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Department of the Treasury Internal Revenue Service A For the 2010 calendar year, or tax year beginning

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)

Open to Public

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

Inspection

OMB No 1545-0047

Α	For th	e 2010 calendar year, or tax year beginning JUL 1, 2010 and endir	ng J	UN 30,	2011		
В	Check if applicab	C Name of organization		D Employ	er identifica	ition number	
	Addre	NORTHWEST FOUNDATION, INC.					
	Name chan				23-71	65025	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number		
	Termi		-			62-1248	
	Amer	nded O	Î	G Gross rec		10531	577.
	Appli	Cal MARYVILLE, MO 64468	Ī	H(a) is the	a group retu		
	pend	F Name and address of principal officer MICHAEL JOHNSON			filiates?	Yes	X No
		SAME AS C ABOVE		H(b) Are all	affiliates inclu		□No
ī	Tax-ex	empt status: X 501(c)(3)	527	• •		st. (see instruction	ns)
		te: > WWW.NWMISSOURI.EDU/ALUMNI/INDEX.HTM			exemption	•	,
						State of legal domi	cile: MO
P	art I	Summary					
_	1	Briefly describe the organization's mission or most significant activities: RECEIVE	. II	NVEST,	MANAG	E, STEWA	RD
Activities & Governance		AND DISBURSE PRIVATE SUPPORT FOR THE BENEFI					
r E	2	Check this box if the organization discontinued its operations or disposed of				ets.	
Ş	3	Number of voting members of the governing body (Part VI, line 1a)			3		30
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		30
80	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5		0
ij	6	Total number of volunteers (estimate if necessary)			6		508
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			7b		0.
		•		Prior Ye		Current Yea	
Revenue	8	Contributions and grants (Part VIII, line 1h)			2103.	2043	
	9	Program service revenue (Part VIII, line 2g)	·		1883.		149.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0459.	1022	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2478.		552.
		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)			6923.	3545	
_		Grants and similar amounts poid (Port IV advisor (A) lines 172	-		1563.		505.
	14	Benefits paid to or for members (Part IX column (A), lines 1-3)			0.	075	0.
'n	1	Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10)	-		0.		0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	.		0.		0.
pen	h	Total fundraising expenses (Part IX, column (D), line 25) 118822.					<u> </u>
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	155	0867.	1371	352
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			2430.	2244	
	1	Revenue less expenses. Subtract line 18 from line 12			4493.	1300	
S	19	nevenue less expenses. Subtract line 18 from line 12	D = =		-	•	
anc anc	20	Total assets (Part X, line 16)	Бей	inning of Cu	4747.	End of Year	
ASS	20	Total liabilities (Part X, line 26)			7947.	33462	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	-		6800.	13339 20122	
	art II	Signature Block		1023	0000.	20122	195.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	atatama	nto and to t	a heat of mul	raculadae and hali	of itio
						anowieuge and bein	ei, ii is
1106	, сопес	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro	epareri	nas any knov	vieuge.	_ 1,	
o;_		Signature of officer		Da ⁻	10-72	<u> </u>	
Sig				Du	.0		
Her	е	MICHAEL JOHNSON, EXECUTIVE DIRECTOR Type or print name and title					
			I Da	ate	Check	PTIN	
Da!-	.	Print/Type preparer's name Preparer's signature			n	٠٠,,,	
Paid		SUSAN L. REED SUSAN L'AREA L'A		0/18/11	self-employed		
	Only.		L.C.	• Firi	n's EIN		
U86	Only	Firm's address 105 N MAIN, SUITE 201			~~	0 560 04	4 1
		MARYVILLE, MO 64468		JPh	one no. 66	0-562-21	_
		3S discuss this return with the preparer shown above? (see instructions)				X Yes	No No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990	(2010) 1

32002		Form 9	990 (2010)
4e	Total program service expenses ► 1740389.		
A -	(Expenses \$ including grants of \$) (Revenue \$		
4d	Other program services. (Describe in Schedule O.)		
		· · · · · · · · · · · · · · · · · · ·	
	NORTHWEST MISSOURI STATE UNIVERSITY STUDENTS.		
	NORTHWEST FOUNDATION, INC. PROVIDES FUNDING FOR SCHOLARS		/
4c	(Code:) (Expenses \$ 512240 . including grants of \$) (Re	venue \$	<u> </u>
	COMMUNICATIONS DEPT	. AU <i>U</i>	
	THE FOUNDATION PROVIDES SUPPORT FOR DEPARTMENTS OF THE USERVES AUXILIARY FUNDS INCLUDING THE ATHLETIC DEPARTMENT		ממבּ
4b		venue \$)
			
	UNIVERSITY PROGRAMS.	. HIDDOOKI j	LAIE
4a	(Code:) (Expenses \$ 361265. including grants of \$) (Re NORTHWEST FOUNDATION INC. PROVIDES SUPPORT FOR NORTHWEST	venue \$) STATE
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	penses	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	∟Ye:	s X No
_	If "Yes," describe these new services on Schedule O		 1
_	the prior Form 990 or 990-EZ?	Ye	s X No
	BENEFIT OF THE UNIVERSITY, ITS STUDENTS, FACULTY, STAFF Did the organization undertake any significant program services during the year which were not listed on	AND ALUMNI	•
	BEHALF OF THE DONORS OF NORTHWEST MISSOURI STATE UNIVERS		
	RECEIVE, INVEST, MANAGE, STEWARD AND DISBURSE PRIVATE SU	JPPORT ON	
'	THE MISSION OF THE NORTHWEST FOUNDATION, INC. IS TO ENCO	URAGE.	
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:		<u> </u>
Pa	it III Statement of Program Service Accomplishments		
	n 990 (2010) NORTHWEST FOUNDATION, INC.	<u>23-7165025</u>	Page 2

Form 990 (2010) NORTHWEST FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
_	If "Yes," complete Schedule A		X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		х
4	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		<u> </u>	
5	similar amounts as defined in Revenue Procedure 98-19? 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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		=
•	Schedule D, Part III	8	х	
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u>X</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	X	
	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Λ	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. , u		_
_	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		-	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	0010
		⊢orm	ココロ (2010)

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Form 990 (2010) NORTHWEST FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		,	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		37	
_	Schedule K. If "No", go to line 25	24a	X	77
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds? Did the exemption set on an "on behalf of" request for bonds sutatending at any time during the year?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Х
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		- 22
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		X
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	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?	24		
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
35	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	х	
		Form		2010)

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Form 990 (2010) NORTHWEST FOUNDATION, INC. 23-7165025 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management** Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 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 X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a b 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b 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 X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16<u>a</u> X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AZ, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NY Section 6104 requires an organization to make its Forms 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 X Another's website X 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► LORI STEINER, CPA - (660) 562-1248

800 UNIVERSITY AVENUE, MARYVILLE, MO 64468

Form 990 (2010)

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SEE SCHEDULE O FOR FULL LIST OF STATES

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Form	990	(2010)	

NORTHWEST FOUNDATION, INC.

23-7165025

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organizat	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	week	į						from the organization	from related	other
	(describe hours for	rate	_	ľ	ŀ	E			organizations (W-2/1099-MISC)	compensation from the
	related	ste o	rustee	ŀ		eusa		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	alta	onalt		loyee	E S		(** 2, 100000,		and related
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	트	=	5	ž	∓ 5	8			
DIRECTORS - SEE SCHEDULE 1									_	_
	1.00	X				<u> </u>		0.	0.	0
MICHAEL JOHNSON								_		
EXECUTIVE DIRECTOR	40.00	<u> </u>		X	_	<u> </u>		0.	0.	0
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		_			<u> </u>	<u> </u>				
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	compensation from the organization			
			Yes	N
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

1	Complete this table for	r your five highest	compensated	i independent	contractors t	hat received	more than \$10	00,000 of cor	npensation 1	from
	the organization.	NONE								

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

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

Form 990 (2010)

Part			HWEST FUL	JNDATION,	INC.		23-/16:	DUZ5 Page 9
<u>uit</u>	•	otatement of Neve	Tide .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts		Federated campaigns Membership dues	1a 1b					
58		Fundraising events	10					
ā		Related organizations	1d					
		Government grants (contribu						
Sir		All other contributions, gifts, grai	· -					
힏	'	similar amounts not included abo		2043881.				
5	~		<u> </u>	104427.				
	_	Noncash contributions included in line: Total, Add lines 1a-1f	s 1a-11 \$	104427	2043881.			
+	n	_ total. Add lines 1a-11		Duagaga Cada	2043001.			
. .	٠.	DDOCDAM CEDUTO	יוואים אים כ	Business Code	15149.	15149.		
4	2 a				13149.	12149.		
의	b							
Ne le	C							
Revenue	d			<u> </u>				-
	e	<u> </u>						
		All other program service reve	enue	L	15140		<u> </u>	
+		Total. Add lines 2a-2f		>	15149.			<u> </u>
3	3	Investment income (including	dividends, inter	_ 1	600005			
		other similar amounts)	•		623235.			623235
4	ŀ	Income from investment of ta	x-exempt bond ;	proceeds -				
5	5	Royalties .		•				<u> </u>
			(i) Real	(ii) Personal				
6	a	Gross Rents	110590.					
ĺ	b	Less: rental expenses	131551.					
	С	Rental income or (loss)	<20961.	<u> </u>				
1	d	Net rental income or (loss)		•	<20961.	<20961.	>	
7	a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	7254209.	,				
1	b	Less cost or other basis	1			ł		
		and sales expenses .	6854538.					
ł	C	Gain or (loss)	399671.					
	d	Net gain or (loss) .		>	399671.			399671.
, B	a	Gross income from fundraisin	g events (not					
2		including \$	of					1
[contributions reported on line	1c). See					
:		Part IV, line 18	a	79363.				
8	b	Less: direct expenses	b					
•		Net income or (loss) from fund	•	•	79363.			79363.
9		Gross income from gaming ad	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	_	Part IV, line 19	а	İ				1
	h	Less. direct expenses	b					
1		Net income or (loss) from garr	•					
40		Gross sales of inventory, less	_					
"	а	and allowances						-
	ı.	•	а					
		Less. cost of goods sold	b					1
\vdash	С_	Net income or (loss) from sale						
-		Mana CEMENTE EEEC		Business Code	406721	105721		
11		MANAGEMENT FEES		561000	406731.	406731.	 -	07001
		CHANGE IN PRESE	ENT VALU	ļ	97091.	20054	_	97091.
1		OTHER REVENUE			30951.	30951.		4400==
	d	All other revenue			<129623.	18732.		<148355.
				► 1	405150 L	i		1
	-	Total. Add lines 11a-11d Total revenue. See instructions.	•	<u> </u>	405150. 3545488.	450602.	0.	1051005.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, ,8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	873505.	873505.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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,			j	
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):			 	
••					
b		450.		450.	
c		23541.		23541.	
d	· · · · · · · · · · · · · · · · ·	46548.	46548.		
е					
f	Investment management fees				
g	Other _	3143.	1343.	1800.	
12	Advertising and promotion				
13	Office expenses .	18711.	15303.	1933.	1475
14	Information technology				•
15	Royalties .				
16	Occupancy .	5034.		5034.	
17	Travel	51250.	3449.		47801
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4000		4000	
19	Conferences, conventions, and meetings	4899.	00274	4899.	 .
20	Interest	271598.	89374.	182224.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	22490.		22490.	
22 23	Insurance	22450.		22430.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	MANAGEMENT FEES	406733.	406733.		
b	IN KIND EXPENSES	102933.	99000.	3933.	
c	PROFESSIONAL SERVICES	84137.		84137.	
d	NORTHWEST MAGAZINE	69840.	69840.		
е	BOND FEES	59084.	59084.		
f	All other expenses	200961.	76210.	55205.	69546
25_	Total functional expenses. Add lines 1 through 24f	2244857.	1740389.	385646.	118822
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Pa	art X	Balance Sheet					7105025 Tage 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			388130.	1	386471.
	2	Savings and temporary cash investments		. [74979.	2	114135.
	3	Pledges and grants receivable, net	3982663.	3	1129546.		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Con	nplete Part II			
		of Schedule L		1		5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c	c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec					
Ø		employees' beneficiary organizations (see instru	uctions)			6	
Assets	7	Notes and loans receivable, net			7230930.	7	6967772.
As	8	Inventories for sale or use		. 1		. 8	
	9	Prepaid expenses and deferred charges		. [9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2584532.			
	1	Less. accumulated depreciation	10b	425158.	2206120.	10c	2159374.
	11	Investments - publicly traded securities			16161243.	_11	22590289.
	12	Investments - other securities See Part IV, line				_12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	•	. -	050600	14	111000
	15	Other assets. See Part IV, line 11			270682.	15	114839.
-	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	(4)	30314747.	16	33462426.
	17	Accounts payable and accrued expenses		-	156663.	17	266340.
	18	Grants payable				18	
	19	Deferred revenue	-	-	10695000.	19	1022000
	20	Tax-exempt bond liabilities	Dort IV.	· L	10095000.	20	10230000.
Liabilities	21	Escrow or custodial account liability. Complete		F		21	
ij	22	Payables to current and former officers, director highest compensated employees, and disqualifi					
Ë		of Schedule L	ieu pers	ons. Complete Fait II		22	
	23	Secured mortgages and notes payable to unrela	atad thi	rd partice	1434211.	23	1390444.
	24	Unsecured notes and loans payable to unrelate		· -	1434411.	24	1330444.
	25	Other liabilities. Complete Part X of Schedule D	a ama ,	Darties	1732073.	25	1452847.
	26	Total liabilities. Add lines 17 through 25		•	14017947.	26	13339631.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete	11011511	20	13337031.
S		lines 27 through 29, and lines 33 and 34.		and complete			
JCe	27	Unrestricted net assets			1666603.	27	1933507.
ala	28	Temporarily restricted net assets	ļ	2313163.	28	5236061.	
g P	29	Permanently restricted net assets	12317034.	29	12953227.		
ä		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 🔲 and			
ō		complete lines 30 through 34.					
şţ	30	Capital stock or trust principal, or current funds			·^ -	30	
\SS(31	Paid-in or capital surplus, or land, building, or ed	•	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		-		32	
ž	33	Total net assets or fund balances			16296800.	33	20122795.
	34	Total liabilities and net assets/fund balances			30314747.	34	33462426.

Form **990** (2010)

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.

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name of the organization **Employer identification number** NORTHWEST FOUNDATION, INC 23-7165025 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? laovernina document? above or IRC section (see instructions))

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 NORTHWEST FOUNDATION, INC. 23-71650 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		•				
	membership fees received. (Do not						
	include any "unusual grants.")	1969978.	3195255.	1231426.	4551980.	2018817.	12967456.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf		· · · <u> · · · · · · · · · · · · · ·</u>				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1969978.	3195255.	1231426.	4551980.	2018817.	12967456.
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)						3027797.
6	Public support. Subtract line 5 from line 4						9939659.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1969978.	3195255.	1231426.	4551980.	2018817.	12967456.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	450060	105505	400550	544560	5 00005	0655000
	and income from similar sources .	473060.	496627.	409753.	544563.	733825.	2657828.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		**				
10	Other income. Do not include gain						
	or loss from the sale of capital	255606	200471	274221	255412	811881.	1986782.
	assets (Explain in Part IV.)	255696.	289471.	374321.	255413.	911991.	17612066.
	Total support. Add lines 7 through 10					40	97842.
	Gross receipts from related activities,	•				12	9/042.
13	First five years. If the Form 990 is for	•	tirst, second, thir	a, tourth, or titth ta	ax year as a section	n 50 I(c)(3)	▶□
Sec	organization, check this box and store ction C. Computation of Publication	ic Support Pe	centage	· · · · ·			
	Public support percentage for 2010 (I	•		column (fl)		14	56.44 %
	Public support percentage from 2009	, ,,	•	Joidini (1))		15	71.49 %
	33 1/3% support test - 2010. If the or			line 13, and line 1	4 is 33 1/3% or m		
.00	stop here. The organization qualifies	-					. > X
b	33 1/3% support test - 2009. If the or				line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization quali					.,	
17a	10% -facts-and-circumstances test	•	•		13. 16a. or 16b. a	nd line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test	-	•	• •	-	7a, and line 15 is	10% or
_	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation, If the organizatio						ns 🕨 🗆
							or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	olovi, picaco com						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants ")					<u>l</u>		
2	Gross receipts from admissions,							
	merchandise sold or services per-	ŀ						•
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that					i		
	are not an unrelated trade or bus-	İ						
	iness under section 513]				l
4	Tax revenues levied for the organ-						·	
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7:	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ŧ	Amounts included on lines 2 and 3 received					1		
	from other than disqualified persons that					1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support			•	•			1
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
	Amounts from line 6						<u> </u>	
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources				1			
Ł	Unrelated business taxable income							
	(less section 511 taxes) from businesses]			
	acquired after June 30, 1975							
	Add lines 10a and 10b					1		
11	Net income from unrelated business				-			
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain		 		 	+		
	or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	1	-	
	First five years. If the Form 990 is for	the organization'	s first, second. thii	d, fourth, or fifth t	ax year as a section	on 50	1(c)(3) organi	zation.
•	check this box and stop here .			-, ,	,		. (-)(-) 9	▶□
Sec	ction C. Computation of Publi	ic Support Pe	rcentage					
	Public support percentage for 2010 (I			column (f))	- ·	15		%
	Public support percentage from 2009			```		16		
	ction D. Computation of Inves			···				
	Investment income percentage for 20			ne 13, column (f))		17		%
	Investment income percentage from 2			, · - · · · · · · · · · · · · · · ·	•	18	-	%
	33 1/3% support tests - 2010. If the			on line 14. and line	e 15 is more than		3%, and line	
.56	more than 33 1/3%, check this box ar	=						▶□
	33 1/3% support tests - 2009. If the	•	=		· · ·			and
N	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization		•				-	
	23 12-21-10	Lie Het onoon a	227 911 1110 111, 10					0 or 990-EZ) 2010

Schedule A (Form 9	990 or 990-EZ	2010	NORTH	WEST	FOUNDATION	, INC	•		23-7165025 Page 4
Part IV Supp	olemental	Inform	ation. C	omplete	this part to provide t	he explana	tions require	d by Part II, line	10, Part II, line 17a or 17b;
and Pa	art III, line 12	Also co	mplete this	part fo	r any additional inforn	nation (Se	e instructions	s)	
SCHEDULE A	A, PART	II,	LINE	10,	EXPLANATIO	N FOR	OTHER	INCOME:	
MANAGEMENT	FEES				 -		-		
MISC REVEN	IUE	_							
							 		
			· -						
,									
<u> </u>					-				
		<u>-</u> -						<u>-</u>	
	- · · · · · · · ·								
	-	·			<u> </u>				
									
							· · · · · · · · · · · · · · · · · · ·		
	–								
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				. -					
					,	·			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

See separate instructions.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

		01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	me of orga	nization				Employer identification number
_		NORTHWE	ST FOUNDATION,	INC.		23-7165025
P	art I-A	Complete if the org	janization is exempt un	der section 501(c) or is a section 52	27 organization.
2		expenditures	ation's direct and indirect polit	ical campaign activities	s in Part IV.	> \$
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)(3).	
1	Enter the		incurred by the organization ui		/\	▶\$
			incurred by organization mana		55	▶ \$
			n 4955 tax, did it file Form 472	-	•	Yes No
	•	rrection made?	,	•		Yes No
ı	b If "Yes,"	describe in Part IV.	•		•	
Pa	art I-C	Complete if the org	janization is exempt un	der section 501(c), except section (501(c)(3).
1	Enter the	amount directly expended	by the filing organization for s	section 527 exempt fun	ction activities	▶\$
2	Enter the	amount of the filing organ	ization's funds contributed to	other organizations for	section 527	
	exempt f	unction activities		_		▶ \$
3	Total exe	mpt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b					▶ \$
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
5	made par contribut	yments. For each organiza ions received that were pro	nployer identification number (l tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or	ization's funds. Also en ganization, such as a se	ter the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	's contributions received and

032041 02-02-11

I HA

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	NORTHWEST	FOUNDATION,	INC.	23-7	165025 Page 2
Part II-A Complete if the org		mpt under section	n 501(c)(3) and file	ed Form 5768	
	ition belongs to an aff	iliated group.			
	-	nd "limited control" pro	visions apply		
Limi	ts on Lobbying Expe	-		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to infli		·- · · · · · · · · · · · · · · · · · ·	Ì	46548.	
c Total lobbying expenditures (add l	•	, , , , , ,	Ì	46548.	
d Other exempt purpose expenditure	•	•		2198309.	
e Total exempt purpose expenditure		d)		2244857.	
f Lobbying nontaxable amount Enti-			n columns.	262243.	
If the amount on line 1e, column (a) o		bying nontaxable ame] [
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000			
<u> </u>					
g Grassroots nontaxable amount (er	nter 25% of line 1f)		,	65561.	
h Subtract line 1g from line 1a If zer				0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-		[0.	
j If there is an amount other than ze reporting section 4911 tax for this		line 1i, did the organiza	ation file Form 4720		Yes No
<u> </u>	4-Year Av	eraging Period Under	Section 501(h)		
	zations that made a s	section 501(h) election se instructions for line	do not have to comp		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(ь) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	415288.	286367.	278453.	262243.	1242351.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					1863527.
c Total lobbying expenditures	172000.	172000.	84360.	46548.	474908.
d Grassroots nontaxable amount	103822.	71592.	69613.	65561.	310588.
e Grassroots ceiling amount (150% of line 2d, column (e))					465882.
		1	į l		I

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 NORTHWEST FOUNDATION, INC. 23-7165025 Page 3 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	1)	(b	·)
		Yes	No	Amo	ount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				_
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
þ	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	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		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	<u> </u>		
_	expenses for which the section 527(f) tax was paid).	Cai			
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	C066			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		
Par					
Com	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, al	nd Part II-B.	line 1ı Also	, complete	this part
	y additional information.	······································		, ,	
		·			
				_	
			<u>-</u>	-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

Employer identification number

	NORTHWEST FOUNDATI		23-7165025			
Pa			or Acc			
	organization answered "Yes" to Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	<i>'</i>		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	9		
	ımpermissible private benefit?		.	Yes No		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, line	e 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	torically in	mportant land area		
	Protection of natural habitat	Preservation of a certi	ıfıed hısto	ric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form (of a cons	ervation easement on the last		
	day of the tax year.					
			_	Held at the End of the Tax Year		
а	Total number of conservation easements		_2	a		
b	Total acreage restricted by conservation easements			<u>tb</u>		
С	Number of conservation easements on a certified historic str	• • • • • • • • • • • • • • • • • • • •		de l		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre			
	listed in the National Register	•		d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organiza	tion during the tax		
	year -					
4	Number of states where property subject to conservation ea	·				
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements		urima Aba	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) above.			\$		
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170((11)(4)(0)(1)	Yes No		
9	In Part XIV, describe how the organization reports conservat	ion egerments in its revenue and expense	etatomo			
9	include, if applicable, the text of the footnote to the organization	•				
	conservation easements.	tion's illiancial statements that describes t	ine organ	ization's accounting to		
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or O	ther Sir	milar Assets.		
	Complete if the organization answered "Yes" to Form	•				
1a	If the organization elected, as permitted under SFAS 116 (AS	 	nent and I	balance sheet works of art.		
	historical treasures, or other similar assets held for public ex					
	the text of the footnote to its financial statements that descr			,		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and bala	nce sheet works of art. historical		
	treasures, or other similar assets held for public exhibition, e					
	relating to these items:	•				
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X			► \$ 144450.		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gaın, pro			
	the following amounts required to be reported under SFAS 1		•			
а	Revenues included in Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X			\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

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	edule D (Form 990) 2010 NORTHWE	ST FOUNDAT			0001100	or Oth		23-71			
3	Using the organization's acquisition, access	ion, and other record	us, cneck an	ly of the	tollowing th	at are a s	ignificant	use of its	collectio	n item	IS
_	(check all that apply): X Public exhibition	_	. 🗀								
a											
b		€	e Oth	er		_					
C	X Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIV.		
5											
[D-	to be sold to raise funds rather than to be maintained as part of the organization's collection? . Yes X No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
Pa			ete if the org	ganizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa		_ .								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tribution	s or other as	sets not	ıncluded		_	_	_
	on Form 990, Part X?		•	•				L	」Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	е							
									Amoun	t	
C	Beginning balance						1c				
ď	Additions during the year .						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV							•			
Pa	rt V Endowment Funds. Complete	f the organization ar	swered "Ye	s" to For	m 990, Part	IV, line 1	0				
		(a) Current year	(b) Prior		(c) Two yea		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	14810842.		11746.		54305.	(-)	, , , , , , , , , , , , , , , , , , , ,	307:32	<u> </u>	
b	Contributions	904983.		85986.		60240.					
c	Net investment earnings, gains, and losses	2492976.		03127.		87322.		•	 		
ď	Grants or scholarships	743250.		00979.		94969.	<u> </u>				
	Other expenditures for facilities	743230.		00373.	ي	34303.					
-	and programs	24247				20500					
f	Administrative expenses	24347,		89038.	1	20508.					
-	· ·	45441004		10010	405						
g	End of year balance	17441204.		10842.	105	11746.			<u> </u>		
2	Provide the estimated percentage of the year										
a	Board designated or quasi-endowment	<1.00>	%								
b	Permanent endowment ► 71.00	%									
C		%									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held ar	nd administe	ered for t	he organiz	zation	ſ		
	by.									Yes	No
	(i) unrelated organizations		•		••				3a(i)		<u>X</u>
	(ii) related organizations	•	•		•				3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule	R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line	e 10.				<u> </u>			
	Description of investment	(a) Cost or o		(b) Cost		٠,	ccumulate	ed	(d) Bool	k valu	е
		basis (investr	nent)	basis (de	oreciation				
	Land				66581.						<u>81.</u>
b	Buildings			13	07878.		3758	75.	9:	<u>320</u>	<u>03.</u>
С	Leasehold improvements										
d	Equipment				39657.	_	233				<u>40.</u>
е	Other			1	70416.		259	66.			50.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (l	B), line 10	0(c))				21	593	74.

Schedule D (Form 990) 2010

032053 12-20-10

	edule D (Form 990) 2010 NORTHWEST FOUNDATION, INC.		2	3-	/165025 Page 4
Pa	it XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ncial S	taten	nent	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			3545488.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			2244857.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			1300631.
4	Net unrealized gains (losses) on investments	4			2525265.
5	Donated services and use of facilities	5			
6	Investment expenses .	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8			99.
9	Total adjustments (net) Add lines 4 through 8	9			<u>2525364.</u>
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	or Po	+	3825995.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve	enue p	er ne		6202304.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.		• -	1	0202304.
_		5252	55		
a		3434	33.	l	
0			$\overline{}$		
C		1315!	5.1	ł	
d	•	1313.		_	2656816.
e			-	2e	3545488.
3	Subtract line 2e from line 1		-	3	2242400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			- 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b			İ	
0				.	0.
		••	 	4c	3545488.
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses	ner F		<u></u>
1	Total expenses and losses per audited financial statements	011000	 	1	2376408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-		2370400.
٤	Donated services and use of facilities 23.				
a	Prior year adjustments 2b			1	
0	Other losses 2c				
d	• • •	1315!	51	1	
		<u> </u>		2e	131551.
3	Subtract line 2e from line 1			3	2244857.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-		2244037.
a	Investment expenses not included on Form 990, Part VIII, line 7b		ŀ		
b				ł	
_	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		-	5	2244857.
	rt XIV Supplemental Information			<u> </u>	22440376
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F	Part IV. In	nes 1b	and 2	b: Part V. line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pi				
	RT III, LINE 4: AGATE COLLECTION: HOUSED IN GEOLOGY		•		

ΙT	IS AVAILABLE FOR PUBLIC VIEWING AND ASSISTS IN THE	EDU	CATI	ON	OF GEOLOGY
COT	JRSES.				
					•
<u>zoc</u>	DLOGICAL SPECIMENS AND MASTODON SKULL: HOUSED IN TH	E WAI	RREN	[A]	ND RITA
SHU	JCK MUSEUM OF LIFE SCIENCES WHERE IT IS AVAILABLE F	OR PI	JBLI	C 7	/IEWING AND
<u>ASS</u>	SISTS IN THE EDUCATION OF VARIOUS BIOLOGY AND ZOOLO	GY C	OURS	ES.	•
יתי	CONST MDADUTES. BAIGED THE MILE AMOVED THE PROPERTY OF THE	ਜ਼ਹੂਰ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ ਜ	TM	TC	7177 TT 757 53
CKY	STAL TROPHIES: HOUSED IN THE ATHLETIC DEPARTMENT W	<u>neke</u>	Т.Т.	TD	WANTIWRITE
₽∩₽	R PUBLIC VIEWING				
<u>r Or</u>	LIODDIC VIENTING		e.	ched	ule D (Form 990) 2010
032054 12 - 20-	i 10		3	Jiidu	aic D (i Oilli 990) 20 10
					

Schedule D (Form 990) 2010 NORTHWEST FOUNDATION, INC. Part XIV Supplemental Information (continued)	23-7165025 Page 5
Supplemental Information (continued)	
PART V, LINE 4: INVESTMENT EARNINGS ON ENDOWED FUNDS ARE US	ED FOR
SCHOLARSHIPS, UNIVERSITY SUPPORT AND UNIVERSITY PROGRAMS.	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF NET ASSETS FROM AGENCY	99.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES REPORTED NET OF RENTAL INCOME ON 990	131551.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES REPORTED NET OF RENTAL INCOME ON 990	131551.
	<u></u>

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010

Open To Public

Name of the organization **Employer identification number** NORTHWEST FOUNDATION, INC 23-7165025 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ∐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2010

	edu art l	le G (Form 990 or 990 EZ) 2010 NORTHW	EST FOUNDATI	ON, INC. "Yes" to Form 990, Par		-7165025 Page 2 more than \$15,000
ш	-	of fundraising event contributions and gr				
			(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOURNAMENTS			col. (c))
e			(event type)	(event type)	(total number)	ļ
Revenue	1	Gross receipts	78863.			78863.
	2	Less ⁻ Charitable contributions				-
	3	Gross income (line 1 minus line 2)	78863.			78863.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs .				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)	<u> </u>		(
	11	Net income summary. Combine line 3, column			•	78863.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		· · · · · · · · · · · · · · · · · · ·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ		2				
-	1	Gross revenue				
ses	2	Cash prizes	<u></u>			
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes% No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	<u> </u>
	8	Net gaming income summary. Combine line 1	, column d, and line 7		. •	
^	Ent	or the state(s) in which the organization operat	on gaming activities:			
		er the state(s) in which the organization operat	· -			Yes No
		ne organization licensed to operate gaming action," explain.		states?		Tes No
	_					
		re any of the organization's gaming licenses re 'es," explain	•	rminated during the tax	year?	Yes No
3208	2 01-	-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 NORTHWEST FOUNDATION, INC.	<u>23-7</u>	<u> 165</u>	<u>025</u>	Page 3
11 Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
to administer chantable gaming?			Yes	☐ No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility		13a		%
b An outside facility	•	13b	_	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	I			
THE LINE THE Harte and address of the person who propares the organization's gaming/special events books and recor	us			
Name				
name y				
Address				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	unt			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name				
Thaile p				
Address ▶				
16 Gaming manager information:				
Name >				
Gaming manager compensation > \$				
Carning manager compensation				
Description of annuary provided				
Description of services provided				
m m m				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		السا '	Yes	L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the			
organization's own exempt activities during the tax year > \$				
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	- ımns (ıiı) :	and (v)), and	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	ormation	(see in	nstruc	tions)
			-	

SCHEDULE (Form 990) Department of the Treasury

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

OMB No 1545-0047 2010

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Schedule I (Form 990) (2010) e H Employer identification number 23-7165025 Open to Public Inspection (h) Purpose of grant or assistance SUPPORT FOR NWMSU X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOLARSHIPS ROGRAMS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of Amount of II can be duplicated if additional space is needed (a) Description of II can be duplicated if additional space is needed (b) ElN (a) Description of II can be duplicated if additional space is needed (b) ElN (a) Description of II can be duplicated if additional space is needed (b) ElN (a) Description of II can be duplicated if additional space is needed (b) ElN (a) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated if additional space is needed (c) Description of II can be duplicated (c) Description of II can b 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 ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 512240 361265 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC Enter total number of section 501(c)(3) and government organizations NORTHWEST FOUNDATION, General Information on Grants and Assistance 44-6000301 44-6000301 criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization UNIVERSITY - 800 UNIVERSITY DR UNIVERSITY SCHOLARSHIPS - 800 UNIVERSITY DR - MARYVILLE, MO NORTHWEST MISSOURI STATE NORTHWEST MISSOURI STATE MARYVILLE, MO 64468 Name of the organization Internal Revenue Service Part

Page 2 (f) Description of non-cash assistance 23-7165025 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE SIGNATURE OF A FUND CUSTODIAN BEFORE AS PART OF A COOPERATIVE PROJECT WITH THE BOOTH THEY TEST THAT ALL DISBURSEMENTS MEET SUPERVISED BY A FACULTY MEMBER CONDUCT A COMPLIANCE AUDIT OF THE (d) Amount of non-cash assistance EACH YEAR STUDENTS THE CRITERIA SET OUT BY THE DONOR IN THE GIFT AGREEMENTS. (c) Amount of cash grant NORTHWEST FOUNDATION, INC. (b) Number of recipients COLLEGE OF BUSINESS ACCOUNTING DEPARTMENT, PERMANENTLY RESTRICTED FUNDS. ALL CHECK REQUESTS MUST HAVE (a) Type of grant or assistance THEY WILL BE ISSUED. Schedule I (Form 990) (2010) Part III

Schedule I (Form 990) (2010)

Schedule K (Form 990) 2010 (i) Pooled Yes No Employer identification number financing × OMB No 1545-0047 Open to Public 2010 å ŝ (g) Defeased (h) On behalf 23-7165025 Yes No of issuer × ۵ Yes Yes ŝ × Yes ŝ å NOR (f) Description of purpose O FACILITIES ON Yes Yes ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V. EDUCATIONAL CONTINUATIONS ŝ å See separate instructions. ₩ α Supplemental Information on Tax-Exempt Bonds Yes 7675000 Yes (e) Issue price (F) × ŝ No 2008 AND 10/16/08 (d) Date issued Yes Yes 34 × × (A) PART V FOR COLUMNS A INDUSTRIAL DEVELOPMENT B52-1313729655223AB1 02-02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? INC. Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, NORTHWEST FOUNDATION, ► Attach to Form 990. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? SEE Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use COUNTY Other unspent proceeds Amount of bonds retired bond-financed property? Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service NODAWAY SCHEDULEK (Form 990) Part II Part I ဖ N က S ø 0 우 8 Ξ 42 5 4 5 9 O 17

23-7165025

INC

NORTHWEST FOUNDATION,

Schedule K (Form 990) 2010

Page 2

% % % ŝ Yes % % % ŝ O Yes % % % ŝ Yes % % % å × × × Yes × entities other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a Are there any research agreements that may result in private business use of Enter the percentage of financed property used in a private business use by result of unrelated trade or business activity carried on by your organization, Are there any management or service contracts that may result in private Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Does the organization routinely engage bond counsel or other outside another section 501(c)(3) organization, or a state or local government counsel to review any management or service contracts or research agreements relating to the financed property? business use of bond-financed property? Part III Private Business Use (Continued) bond-financed property? Total of lines 4 and 5 O Ŋ 9 4

Part IV Arbitrage

ŝ Yes 윈서 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? Is the bond issue a variable rate issue? N

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Yes

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Yes

C

3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?

hedge with respect to the bond issue?

b Name of provider

c Term of hedge d Was the hedge superintergrated?

20.0000000

JS BANK

×

××

4a Were gross proceeds invested in a GIC?
b Name of provider

Was the hedge terminated?

c Term of GIC

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

Were any gross proceeds invested beyond an available temporary period?

S

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Did the bond issue qualify for an exception to rebate?

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

×

×

ISSUER NAME: NODAWAY COUNTY INDUSTRIAL DEVELOPMENT BOARD PART I, BOND ISSUES SCHEDULE K, A

EDUCATIONAL FACILITIES ON NORTHWEST MISSOURI STATE UNIVERSITY CAMPUS DESCRIPTION OF PURPOSE:

Schedule K (Form 990) 2010

032122

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Pa	NORTHWEST FO	LLEUNDALI	ON, INC.		23-	-7165	025)
Ра	rt i Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			ts
1	Art - Works of art							
2	Art - Historical treasures					_		
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	1494.	MARKET VAI	'UE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory .							
20	Drugs and medical supplies							
21	Taxidermy .							
22	Historical artifacts							
23	Scientific specimens .							
24	Archeological artifacts							
25	Other ► (RECYCLING PAP)	X	22	96718.	ESTIMATED	MARK	ET	VAL
26	Other ► (SERVICES)	X	1	3933.	ESTIMATED	MARK	ET	VAL
27	Other ► (SPORTSWEAR, P)	X	3	2282.	ESTIMATED	MARK	ET	VAL
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial of	contribution	, and which is not i	required to be used for exer	npt purposes for			
	the entire holding period?					30a		_ X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	utions?	31	X	
32a								
	contributions?			·		32a		X
b	If "Yes," describe in Part II			-				
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is cl	necked,			
	describe in Part II							
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99		Schedule	M (Form	990)	(2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

> NORTHWEST FOUNDATION, INC

Employer identification number 23-7165025

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION OPERATES INDEPENDENTLY OF THE ESTABLISHED IN 1971 UNIVERSITY AS A SEPARATE 501(C) 3 NOT-FOR-PROFIT CORPORATION GOVERNED BY ITS OWN BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: A PDF VERSION OF A DRAFT OF THE FORM 990 WILL BE DISTRIBUTED BY THE FINANCE OFFICER TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL AT LEAST TEN DAYS PRIOR TO THE DUE DATE OF SAID RETURN. REQUEST FOR COMMENTS WITHIN FIVE DAYS TIME WILL ACCOMPANY THE EMAIL WHICH WILL BE SENT WITH A "READ RECEIPT"

FORM 990, PART VI, SECTION B, LINE 12C: FOUNDATION OFFICERS, BOARD MEMBERS, AND STAFF MUST REFRAIN FROM ENGAGING IN ANY BEHAVIOR THAT MIGHT BE CONSTRUED AS SELF-DEALING OR IN CONFLICT OF INTEREST WITH THE MISSION GOALS, AND FUNDAMENTAL PURPOSES OF THE FOUNDATION. THE NORTHWEST FOUNDATION ACKNOWLEDGES THAT IT MAY HAVE OCCASION TO ENGAGE IN TRANSACTIONS IN WHICH AN EMPLOYEE OR A MEMBER OF THE BOARD OF DIRECTORS OF THE FOUNDATION HAS A MATERIAL INTEREST. IN THIS POLICY STATEMENT, SUCH TRANSACTIONS ARE REFERRED TO AS CONFLICT OF INTEREST TRANSACTIONS. WHEN AN EMPLOYEE OR BOARD MEMBER KNOWS THAT A CONFLICT OF INTEREST TRANSACTION WILL COME BEFORE THE BOARD OF DIRECTORS OR A COMMITTEE OF THE BOARD, THE EMPLOYEE OR BOARD MEMBER WILL DISCLOSE TO THE BOARD OR COMMITTEE THE MATERIAL FACTS OF HIS OR HER INTEREST BEFORE THE VOTE OF THE BOARD OR COMMITTEE. IF, AFTER SUCH DISCLOSURE, A MAJORITY OF THE MEMBERS OF THE BOARD OR COMMITTEE, EXCLUDING THE MEMBER HAVING AN INTEREST IN THE TRANSACTION, IN GOOD FAITH REASONABLY BELIEVE THAT THE TRANSACTION IS FAIR TO THE NORTHWEST FOUNDATION AND VOTE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

Name of the organization NORTHWEST FOUNDATION, INC.

Employer identification number 23-7165025

TO APPROVE THE TRANSACTION, THE FOUNDATION MAY ENTER INTO THE TRANSACTION.

POLICY REQUIRES, HOWEVER, THAT ALL POTENTIAL CONFLICTS OF INTEREST

INCLUDING MEMBERSHIPS IN OR AFFILIATIONS WITH OTHER PROPRIETARY

ORGANIZATIONS, BUSINESS AFFILIATIONS WITH POSSIBLE VENDOR IMPLICATIONS,

ELECTED OFFICE, AND INVOLVEMENT IN ANY OTHER ACTIVITY THAT MIGHT BE

CONSTRUED AS IN CONFLICT WITH THE MISSION, GOALS, AND PURPOSE OF THE

FOUNDATION SHALL BE PRESENTED IN WRITING TO THE PRESIDENT OR THE EXECUTIVE

DIRECTOR OF THE FOUNDATION'S BOARD, FOR PURPOSES OF REVIEW AND POSSIBLE

REMEDIAL ACTION. SUCH ACTION MAY INCLUDE HOLDING THE INFORMATION ON FILE,

INFORMING THE FOUNDATION BOARD OF THE APPEARANCE OF CONFLICT OF INTEREST,

OR REQUIRING THE PERSON INVOLVED TO EITHER, CEASE AND DESIST THE ACTIVITY

OR TO RELINQUISH FOUNDATION BOARD MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 15: ALL STAFF MEMBERS OF NORTHWEST

FOUNDATION, INC. ARE COMPENSATED AS EMPLOYEES OF NORTHWEST MISSOURI STATE

UNIVERSITY IN THE OFFICE OF UNIVERSITY ADVANCEMENT. THE FOUNDATION DOES

NOT HAVE EMPLOYEES OF ITS OWN. THE UNIVERSITY SETS COMPENSATION BASED ON A

MARKET EVALUATION BY CUPA AND EMPLOYEE'S SALARIES FALL IN THE RANGE OF 85%

TO 115% OF THE CUPA MARKET AVERAGES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NY, OH, OK, OR, SC, WA, MS

FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY, ALL OF THE GOVERNING

DOCUMENTS OF NORTHWEST FOUNDATION AS WELL AS THE CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. COPIES OF

THESE DOCUMENTS CAN BE DELIVERED VIA EMAIL, FAX OR US POSTAL SERVICE.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization NORTHWEST FOUNDATION, INC.	Employer identification number 23-7165025
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	,
NET UNREALIZED GAINS ON INVESTMENTS:	2525265.
RECLASSIFICATION OF NET ASSETS FROM AGENCY	99.
TOTAL TO FORM 990, PART XI, LINE 5	2525364.
FORM 990, PART XII, LINE 2C	
AUDIT COMMITTEE	
THE FINANCE COMMITTEE SERVES AS THE AUDIT COMMITTEE. THE	MEMBERS
PROVIDE OVERALL OVERSIGHT OF THE AUDIT PROCESS AND REVIEW	AND APPROVE
THE FINAL AUDITED FINANCIAL STATEMENTS.	
	· · · · · · · · · · · · · · · · · · ·

Northwest Foundation, Inc.

23-7165025

Board Roster

FY 2010-11 (as of 10/19/2010)

Schedule 1 Form 990, Part VII

Form 990, 1	art vii
NameName	Occupation/Company
President Dan Runde '81 *	Senior Vice President
Vice President	Platte Valley Bank
(6 th yr-2 nd term, 3rd yr)	"
Holly Murphy-Barstow '81 *	Owner/Financial Advisor
Vice President	Barstow & Co., LLC
(5 th yr-2 nd term, 2 nd yr) Mike Faust '74 *	l i
Mike Faust '74 *	Assistant to Chairman
Immediate past President	Peter Kiewit Sons', Inc.
2nd term, 3rd year	
Jason T. White (Dr.) '91	Assistant Professor
(21)	Acctg/Econ/Finance
2nd term, 2nd year	
Mark Doll '80 *	President
	Doll Distributing, Inc.
Jason Garst '93 *	President
	Sky Ranch, L.L.C.
Ray Hischke '66 *	Retired
•	NASA Johnson Space
	Center
William C. (Bill) Price '60	Chairman & CEO
	Empower Media
	Marketing
Jim Redd (Dr.) '66	O'Hara School
2nd term, 1st year	
Mary Asbell '69	Retired Senior Assoc
	Dir, Preston Smith
	Library, Texas Tech
	Univ Health Sciences
	Center (TTUHSC)
Rick A. Carter	Pharmacist
Vannu Datamas 266	Ouror
Kenny Petersen '66	Owner KC Petersen
	Construction Co.
Kay Thomas '71 *	Business Development
IXAY THOMAS /1 '	Manager, Britannica
	Digital Learning
Dick Thomson	Retired president
Dick Hollison	Nodaway Valley Bank
Deb Tripp '92	National Director,
~ 00 11.1pp	Research & Planning,
	ARAMARK Higher
	Education
1st term, 3rd year	1
Bill Brown '63	Realtor
	Financial Planner
Toni Espey '81	T manciai Fiamiei

Name	Occupation/Company
	State Farm Agency
William (Bill) Hedge (Dr.)	Teacher/Coach/Drug
'74	Counselor
	St. Joseph Schools
Juan M. Rangel, Jr.	
Gary Thompson '76	ExecutiveVice President
	Hartford Insurance Grp
1 st term, 2nd year	
Virgil Albertini (Dr.)	Retired Professor
John W. Baker, Jr. (Dr.)	Attorney and Professor
Betty Bush (Dr.) '60	Retired Professor
Terry Day '65	Entrepreneur
Neil Neumeyer '98	Alumni Association
<u> </u>	President
1 st term, 1 st year	
Borchardt, Jeffrey C. '82	President & CEO
	Kansas City Board of
· · · · · · · · · · · · · · · · · · ·	Trade
Johnson, Arnold '77	Sr. VP, General Counsel
	& Secretary
C 1 ' 1	Noble Energy, Inc.
Schieber, Paul '81	Sprint
	Sprint VP, Roaming & Access
	Planning & Access
Straub, Owen '86	VP Engineering
Suado, O Wolf Oo	(Software Development)
	Cerner

Alumni House Office Phone: 660-562-1248

Alumni House & Advancement Office Fax: 660-562-1990

^{*}Executive Committee Member

Northwest Foundation, Inc. 23-7165025 Investment Summary June 30, 2011 Schedule 3

Asset Class/Manager	Asset Syle	_	Cost		FMV
Equity		\$	9,675,882.91	\$	11,272,744.88
US Large Cap		\$	4,874,368.00	\$	5,600,082.83
Vanguard Total Stock Market Index	Core Index	\$	2,259,688.00	\$	2,744,535.92
Harbor Capital Appreciation	Growth	\$	1,197,340.00	\$	1,438,883.87
Fairholme	Value	\$	1,417,340.00	\$	1,416,663.04
US Small Cap		\$	826,230.00	\$	1,092,419.85
Miscellaneous		\$	60.00	\$	•
Baron Small Cap	Growth	\$	413,035 00	\$	576,256.17
Artisan Small Cap Value	Value	\$	413,135.00	\$	516,163.68
International		\$	2,978,414 91	\$	3,448,118.18
Scout International	Core	\$	2,023,606.91	\$	2,355,086.93
RS Emerging Markets	Emerging Mkts	\$	377,090.00	\$	450,061.35
Cambiar Acadian Emerging Markets	Emerging Mkts	\$	155,000.00	\$	160,979.69
Matthews Asian Growth & Inc	Asia Focus	\$	265,000.00	\$	289,178.26
Morgan Stanley Inst. Int'l Small Cap	Small Cap	\$	157,718.00	\$	192,811 95
Global/Unuconstrained		\$	996,870 00	\$	1,132,124.02
Third Avenue Value	Deep Value	\$	498,435.00	\$	573,186.06
Leuthold Asset Allocation	Asset Allocator	\$	498,435 00	\$	558,937 96
Fixed Income & Cash	, 105ct, 1110ctor	\$	6,342,778.70	\$	6,376,239.09
Cash		^ ∀	134,023.05	\$	134,023.05
Accrued Interest		\$	20,797.08	\$	20,797.08
Fidelity Institutional Money Market	Cash Equiv	\$	113,225 97	\$	
Core	Cash Equiv	\$	4,786,350.95	\$	113,225.97 4,739,222.10
PIMCO Total Return Insitutional	Intermediate	\$	4,786,350.95	\$	4,739,222.10
Non-Core/Tactical	intermediate	, \$	1,422,404.70	,	1,502,993.94
PIMCO Emerging Local Bond Inst'l	Non-dollar	\$	852,904.70	\$	934,004 70
Aberdeen Asia Bond	Asia Bond	\$	569,500.00	\$	
Alternative Investments	Asia bolid	\$	-		568,989.24
Hedge Funds - Diversifiers		\$	4,462,428.49	\$	4,930,202.69
Earon Vance Global Macro Abs Ret	Durantian	\$ \$	2,478,669 64	\$	2,712,312.32
	Diversifier	\$	917,789.64	\$	902,602.32
Pine Grove - holdback	Diversifier	\$	60,880.00	\$	60,880.00
Pointer Offshore	Diversifier	\$	1,500,000.00	\$	1,748,830 00
Natural Resources	N41.0	\$	1,588,030.85	\$	1,662,155.77
J P Morgan Alerian MLP Index	MLPs	\$	977,740.23	\$	1,034,775.97
RS Global Natural resources	Natural Res Equities	\$	334,500 00	\$	329,199.68
PIMCO Commodity Real Return	Commodities	\$	275,790.62	\$	298,180.12
Real Estate		\$	395,728.00	\$	<i>555,734.60</i>
Virtus Real Estate Institutional	REITS	. \$	395,728.00	. \$	555,734.60
TOTAL PORTFOLIO		\$	20,481,090.10	\$	22,579,186.66
Edward Jones		\$	35,099.54	\$	35,125.28
		<u>\$</u> \$	20,516,189.64	\$	22,614,311.94
	Accrued Interest	\$	(20,797.08)	\$	(20,797.08
		\$	20,495,392.56	\$	22,593,514.86
	Declarate CE		(113,225.97)	\$	(113,225.97
	Reciass to CE	Ş	(113,223.37)	~	(113,443.57
	Reclass to CE Reclass CD	\$ _\$ _\$	110,900.00	\$	110,900.00