board designated or quasi-endowment 🕨	4081% %							
b	Permanent endowment 🕨 47 43 % %								
c	Term endowment ► 11 76 % %								
la	Are there endowment funds not in the posses	ssion of the organiza	tıon that are he	d and	administered f	or the			
	organization by						- ···	Yes	No
	(i) unrelated organizations			•			3a(i)		No
ь	(ii) related organizations						3a(ii)	<u>' </u>	No I
ļ	Describe in Part XIV the intended uses of th	•		•					<u> </u>
	t VI Investments—Land, Buildings			990. F	Part X. line 10).			
	Description of investment	, ,	(a) Cost o basis (inves	other	(b)Cost or othe basis (other)			(d) Bo	ok value
	Land		3.5	21,616	2,748,17	'2			6,469,78
	Buildings			0			41,496	7	4,210,21
	Leasehold improvements		· .	0	,,.	0	0		7,210,21
	Equipment			0		-	73,180		3,229,26
	Other		·	0	,,		00,271		1,249,35
	I. Add lines 1a-1e (Column (d) should equal Fo				3,349,02		00,211		5,158,62
		555, raic A, colum	(2), iiiic 10(c).	, •	· · · ·	Sched			

Part VII Investments—Other Securities. See I	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b) Book value	(c) Metho	d of valuation
(including name of security)			f-year market value
Financial derivatives	0		F
Closely-held equity interests Other			
Cash Value Life Insurance	689,042		F
	,		
Private Equity	988,420		<u>C</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,677,462		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of end-o	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion		(b) Book value
Interest Receivable			26,017
Construction In Progress			1,129,646
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:			1,155,663
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Student Deposits and Advance Payments	535,588		
Miscellaneous Liabilities	395,719		
Annuity Payment Liability	500,251		
I			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,431,558		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,121,211
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,639,865
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-518,654
4	Net unrealized gains (losses) on investments	4	3,529,030
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	399,455
9	Total adjustments (net) Add lines 4 - 8	9	3,928,485
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,409,831
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,439,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-8,093,686
3	Subtract line 2e from line 1	3	37,533,641
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-412,430
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	37,121,211
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,030,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	412,430
3	Subtract line 2e from line 1	3	25,617,694
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 12,022,171	1	
c	Add lines 4a and 4b	4c	12,022,171
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	37,639,865
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	, ,	Endowment funds are used to fund specific scholarships and grants to students and faculty and to fund specific building maintenance
SchD_P10_S00_L00	Schedule D, Part X	No Federal tax liability at this time
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Information Technology Equipment capitalized \$200551 other equipment capitalized \$198904
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Scholarships of \$11622716
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Cost of goods sold \$412430
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Cost of Goods Sold \$412430
SchD_P13_S00_L04b		Student scholarships \$11622716 computer equipment capitalized \$200551 and other equipment capitalized \$198904

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHWESTERN COLLEGE

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	42-0698196			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain Northwestern College publicizes its nondiscriminatory policy in local radio ads and in local employment ads in newspapers The policy is also on Northwestern College's website and in the student handbooks as well as in the admissions pamphlets	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule 0 (Form 990)	6b		Νo
,	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization NORTHWESTERN COLLEGE Employer identification number

42-0698196

Part I	General Information on	Activities	Outside the	United State	s. Complete if	the organization	answered
	"Yes" to Form 990, Part IV	, line 14b.					

1	For grantmakers. 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	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activites per Region (U:	se Schedule F-1	(Form 990) if add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Cross Cultural Experience	31,822
East Asia and the Pacific	0	0	Program Services	Cross Cultural Experience	5,000
Europe (including Iceland and Greenland)	0	0	Program Services	Cross Cultural Experience	139,539
Middle East and North Africa	0	0	Program Services	Cross Cultural Experience	15,000
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Cross Cultural Experience	5,300
Russia and the newly independent States	0	0	Program Services	Cross Cultural Experience	35,358
South America	0	0	Program Services	Cross Cultural Experience	3,126
South Asia	0	0	Program Services	Cross Cultural Experience	7,782
Sub-Saharan A frica	0	0	Program Services	Cross Cultural Experience	39,657
	0	0			282,584
Totals ▶ For Privacy Act and Paperwork Re	_	_		Cat No 50082W Sch e	edule F (Form 990) 2009
		_, anstruc		and the second second	

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this p	Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information. Explanation									
Identifier	ReturnReference	Explanation								
SchF_P01_S00_L01	Schedule F, Part I, Line 1	Northwestern College makes no grants to foreign organizations or individuals								

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DLN: 93493042003281

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the organization

Employer identification number

ΝОΙ	RTHWESTERN COLLEGE										
							42-0698196				
Pa		ctivities. Complete ers are not required				wered "Yes"	to Form 990, Part IV	, line 17.			
1	Indicate whether the org	anızatıon raısed funds	through a	any of the	following	activities Ch	eck all that apply				
а	Mail solicitations			e	▼ Soli	citation of nor	n-government grants				
b	Internet and e-mail s	solicitations		f	▼ Soli	citation of gov	ernment grants	nt grants			
c	Phone solicitations			g	┌ Spe	cıal fundraısın	ig events	5			
d	✓ In-person solicitatio	ns									
b	or key employees listed If "Yes," list the ten high to be compensated at lea	est paid individuals or	entities	(fundraıs e	ers) pursu	ant to agreem	ents under which the fur				
	(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) fundrais custo contr contribu	er have dy or ol of utions?		oss receipts activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
		Professional Fund	Yes	No							
Gonser Gerber Tinker Stuhr LLP Raising Consulting				No		0	59,844	-59,844			
Tota	al			.		0	59,844	-59,844			

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
Ь		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					. _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493042003281

OMB No 1545-0047

Schedule I

(Form 990)

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

> Open to Public **Inspection**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

NOF	RTHWESTERN COLLEGE						42-0698196	
Pa	art I General Infor	mation on Grants	s and Assistance				1	
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?			,	•	▽ Yes ┌ N
Pa	Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 00) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a	a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Students qualify for federal, state, and institutional scholarships, grants and loans based on their individual FAFSA application. Merit awards are based on levels of achievement academically, musically, artistically, or athletically. Entitlement grants are given for students with a family connection to the College, denominational affiliation, and travel distance from campus. International student may be awarded grants and scholarships to come to our campus to study. Grants are awarded by the financial aid office following federal, state, and institutional guidelines, which are also monitored and applied in the business office. Funds are audited annually by independent auditors.

Software ID: 09000073

Software Version: v1.00

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Return to Form

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
A cademic Grants	933	4,612,647			
Institutional Grants	2160	3,242,754			
Activity Awards	749	2,281,444			
Endowed Grants	443	559,849			
Diversity Grants	57	421,991			
Federal Funded Grants	353	185,029			
Gift Sponsored Grants	92	319,003			
Faculty Staff Study/Research Grants	10	23,967			

DLN: 93493042003281

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NOR	THWESTERN COLLEGE		' '			
1101	TIMESTERNI GOLLEGE		42-0698196			
Pa	rt I Questions Regarding Compensation					
					Yes	Νο
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr					
			Housing allowance or residence for personal use			
	Travel for companions	'	Payments for business use of personal residence			
	·	' 				
			Personal services (e.g., maid, chauffeur, chef)			
	postretionary spending account	'	reisonal services (e.g., maid, chadhedr, cher)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described			1b	Yes	
2	Did the organization require substantiation prior to reimbo officers, directors, trustees, and the CEO/Executive Direc			2	Yes	
3	Indicate which, if any, of the following the organization usorganization's CEO/Executive Director Check all that ap		•			
			Written employment contract			
			Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part Vor a related organization	VII	, Section A , line $f 1a$ with respect to the filing organization	on		
а	Receive a severance payment or change-of-control paym	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental n	non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	d coi	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omn	slete lines 5-9			
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descri			7		No
8	Were any amounts reported in Form 990, Part VII, paid o subject to the initial contract exception described in Regs in Part III		·	8		No
9	If "Yes" to line 8 did the organization also follow the rebu	nutta	able presumption procedure described in Regulations		†	

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
[(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Douglas Beukelman	(I) (II)	128,989 0	800 0		0	1	138,818 0	
Jasper Lesage	(I) (II)	106,509	800 0		0 0	1	114,765 0	113,742 0
Gregory Christy	(I) (II)	166,115 0	15,000 0		0 0	1	193,429 0	
Dr Jeff VanDerWerff	(I) (II)	48,059 0	800 0		0	1 '	54,073 0	47,722

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Northwestern College provides a house for the president and pays golf dues as well as payment for his personal services
	1	In addition to the methods indicated on Line 3, Northwestern College uses various market surveys for colleges and universities, along with local or regional data that is relevant. See Schedule O for a more detailed explanation-Form 990 Part VI, Section B, Line 15

Schedule J (Form 990) 2009

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which may result in private business use?

Schedule K

(Form 990)

DLN: 93493042003281 OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury **Inspection** Internal Revenue Service Employer identification number Name of the organization NORTHWESTERN COLLEGE 42-0698196 **Bond Issues** (h) O n (a) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No City of Orange City 42-6005071 12-28-2006 2,800,000 Remodel Student Center Х Х Proceeds В C D Ε Α Total proceeds of issue 2,800,000 Gross proceeds in reserve funds 2 0 Proceeds in refunding or defeasance escrows 0 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds n Capital expenditures from proceeds 2,800,000 Year of substantial completion 8 2007 Yes No Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? **Private Business Use** В C Е Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х

Sch	edule K (Form 990) 2009											Page 2	
Pai	t IIII Private Business Use (Continued)												_
			A	L		В		С		D		E	
		Y	'es	No	Yes	No	Yes	No	Yes	No	Yes	No	
3а	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?			X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?			X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %									
6	Total of lines 4 and 5			0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X										
Pa	rt IV Arbitrage												_
	Van	Α	N	V	В	V	С	N.	D		•	E Na	
1	Yes Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		No	Yes	No	Ye	:S	No	Yes	No	Yes	No	
	the bond issue?		X										
2	Is the bond issue a variable rate issue?		X										

	the bond issue?	Х		
2	Is the bond issue a variable rate issue?	X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		
		^		
ь	Name of provider			
	Town of hodge			

Χ

c	Term of hedge	٦	erm of hedge	of hedge			

3	Were gross proceeds invested in a GIC?	Х

b	Name of provider		

С.	Term of GIC	

d	Was the regulatory safe harbor for establishing the fair market
	value of the GIC satisfied?

Χ			

DLN: 93493042003281

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer ider
NORTHWESTERN COLLEGE	
	42-0698196

nployer identification number

Part I	Excess Benefit Transactions (section $501(c)(3)$ and section $501(c)(4)$ 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	
	Complete if the organization answered Tes on Form 990, Farcily, the 25d of 25b, of Form 990-12, Farcily, the 40b	_

(c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to (g)Written **(e)** In Approved (a) Name of interested person and or from the (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? From Yes No

Part III Grants or Assistance Benefitting Interested Persons.

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

(b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Steve Vander Molen **Board Member** Scholarship for son Matt Cornelius Koerselman Board Member Scholarship for daughter Kaitlin David Dunkelburger **Board Member** Scholarship for son Brent Anıta Bomgaars Board Member Scholarship for son Curtis Nicholas de Vries Board Member Scholarship for son Samuel Van Rathbun Board Member Scholarship for daughter Julia

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Dale Den Herder	erder Board Member 43,875 Fees paid to American Investment Trust in which Dale has a controlling interest			No		
Dave Van Englenhoven	Board Member	407,477	Dave is majority owner in Van Engelenhoven Agency providing insurance service through his two sons who are serving agents for property and casualty insurance, student sickness, accident and sports and dental and AFLAC insurance		No	

DLN: 93493042003281

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

Vame	of the	orga	nızatıc
NORTH'	WESTER	N CO	LLEGE

Employer identification number

42-0698196 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 1,412 Fair market value 4 Books and publications Χ 5 Clothing and household Х 2,905 Fair market value goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 9 32,746 A verage price on gift date 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 . . . 62,500 Appraisal Real estate—Residential . Χ Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . Χ 3,998 Fair market value 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 23 24 Archeological artifacts . 25 Other ► (___ Other ►(___ 26 27 Other ►(__ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 10 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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

► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization NORTHWESTERN COLLEGE

Employer identification number

42-0698196

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Nicholas deVries (Board member) is related to Merlyn De Vries (cousin). Anita Bomgaars is related to Corky Koerselman (cousin). Corky Koerselman's son is married to Steve Vander Molen's daughter. Drew Vogel (Board member) and Doug Beukelman (Vice President for Financial Affairs) both serve as board members of low a State Bank. Drew Vogel owns approximately 10% of the stock in low a State Bank. Alan Draayer (Board member), Doug Beukelman (Vice President for Financial Affairs), Robert Haveman (Board member), Dave Van Engelenhoven (Board member) and Drew Vogel (Board member) have investments in Learning Commons LLC. Doug Beukelman (Vice President for Financial Affairs), Robert Haveman (Board member), Arlan Draayer (Board member) and Drew Vogel (Board member) have investments in several LLCs established by Robert Haveman, invested through Advanced Equities, Inc. of which Robert Haveman is a director. Wayne Van Heuvelen is president and owner of an investment management company that provides investment management services to Marty Guthmiller and Nicholas deVries.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The form is prepared by the Accountant, reviewed by the Comptroller, Vice President for Financial Affairs and the President. The form is then made available to each board member for their review. The Executive Committee of the Board of Trustees will then make the final approval prior to the submission of the Form 990 to the IRS.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Detailed conflict of interest questionaires are provided annually to trustees, officers and key employees and are then reviewed by the executive committee of the board for any possible conflicts. The procedure requires specific areas to be addressed at a minimum, with specific concerns to be addressed individually and acted upon. Minutes are required of the executive committee for any and all actions with regard to any conflict of interest proceedings.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Director of Human Resources does market surveys, uses data for college & unversities from CUPA, CCCU and IAICU, and uses local or regional data that is relevant. The Director of Human Resources prepares a summary showing current salary, prior salary, market survey data, current pay range, and market comparisons to current pay and pay range. The summary is reveiwed by the Excutive Committee of the Board of Trustees. Based upon the above data the Executive Committee establishes reasonable compensation for the officers, trustees and highly compensated employees.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents and bylaws are available on the State of low a website for the Secretary of State. The conflict of interest policy is in the trustee handbook, along with the faculty and staff handbooks and is available upon request. The financial statements are made available to the community through a published annual report and the 990 form is made available on the wieb at the GuideStar wiebsite, as wiell as upon request.