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DLN: 93493296002242

Form **990**

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)

2011

OMB No 1545-0047

Public

Department of the Treasury

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

Open to Public

	r the :	2011 calendar year, or tax year beginning 06-01-2011 and	ending 05-31-2012			
B Cho		pplicable C Name of organization Northwest University	_		D Employer i	dentification number
Add	dress ch			_	91-06158	
Na	me cha	nge			E Telephone	
Init	tıal retu	Number and street (or F or box if mail is not delivered to stre	eet address) Room/suit	<u>е</u>	(425) 822	:-8266 ts \$ 37,390,585
Ter	rmınate	d PO Box 579		ŀ	G Gloss receip	
Am	ended	return City or town, state or country, and ZIP + 4 Kırkland, WA 980830579	•			
Apr	plication	n pending				
		F Name and address of principal officer			s a group retu	
		Joseph Castleberry PO Box 579		affiliat	tes?	⊤Yes ▼ No
		Kırkland, WA 98033		H(b) Are all	affiliates inclu	uded?
——— т Та	x-exem	npt status	(1) or \square 527			st (see instructions)
			(1) (1) (1) (2)	H(c) Grou	p exemption i	number 🟲
		e: • www.northwestu.edu				
K For	m of or	ganization ✓ Corporation ← Trust ← Association ← Other ►		L Year of for	mation 1955	M State of legal domicile WA
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significan	t activities			
		Our mission is to carry the call of God by continually building excellence, and empowered engagement with human need Th				
3		offering post-secondary education for students	ns is define ved on d	distilletively	Cilistianies	Tuentiar campus tirrough
Governance	-					
¥e	:					
ŝ	2 (Check this box দ if the organization discontinued its opera	tions or disposed of	more than 2	5% of its net	assets
න් ග	3	Number of voting members of the governing body (Part VI, lir	ne 1a)		3	36
Ę		Number of independent voting members of the governing bod			4	27
Activities &	1	Total number of individuals employed in calendar year 2011			5	743
⋖	1	Total number of volunteers (estimate if necessary)			6	02.700
		Total unrelated business revenue from Part VIII, column (C) Net unrelated business taxable income from Form 990-T, line	•		7a 7b	83,799
	"	Net differenced business taxable income from 10th 1990-17, inc		Prior	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			2,317,874	1,109,905
를	9	Program service revenue (Part VIII, line 2g)		30,832,042	35,355,075	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and		339,745	-40,977	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 3		428,695	85,139	
	12	Total revenue—add lines 8 through 11 (must equal Part VI 12)			33,918,356	36,509,142
	13	Grants and similar amounts paid (Part IX, column (A), lines			8,188,906	10,394,479
	14	Benefits paid to or for members (Part IX, column (A), line 4				0
ch.	15	Salaries, other compensation, employee benefits (Part IX,		15 412 270	15.062.422	
Expenses	160	5-10)	. 1		15,412,270	15,962,422
Φ ⊕	16a b	Professional fundraising fees (Part IX, column (A), line 11e Total fundraising expenses (Part IX, column (D), line 25) 1,349,414	:)			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-	24e)		10,485,552	12,295,836
		other expenses (Fureix, column (A), mes 114 114, 111		38,652,737		
	18	Total expenses Add lines 13-17 (must equal Part IX, colu	umn (A), line 25)		34,086,728	
		Total expenses Add lines 13-17 (must equal Part IX, colu Revenue less expenses Subtract line 18 from line 12.			34,086,728 -168,372	
% & % &	18			Beginning	-168,372 of Current	
sets or fances	18 19	Revenue less expenses Subtract line 18 from line 12 .	<u> </u>	Beginning Yo	-168,372 of Current ear	-2,143,595 End of Year
Assets or delagances	18 19 20	Revenue less expenses Subtract line 18 from line 12 . Total assets (Part X, line 16)	· · · · · ·	Beginning Yo	-168,372 of Current ear 62,653,303	-2,143,595 End of Year 61,480,799
Not Assets or Fund Balances	18 19 20 21	Total assets (Part X, line 16)	· · · · · · ·	Beginning Ye	-168,372 of Current ear 62,653,303 42,438,517	-2,143,595 End of Year 61,480,799 43,311,852
	18 19 20 21 22	Revenue less expenses Subtract line 18 from line 12. Total assets (Part X, line 16)	· · · · · · ·	Beginning Ye	-168,372 of Current ear 62,653,303	-2,143,595 End of Year 61,480,799 43,311,852
Par Unde	18 19 20 21 22 71 III	Total assets (Part X, line 16)	ng accompanying scl	Beginning You	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947
Par Under know	18 19 20 21 22 71 III	Total assets (Part X, line 16)	ng accompanying scl	Beginning You	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947
Par Under know	18 19 20 21 22 1 III	Total assets (Part X, line 16)	ng accompanying scl	Beginning You	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my
Par Under know know	20 21 22 THII r penal ledge a ledge.	Total assets (Part X, line 16)	ng accompanying scl	Beginning Your	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and ill information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my
Par Under know know	20 21 22 THIII r penal ledge :	Total assets (Part X, line 16)	ng accompanying scl	Beginning Your	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and ill information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my
Par Under know know	20 21 22 THIII r penal ledge :	Total assets (Part X, line 16)	ng accompanying scl	Beginning Your	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and ill information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my
Par Under know know	20 21 22 THIII r penal ledge :	Total assets (Part X, line 16)	ng accompanying scler (other than officer	Beginning Your nedules and st is based on a	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and all information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my of which preparer has any
Pal Under know know Sign	20 21 22 THIII r penal ledge :	Total assets (Part X, line 16)	ng accompanying scler (other than officer)	Beginning Ye nedules and st is based on a	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and all information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my of which preparer has any
Pai Under know Know Sign Here	20 21 22 rt III r penal ledge a ledge.	Total assets (Part X, line 16)	ng accompanying scler (other than officer)	Beginning Ye nedules and st is based on a	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and all information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my of which preparer has any
Pai Under know Know Sign Here	20 21 22 THIII r penal ledge a ledge.	Total assets (Part X, line 16)	ng accompanying scler (other than officer)	Beginning Ye nedules and st is based on a	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and all information	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my of which preparer has any
Paid Paid Prepaid	20 21 22 THIII r penal ledge a ledge.	Total assets (Part X, line 16)	ng accompanying scler (other than officer)	Beginning Ye nedules and st is based on a	-168,372 of Current ear 62,653,303 42,438,517 20,214,786 atements, and all information 12-10-22 te Preparer's tax (see instruction EIN	-2,143,595 End of Year 61,480,799 43,311,852 18,168,947 to the best of my of which preparer has any

<u>4e</u>	Total program con	vice expenses > \$	32,070,92	29		_
	(Expenses \$	ınc	luding grants o	f \$) (Revenue \$)
4d	Other program se	rvices (Describe in Sc	nedule O)			
	Postsecondary educat	ion University bookstore sale	s for students duri	ng the 2011-12 academic y	/ear	
4 c	(Code) (Expenses \$	239,868	including grants of \$) (Revenue \$	664,594)
		,			,	
טד	`	, , ,			cademic year1430 4 FTE students	1,500,250 }
	(Code) (Expenses \$	4,322,213	ıncludıng grants of \$) (Revenue \$	4,500,256)
	Postsecondary educat	ion University instruction dur	ing the 2011-12 ac	cademic year 1430 4 FTE st	udents ————————————————————————————————————	
4a	(Code) (Expenses \$	27,508,848	including grants of \$	10,394,479) (Revenue \$	30,602,559)
4	expenses Section	501(c)(3) and 501(c)(4	1) organization expenses, and	s and section 4947(a)	ree largest program services (1) trusts are required to repo ch program service reported	
	If "Yes," describe t	hese changes on Scheo	lule O			
3	-	n cease conducting, or	_	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese new services on S	chedule O			
2	Did the organizatio the prior Form 990		ant program se	= -	r which were not listed on	┌ Yes ┌ No
	erine excentinee, an	a empowered engageme	The With Hallian	necu		
		est University, carry th d empowered engageme			learning community dedicate	ed to spiritual vitality,
1	•	e organization's missio				
I di	Check if Sch	nedule O contains a res	ponse to any q			୮
Dar	t IIII Statemen	t of Program Serv	ice Accomp	lichments		

art TV	Check	list of	Required	Schedules
	CIICCR	11136 01	IXCUUII CU	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
а	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4-		
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tay shelter transaction at any time down the tay was 1	E-		NI c
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	эс 6а		No
	organization solicit any contributions that were not tax deductible?	Ja		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
L	services provided to the payor?	- ,		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
-	· · · · · · · · · · · · · · · · · · ·			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N 1
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 9		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	,		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
C	ther the aggregate amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI $\,$. $\,$. $\,$.

Enter the number of voting members of the governing body at the end of the tax year 236 186	Se	ction A. Governing Body and Management			
be Enter the number of voting members included in line 1a, above, who are independent in the control of the properties of the control of the				Yes	No
be Enter the number of voting members included in line 1a, above, who are independent in the control of the properties of the control of the					
be Enter the number of voting members included in line 1a, above, who are independent in the control of the properties of the control of the	1_	Entagetha number of voting members of the governing hady at the and of the tay			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a supervision of officers, director, trustee, or key employee? 3 Supervision of officers, directors or trustees, or key employees to a management duties customanily performed by or under the direct of the organization make any significant changes to its governing documents since the prior form 990 was filled? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was filled? 5 Did the organization have members or stackholders? 6 Did the organization have members or stackholders? 7 Did the organization have members or stackholders? 8 Did the organization have members or stackholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members, stackholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each committee with suthority to act on behalf of the governing body? 9 Each form the organization have entre policies and provedures governing the activities of such chapters, affined to governing the governing bod	Id				
2 Dud any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Dud 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? 4 Dud the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Dud the organization have members or stockholders? 6 Dud the organization have members or stockholders? 7 Dud the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization of the governing body? 9 Did the organization of the governing body? 10 Dud the organization of the governing body? 10 Dud the organization of the governing body? 11 Dud the organization of the governing body? 12 Dud the organization of the governing body? 13 Dud the organization of the governing body? 14 Dud the organization of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Experiments of the governing body? 18 Each committee with authority to act on behalf of the governing body? 19 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization of the governing body before filed by a granization and any officer, directors of the governing body? 10 Dud the organization have a written operations are consistent with the organization servery the following purposes? 11 Dud the organization have a written operations are consistent with the organization is exempt the governing body before filing the form? 12 Dud the organization have a written organization of the following purposes in fo	b	Enter the number of voting members included in line 1a, above, who are			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, and February 10 the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or by organization of the governing body? 10 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or by organization of the governing body? 10 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or by organization of the governing body? 11 Did the organization of the governing body? 12 Did the organization of the stockholders, or affiliates of the governing body? 13 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization by the form? 13 Did the organization have a written organization or the following persons include a review and	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Bit 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 Did the organization have local chapters, branches, or affiliates? Yes list there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing bedy the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? Yes list here any officers, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Polytoness? Yes No 10a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Describe in Schedule O the process, if any, used by the organization to review the Form 990 Describe organization have a written whistleblower policy? Describe organization have a written b	3	Did the organization delegate control over management duties customarily performed by or under the direct			
Field State Describe State Describe State	4				INO
5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body? 9 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 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 10 Did the organization have a written conflict of interest policy? If "No," go to line 13 11 Did the organization have a written device the process, if any, used by the organization to review the Form 990 12 Did the organization have a written device the process of determining compensation of the following persons include a review and approval by independant persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 13 Did the organization have a written d	-		4		No
The foreign programment of the governing body? Describe the programment of the governing body? Are any operaned decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any operaned decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each committee with authority to act on behalf of the governing body? By Each Committee with authority to act on behalf of the governing body? By Each Committee with authority to act on behalf of the governing body? By Each Committee with authority to act on behalf of the governing body? By Each Committee with authority to act on behalf of the governing body before filling the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt uppersoes? By Each Committee with authority to act on behalf of the deliberation's exempt uppersoes? By Each Committee with authority to act on behalf of the governing	5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
more members of the governing body? b Are any powernance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 10 July the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body? 11 July 12 July 13 July 14 July 15 July 16 July	6	Did the organization have members or stockholders?	6		No
or persons other than the governing body? 1 the organization contemporaneously document the meetings held or written actions undertaken during the year by the following year by the following of the powerning body? 1 the governing body? 1 the governing body? 1 the governing body? 2 there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body and the governing body? 2 there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the government of government of the government of government of the gov	7a		7a		No
But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? consider the properties of the properties of the provincing of the provincing of the properties of the provincing of the provincing of the provincing of the provincing of the properties of the provincing of the properties of the provincing of the provinc	b		7b		No
Ba Yes Section B. February of the contribute with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Difference of Code.) 10b If "ves," did the organization have local chapters, branches, or affiliates? 10a If the organization have awnitten policies and procedures governing the activities of such chapters, purposes? 10b If "ves," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "ves," did the organization have awniten operations are consistent with the organization's exempt purposes? 10b Difference of Code, organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11b Alsa the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11c Ves Did the organization have a written conflict of interest policy? If "No," go to line 13. 11c Ves Did the organization have a written conflict of interest policy? If "No," go to line 13. 11c Ves Ves Did the organization have a written whistleblower policy? If "No," go to line 13. 11c Ves Ves Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done. 11c Ves Did the organization have a written whistleblower policy? 11d Did the organization have a written whistleblower policy? 11d Did the organization have a written document retention and destruction policy? 11d Did the organization have a written document policy procedure requiring the organ	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
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Section B. Policies (This Section B requests information about policies not required by the Internal Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 10 Policies (This Section B requests information about policies not required by the Internal Part VII. Section B. Policies (This Section B requests information about policies not required by the Internal Part VII. Section B. Policies (This Section B requests information about policies not required by the Internal Part VII. Section B. Policies (This Section B requests information about policies not provided.) 10 Policy (This Section B requests information about policies not provided as provided by the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 Policy (This Section B requests information and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 12 Policy (This Section B requests information and procedures governing the activities of such chapters and provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Policy (This Section B requests) and procedures policy? If "No," got of line 13 Policy (This Section B) and provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Policy (This Section B required to disclose annually interests that could give the organization have a written conflict of interest policy? If "No," got line 13 Policy (This Section B) Po	ь		8b	Yes	
Review Code.) Yes No 10a	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
No No No No No No No No			9		No
No No No No No No No No					
10a bid the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Vere officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Yes 12d Yes 13d Yes 14d Yes 15 Did the organization have a written document retention and destruction policy? 14d Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15d Yes 15a Yes 15b Yes 15a Yes 15a Yes 15a Yes 15b Yes 15a Yes 15a Yes 15b Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15b Yes 15a Yes 15b Yes 15b Yes 15c Yes 15c Yes 15d	NC	venue coue.)		Yes	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990. 12c Did the organization have a written conflict of interest policy? If "No," go to line 13. 12d Yes 13d Yes 14d Yes 15d Did the organization have a written document retention and destruction policy? 1. 14d Yes 15d 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? 15d Yes 15d Other officers or key employees of the organization ficial 1. 15d Yes 15a Yes 15b Yes 15a Yes 15a Yes 15b Yes 15a Yes 15a Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15b Yes 15c Yes 15c Yes 15d Y	10a	Did the organization have local chapters, branches, or affiliates?	10a		
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990					
b Describe in Schedule O the process, if any, used by the organization to review the Form 990		affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12b Yes 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 15b Yes 16a No b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No 5 Esction C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶	11a		11a	Yes	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	b		4.51	.,	
13 Did the organization have a written whistleblower policy?	_		12b	Yes	
14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official		ın Schedule O how this was done			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official					
a The organization's CEO, Executive Director, or top management official			14	Yes	
b Other officers or key employees of the organization	15				
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?	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?		If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		162		No
organization's exempt status with respect to such arrangements?	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed			16b		
17 List the States with which a copy of this Form 990 is required to be filed.	Se	ction C. Disclosure			
	18				

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 John Jordan

5520 - 108th Ave NE

Kırkland, WA 980830579 (425)889-7788

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title		(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Rep comp fro organi:	(D) ortable ensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	dditional Data Table											\top		
												1		
												\downarrow		
												_		
												+		
												+		
												+		
												\top		
												1		
1b	Sub-Total					•		•						
d	Total from continuation sheets Total (add lines 1b and 1c) .					<u> </u>	•	•		560,044				265,526
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	o receive	ed more tha	an			
	The state of the portable compens												T ,,	
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch	-				ey e	mploy •	ee,	or highes	st compens	ated employee	3	Yes	No No
4	For any individual listed on line : organization and related organization individual											4	Yes	
5	Did any person listed on line 1a										l or individual for		165	
	services rendered to the organiz	ation? <i>If</i> "Yes," (complet	e Sch	edul	e J f	or suci	h per	son .		. [5		No
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
		(A) ne and business add	dress							Desc	(B) ription of services		(C Compe	
303 G	er College Caterers lenrose Ave ulle, TN 37210									Student Foo	d Services			782,288
RCC 1 545 A										Janitorial sei	rvices			229,972
PO Bo Bellev	- Puget Sound Security x 1892 ue, WA 980091892									Security pati	rol			156,791
PO Bo	west Landscape Services of WA LLC x 864 inville, WA 98072									Grounds ma	ıntenance			149,497
Spirit 19303	1053 Stream 3 Fremont Ave N									Radıo adver	tising			133,938
	e, WA 98133 Total number of independent cont \$100,000 of compensation from t	•	_	ot lin	nited	d to	those	lıste	d above	l) who recei	ved more than			

<u>rait v</u>		Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns .	. 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b					
≎≝	l c	Fundraising events .	1c	63,188				
e ⊒a	d	Related organizations .		222,287				
ಶ್ಚ≌		Government grants (contribut		240,910				
€.22 T	e	-				ļ		
<u>2</u>	f	All other contributions, gifts, g similar amounts not included		583,520				
ē€	g	Noncash contributions i	ncluded in					
Ęĕ		lines 1a-1f \$						
္မ	h	Total. Add lines 1a-1f		🕨	1,109,905			
an a				Business Code				
Ĭ	2a	Tuition and fees		611600	30,602,559	30,602,559		
9.4e	Ь	Student housing		611710	4,500,256	4,500,256		
Æ.								
Š	C	Other student income		611600	209,971	209,971		
<u>\$</u>	d	Other income		611710	42,289	42,289		
Ē	e							
Program Service Revenue	f	All other program servic	e revenue					
<u>ک</u>	g	Total. Add lines 2a-2f	_		35,355,075			
	3	Investment income (inc		-	23,232,073			
		and other similar amoun			9,122			5,894
	4	Income from investment of ta	•	· · · .	,			,
	5	Royalties		· · · ·				
			Real	(II) Personal				
	6a	Gross rents	159,806	36,485				
	ь	Less rental	·	·				
		expenses	150.006	26.405				
	c	Rental income or (loss)	159,806	36,485				
	d	Net rental income or (los	ss)	•	196,291		83,799	112,492
		(ı) Se	curities	(II) Other				
	7a	Gross amount from sales of						
		assets other						
	Ь	than inventory Less cost or	50,099					
		other basis and sales expenses						
	c	Gain or (loss)	-50,099					
	d	Net gain or (loss)		▶	-50,099			-50,099
	8a	Gross income from fundi	ı	-				
Other Revenue		events (not including \$\frac{63,188}{0}\$ of contributions reported	d on line 1c)					
Ř		See Part IV, line 18 .						
<u>.</u>	.		a	16,381				
Ě	Ь	Less direct expenses		51,643	25.263			25.262
U	C	Net income or (loss) from	_ ,	events 🟲	-35,262			-35,262
	9a	Gross income from gami See Part IV, line 19 .						
	ь	Less direct expenses	ь					
	c	Net income or (loss) from	m gamıng actı	/ities►				
	10a	Gross sales of inventory returns and allowances		664 504				
	Ь	Less cost of goods solo		779,701				
	, c	Net income or (loss) from			-115,107	-115,107		
	Ť	Miscellaneous Revenu		Business Code				
	11a	Bad debts recovered		611600	73,473	73,473		
	Ь							
	, c	A II						
	d	All other revenue	ı					
	е	Total. Add lines 11a-11		▶	39,217			
	12	Total revenue. See Insti	ructions	•	36,509,142	35,313,441	83,799	-1,231

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	leck if Schedule O contains a response to any question in this Part 1X)	<i>(</i> -:
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,394,479	10,394,479		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	643,840	48,923	277,828	317,089
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	13,765,461	11,367,995	1,741,705	655,761
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	11,307,333	1,741,703	033,701
9	Other employee benefits	671,362	593,548	14,106	63,708
10	Payroll taxes	881,759	726,387	102,674	52,698
11	Fees for services (non-employees)				-
a	Management	0			
ь	Legal	740	740		
c	Accounting	51,939	16,000	35,939	
d	Lobbying	0	,	,	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	7,538		7,538	
g	Other	1,646,606	1,334,200	301,669	10,737
12	Advertising and promotion	650,943	571,842	32,863	46,238
13	Office expenses	308,328	258,063	30,433	19,832
14	Information technology	244,816		244,816	· · · · · · · · · · · · · · · · · · ·
15	Royalties	0			
16	Occupancy	2,398,134	1,826,212	528,456	43,466
17	Travel	1,219,308	1,054,542	134,114	30,652
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · ·
19	Conferences, conventions, and meetings	88,241	83,833	3,730	678
20	Interest	1,569,213	1,438,485	88,733	41,995
21	Payments to affiliates	354,354	354,354		
22	Depreciation, depletion, and amortization	1,878,784	1,675,581	137,926	65,277
23	Insurance	240,248	27,864	212,384	
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)				
a	Derivitives	1,118,723		1,118,723	
b	Bad debts	161,202		161,202	
С	Write off unused capital assets	80,679	80,679		
d	Other	276,040	217,202	57,555	1,283
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	38,652,737	32,070,929	5,232,394	1,349,414
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 solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 281,976 548,552 1 1 1,116,036 1.245.971 2 2 Savings and temporary cash investments 3 3 2.306.515 4 4 1,685,400 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 7.022 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 145,017 151,573 7 413,407 8 184.439 9 693,290 9 694,449 Prepaid expenses and deferred charges 68.460.588 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 19,568,522 b Less accumulated depreciation 49,602,291 10c 48,892,066 7,939,084 8,084,905 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 142,109 15 15 62,653,303 16 16 61,480,799 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,144,411 2,300,415 17 17 Accounts payable and accrued expenses . 18 18 19 2,055,125 19 1,783,955 20 26.735.000 20 26.735.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 5,334,433 23 4,750,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,169,548 25 7,742,482 D 26 42,438,517 26 43,311,852 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 20,214,661 27 Unrestricted net assets 18,168,822 125 28 125 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 20.214.786 33 18.168.947 62.653,303 34 Total liabilities and net assets/fund balances 34 61.480.799

Par	Check if Schedule O contains a response to any question in this Part XI			. [고			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36 5	509,142		
2	Total expenses (must equal Part IX, column (A), line 25)	2			552,737		
3	Revenue less expenses Subtract line 2 from line 1	3		-2,1	L43,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,2	214,786		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	97,75				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		18,1	168,947		
Par	Check if Schedule O contains a response to any question in this Part XII			୮			
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued					
	☐ Separate basis ☐ Both consolidated and separated basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes			

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Northwest University

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

Public Charity Status and Public Support

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

Employer identification number

									91-0615						
	rt I			blic Charity Sta						nstruct	ions				
	rganı			te foundation becaus			= -								
1	<u>_</u>			on of churches, or a)(1)(A)(i).							
2	고			in section 170(b)(1											
3				perative hospital se											
4	Γ			h organization opera ity, and state	ted in conjun	ction with a	hospital des	cribed in se	ction 170(b)	(1)(A)(i	iii). Ente	r the			
5	Γ	_	· ·	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	ıtal unıt	describe	_ ed in			
	_			(A)(iv). (Complete P	•										
6	<u> </u>			local government o											
7	ı	describ	n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in ection 170(b)(1)(A)(vi) (Complete Part II)												
8	Γ	A comr	nunity trust	described in section	n 170(b)(1)(A)(vi) (Cor	nplete Part II	[)							
9	\sqcap	An orga	anization th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ıbutıons, mer	nbership	fees, a	nd gro	ss		
		receipt	s from activ	ities related to its e	xempt function	ons—subjec	t to certaın e	xceptions,	and (2) no mo	ore than	3 3 1/3%	of			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from b														
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10	\sqcap	An organization organized and operated exclusively to test for public safety See section 509(a)(4).													
11 e f g	, L	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													
			g persons?												
				rectly or indirectly c			_	persons de	scribed in (ii)) r		Yes	No		
				governing body of th			ation?				11g(i)		<u> </u>		
			-	er of a person descri			_				11g(ii)				
				led entity of a perso						L	11g(iii)				
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)								
S	(i) Name suppo ganiz	e of (ii) (described on col (i) listed in vour governing		on in ced in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organization in col (i) organize in the US?			(vii) A mount of support?					
				(see instructions))	Yes	No	Yes	No	Yes	No					
										+					
									1	1					
Total															

	Support Schedule (Complete only if yo						
	under Part III. If the						
S	ection A. Public Support	g			дологи, р		
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	11 (f) Total
1	in) Gifts, grants, contributions, and		+ ` ′	+ ` '	' '	` '	
1	membership fees received (Do not	.					
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	P					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o line 1 that exceeds 2% of the	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	n					
	line 4 ection B. Total Support						
	endar year (or fiscal year beginning	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 201	1 (5) Tabal
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is	for the organizat	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3)	
	check this box and stop here						► □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	∕or more, o	
h	and stop here. The organization qu 33 1/3% support test—2010. If the				6a and line 15 ic	33 1/20% or	more check this
b	box and stop here. The organization				oa, and fine 13 is	33 1/370 UI	Iniore, check this
17a	10%-facts-and-circumstances test	—2011. If the org	anızatıon dıd not	check a box on lı			4
	is 10% or more, and if the organiza						
	in Part IV how the organization me organization	ets the "facts and	a circumstances"	test The organiz	zation qualifies as	a publicly s	supported F
b	10%-facts-and-circumstances test	—2010. If the ord	anızatıon dıd not	check a box on li	ne 13, 16a. 16b.	or 17a and	•
	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and circi	ımstances" test,	check this box ar	nd stop here	: .
	Explain in Part IV how the organiza	ation meets the "i	acts and circums	tances" test The	e organızatıon qua	ılıfıes as a p	
18	supported organization Private Foundation If the organization	tion did not check	a box on line 13	. 16a. 16b. 17a o	or 17b, check this	box and se	▶ □
	instructions	a.a not eneer		,,	, chock tills	35 unu 50	ັ

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage

L 5	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
L6	Public support percentage from 2010 Schedule A, Part III, line 15	16	
_			

17 Investment income percentag	e for 2011 (line 10c co	lumn (f) divided by !	line 13 column (f))
--------------------------------	--------------------------------	-----------------------	---------------------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **⊳**[

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Software ID: 11000218
Software Version: 2011.0.0

EIN: 91-0615846

Name: Northwest University

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average	Posi	(i	C) (che	ck a	II		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week		that Institutional Trustee	pply	/)	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations	
Welk Leslie Chairman	1 90	х		х				9,838	0	0	
Petty Barbara Vice Chair	1 90	х		х				17,571	0	0	
Conn Sallee Secretary	1 90	Х		Х				0	0	0	
Powers Boyd	1 50	Х		X				1,413	0	0	
Treasurer Kıng Gary	1 50			Х				0	0	0	
Treasurer Bullock Warren								0	0	0	
Director Cole Dave	1 50										
Director	1 00	Х						935	0	0	
Detrick Don Director	1 00	Х						3,828	0	0	
Dickhoff Art Director	1 00	х						0	0	0	
Edwardson Christopher Director	1 00	×						0	0	0	
Eno Brian Director	1 00	Х						0	0	0	
Fox John Director	1 00	Х						8,515	0	0	
Fox Robert Director	1 00	Х						0	0	0	
Fulkes Doyle Director	1 50	Х						1,914	0	0	
Guneratnam Datuk Director	1 00	Х						0	0	0	
Hayford James Director	1 00	Х						0	0	0	
Khoo Kay Peng Director	1 00	Х						0	0	0	
Lebeda Bob Director	1 00	Х						0	0	0	
Morton Gary Director	1 00	Х						0	0	0	
Perkins Byron Director	1 00	Х						0	0	0	
Phillips Dave Director	1 00	Х						0	0	0	
Pizelo Tony Director	1 00	Х						0	0	0	
Portmann Jeffery Director	1 00	Х						0	0	0	
Reece George Director	1 00	Х						0	0	0	
Rice Jim Director	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	lent C	ontr	act	ors	5				
(A) Name and Title	(B) Average hours		((tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustaa or diiector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Schaberg Alan Dırector	1 00	Х						0	0	0
Smith Eugene Jr Director	1 00	Х						0	0	0
Smith Gini Director	1 00	х						0	0	0
Vallerand Philippe Director	1 00	Х						0	0	0
Verıstaın Mark Dırector	1 00	Х						0	0	0
Waggoner Kristen Director	1 00	Х						3,512	0	0
Warneke Alan Director	1 50	х						0	0	0
Welch Roy Bill Director	1 50	Х						0	0	0
Wilson William Director	1 50	х						0	0	0
York Dan Director	1 50	х						0	0	0
Castleberry Joseph Director / President	40 00	х		Х				107,608	0	123,626
Jordan John CFO	17 00			X				0	0	0
Neary Daniel T CFO - Exec Vice Pres	8 00			Х				142,206	0	58,312
Schimelpfenig Dan CFO	37 00			Х				30,842	0	70,255
Smith Steven Creative Director	40 00					х		119,334	0	5,175
Quiggle Merlin Associate VP	8 00					Х		112,528	0	8,158

DLN: 93493296002242

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Northwest University

			91-	J615846		
Pa	rt I Organizations Maintaining Donor A		r Funds	or Account	s. Comple	te if the
	organization answered "Yes" to Form 99					
		(a) Donor advised funds	((b) Funds and	other accou	nts
•	Total number at end of year					
<u> </u>	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
•	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_		sed	┌ Yes	┌ No
į	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or f	for any othe	r purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Ye	es" to Forn	n 990, Part I	V, line 7.	
<u>!</u>	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	☐ Preservation	of a certifie	d historic stru		a
				Held at the	e End of the	Year
а	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or term	inated by th	ie organizatior	n during	
	the taxable year ►					
ļ	Number of states where property subject to conserva	ation easement is located 🛌				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		handling of	violations, an	d ┌ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ea	sements d	uring the year	<u> </u>	
	A mount of expenses incurred in monitoring inspectu	ng and enforcing conservation easen	nents durin	the vear		

- unt of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the yeai Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Par	THE Organizations Maintaining Colle	ections of Art, H	ISTO	ricai	reas	ures, or Otn	er Simila	r Asse	ts (co	<u>ntinued)</u>
3	Using the organization's accession and other relations (check all that apply)	ecords, check any of	the fo	ollowin	g that a	re a significant	use of its o	ollection	า	
а	Public exhibition	d	Г	Loa	norex	change program	าร			
b	Scholarly research	e	Γ	- Oth	er					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	actions and explain h	ow th	ey furt	her the	organization's	exempt pur	pose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						ımılar	Г	Yes	┌ No
Par	Escrow and Custodial Arranger Part IV, line 9, or reported an amo	ments. Complete	ıf the	e orga	nızatıo		'Yes" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermedia	ry for	contri	butions	or other assets	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing	table			1	Amou	ınt	
c	Beginning balance					10		Alliot	4111	
d	Additions during the year					10				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Forn	n 000 Part V line 21	1.2						Yes	✓ No
	If "Yes," explain the arrangement in Part XIV	11 9 90, Part A, Illie 21	•					,	165	i ido
	rt V Endowment Funds. Complete if t	the organization at	nswe	red "Y	es" to	Form 990 Pa	art IV line	10		
	Zila villa i aliasi esimpiete ii			or Year		Two Years Back			Four Ye	ears Back
1a	Beginning of year balance	7,594,637		6,873,5	583	6,318,105				
b	Contributions	299,427		173,6	591	349,864				
C	Investment earnings or losses	609,357		681,9		345,230				
d	Grants or scholarships	177,129		133,8	322	139,616				
e	Other expenditures for facilities and programs	34,105								
f	Administrative expenses				759					
g	End of year balance	8,292,187		7,594,6	537	6,873,583				
2	Provide the estimated percentage of the year e									
а	Board designated or quasi-endowment 🕨 3	9 000 %								
b	Permanent endowment ► 46 000 %									
C	Term endowment ► 15 000 %									
3a	Are there endowment funds not in the possess	ion of the organizatio	n that	t are he	eld and	admınıstered fo	or the			
	organization by (i) unrelated organizations							3a(i)	Yes	No No
	(ii) related organizations				• • •			3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organizations							3b	Yes	
4	Describe in Part XIV the intended uses of the d	organization's endow	ment	funds						
Par	t VI Land, Buildings, and Equipmen	t. See Form 990, I	Part	X, lıne	10.					
	Description of property			a) Cost onside	or other estment)	(b) Cost or other basis (other)	(c) Accum deprecia		(d) Boo	ok value
1a	Land					3,307,91	8			3,307,918
b	Buildings					55,851,19	6 13,	406,223	42	2,444,973
c	Leasehold improvements									
d	Equipment					9,301,47	4 6,	162,299		3,139,175
	Other									
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Form</i>	1 990, Part X, column (B), Iır	ne 10(c).) •		▶		48	8,892,066

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
(1)Financial derivatives		Cost of end of year market value	
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X. line	13.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
	(b) Amount		
Federal Income Taxes			
Governmental student loan programs	726,001		
Student deposits	483,172		
Actuarial liability for charitable gift annuities	308,575		
Asset retirement obligation FIN 47	39,279		
Interest rate swap agreement liability	4,684,182		
Due to Northwest University Foundation	446,642		
Note payable to Northwest University Foundation related	4.054.45		
organization	1,054,631		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,742,482		

	text Reconciliation of change in Net Assets from 1 of in 350 to 1 manetal statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,509,142
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,652,737
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,143,595
4	Net unrealized gains (losses) on investments	4	97,756
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	323,729
9	Total adjustments (net) Add lines 4 - 8	9	421,485
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,722,110
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,053,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,773,121
3	Subtract line 2e from line 1	3	25,279,884
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,229,258
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,509,142
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	28,775,115
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	1,351,636
3	Subtract line 2e from line 1	3	27,423,479
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,229,258
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,652,737

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
V	4	Endowment funds are held for student scholarships and for other University purposes
XI	8	Northwest University Foundation net income included on consolidated audit report, 323,729
XII	2 d	Cost of goods sold on audit as expense but reflected against income on Form 990, 779,701 Northwest University Foundation revenue included on consolidated audit report, 895,664
XII	4 b	Scholarships reported on audit as offset to revenue while they show as expenses on Form 990, 10,392,209 Payments from affiliate that were netted against expense on audit, 222,287 Revenue on Form 990 that were netted against expenses on audit, 614,762
XIII	2 d	Cost of goods sold on audit as expense but reflected against income on Form 990, 779,701 Northwest University Foundation expenses included on consolidated audit report, 571,935
XIII	4 b	Scholarships reported on audit as offset to revenue while they show as expenses on Form 990, 10,392,209 Revenue on Form 990 that were netted against expenses on audit, 614,762 Payments to affiliate that were netted against expense on audit, 222,287

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DLN: 93493296002242

OMB No 1545-0047

2011

2011

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ☐ Attach to Form 990 or Form 990-EZ.

Schools

Inspection

Employer identification number Name of the organization Northwest University 91-0615846 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

 5f
 No

 5g
 No

 5h
 No

5b

5d

5e

6a

Νo

Νo

Νo

Νo

Yes

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
Part I	6a	Northwest University receives Title IV financial aid that is disbursed to eligible students attending university

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493296002242

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization Northwest University

Employer identification number

91-0615846

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

"Yes" to Form 990, Pa For grantmakers. Does the	•		s to substantiate the	amount of the grants of	ır
assistance, the grantees' eli	_			-	
the grants or assistance? .	= :	=			「✓ Yes
For grantmakers. Describe in Pa United States	art V the organiz	zatıon's proceduı	res for monitoring the us	e of grant funds outside th	e
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Program services	Student study tour	20,19
Central America and the Caribbean			Program services	Explore new educ site	9
East Asia and the Pacific			Program services	Student study tour	29,01
East Asia and the Pacific			Program services	Recruiting students	12,86
East Asia and the Pacific			Program services	Speak at conference	2,42
Europe			Program services	Student debate tourney	9,05
Europe			Program services	Student study tour	152,30
Europe			Program services	Explore new educ site	6,23
Middle East and North Africa			Program services	Student study tour	30,37
North America			Program services	Attend conference	1,88
North America			Program services	Student athletic tourney	2,24
North America			Program services	Student study tour	13,81
Russia and the Newly Independent States			Program services	Student study tour	21,26
Russia and the Newly Independent States			Program services	Student missions trip	76
South Asia			Program services	Student study tour	25,82
Sub-Saharan Africa			Program services	Student study tour	17,08
Sub-total					345,44
Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

345,447

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্ব	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
	1	

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DLN: 93493296002242

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Internal Revenue Service		Attacl	1 to Form 99	tions.	Inspection			
	e of the organization hwest University					Employer ide	ntification number	
						91-0615846	5	
Pa	rt I Fundraising Ac	ctivities. Complet	te if the	organıza	tion answered "Yes"	to Form 990, Part IV	/, line 17.	
1	Indicate whether the orga	ınızatıon raısed funds	through	any of the	following activities Ch	eck all that apply		
а	Mail solicitations			е	Solicitation of no	n-government grants		
b	☐ Internet and e-mail s	olicitations		f	Solicitation of go	vernment grants		
c	Phone solicitations			g	Special fundraisi	ng events		
d	☐ In-person solicitation	าร						
2a	Did the organization have or key employees listed in						Г Yes Г No	
b	If "Yes," list the ten highe to be compensated at lea							
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No				
 Tota			<u> </u>	▶				
3	List all states in which the	e organization is regi	stered or	licensed t	l to solicit funds or has b	I een notified it is exemp	t from registration or	

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 Presidents Banquet (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
EΜΕ	1	Gross receipts	41,175	23,104	15,290	79,569
Revenue	2	Less Charitable contributions	39,665	11,090	12,433	63,188
	3	Gross income (line 1 minus line 2)	1,510	12,014	2,857	16,381
	4	Cash prizes				
မွာ	5	Non-cash prizes		602	1,682	2,284
Expenses	6	Rent/facility costs		6,843		6,843
	7	Food and beverages	8,866	5	16,219	25,085
DIG	8	Entertainment	5,950)		5,950
ឨ	9	Other direct expenses .	5,529	250	5,702	11,481
	10	Direct expense summary Add lin	es 4 through 9 ın columr	(d)		(51,643)
	11	Net income summary Combine li	nes 3 and 10 in column (d)	•	-35,262
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
တ္တ တို့	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
g D D	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► </u>	
9 a b	Is th	er the state(s) in which the organizate he organization licensed to operate	gaming activities in eac	h of these states?		
		e any of the organization's gaming l	ıcenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3			
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No			
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity					
	formed to administer charitable (gamıng?		· · · · F Yes F	- No			
13	Indicate the percentage of gamii	ag activity operated in		1 1				
a				13a				
b								
14		f the person who prepares the organiza						
	Name ►							
	Address ►							
	revenue?	ntract with a third party from whom the			- No			
		ed by the third party 🟲 \$						
С	If "Yes," enter name and address	S						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	\$ \$						
	Description of services provided -							
17 a		Employee er state law to make charitable distribu		· · ·	- No			
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-			
_		activities during the tax year > \$		hadala C /				
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see				
	Identifier	ReturnReference	Explana	tion				
		•	•					

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493296002242

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization Northwest University 91-0615846 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student scholarships	1226	10,394,479			

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

Identifier	Return Reference	Explanation
I	2	Students apply for scholarships using federal FAFSA applications Specific criteria are applied to confirm eligibility and to
		assure fairness to all applicants

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493296002242

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nor	thwest University						
	,		9	1-0615846			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	୕୵	Housing allowance or residence for pe	ersonal use			
	Travel for companions	<u> </u>					
			Health or social club dues or initiation	n fees			
	Discretionary spending account	<u> </u>	Personal services (e g , maid, chauffe	ur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain				1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	Compensation committee		Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation	on committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the	filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?		4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any	,			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any	,			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, pai						
	subject to the initial contract exception described in R in Part III	.egs	section 53 4958-4(a)(3)? If "Yes," de	scribe	8		No
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described	ın Regulations	9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ			
(1) Castleberry Joseph	(I) (II)	105,459		2,149		123,626	231,234				
(2) Neary Daniel T	(I) (II)	54,109	6,000	82,097		58,312	200,518				

Part III Supplemental Information

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

_			
	Identifier	Return Reference	Explanation
Ī			Ministers parsonage allowance was paid in cash to our President and other minister employees. These amounts were reported as additional compensation on Form 990, Part VII since these amounts are not reportable on Form W-2, Line 5 or 1. Additionally, occasional payments for spouse travel and meals were made for the Presidents spouse but only when there was a valid business purpose for her travel. House cleaning services were paid at the Presidents home when related to business events.
I			Tuition benefits at Northwest University were provided to the tax dependents of board members. These amounts were available to all board members but were only received by board members whose dependents were students at our University last year. These benefits were reported as board directors fees on Form 1099Misc at box 7
Ī		I	Dan Neary, Executive Vice President received severance compensation after terminating employment in August 2011 This compensation was reported on Form

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493296002242

2011

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	of the organization									Employer identification number								
Norti	hwest University										91-0615846							
Pa	rt I Bond Issues														,			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f) De	escription	of Purpose	(g) De	feased	(h) Beha Iss	alfof (I		Pool ncing			
										Yes	No	Yes	No	Yes	No			
Α	Colorado Educational and Cultural Facilities Authority	84-0896727	19645RCD1	10-04-2007	28,265	5,000 ac	cademi	onstruct and equip emic bldg to refinance ing campus debt			Х		X					
Par	TIII Proceeds										-							
	A mount of bonds retired						\ <u>\</u>	E	5	С			D					
1 2	A mount of bonds defeased			1,530,0	00													
3	Total proceeds of issue					20 26 5 0	\ <u>\</u>											
<u></u>	Gross proceeds in reserve ful	nds			•	28,265,0	000											
5	Capitalized interest from proc						_											
6	Proceeds in refunding escrow																	
7	Issuance costs from proceed					489,0	\											
/	Credit enhancement from pro					489,0	750											
9	Working capital expenditures						_											
	Capital expenditures from pro					4 276 5	-0.4											
10	Other spent proceeds				4,376,501 23,888,499													
11	O ther unspent proceeds				<u> </u>	23,888,4	199											
12 13	Year of substantial completio	n			20													
	Tear or substantial completio				Yes 20	08 No		Yes	No I	Yes	ı	No	Yes	. 1	No			
14	Were the bonds issued as par	t of a current refund	ling issue?		X	NO		162	NO	1 65		NO	1 65	•	NO			
15	Were the bonds issued as par	t of an advance refu	ındıng ıssue?			X												
16	Has the final allocation of pro	ceeds been made?			X													
17																		
Par	Private Business l	Jse									•			•				
					<u> </u>			E			C			D				
	Was the organization a partner in a partnership, or a member of an LLC, which owne				Yes	No		Yes	No	Yes	-	No	Yes	-	No			
1	Was the organization a partner property financed by tax-exer	LC, which owned		Х														

financed property?

Are there any lease arrangements that may result in private business use of bond-

SCITE	dule K (Form 990) 2011									Page Z
Par	t IIII Private Business Use (Continued)		1							
				4		В		C		D
_			Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in privuse?	ate pusiness		Х						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel counsel to review any management or service contracts relating to the property?									
С	Are there any research agreements that may result in private business	use of bond-								+
	financed property?			×						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel counsel to review any research agreements relating to the financed pro									
4	Enter the percentage of financed property used in a private business used than a section 501(c)(3) organization or a state or local government.					·		·		
5	Enter the percentage of financed property used in a private business usunrelated trade or business activity carried on by your organization, are 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to post-issuance compliance of its tax-exempt bond liabilities?	o ensure the	Х							
Pai	t IV Arbitrage				•	•		•		
		Α			В		С		D	
		Yes	No	Y	es	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X							
2	Is the bond issue a variable rate issue?	X								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
		X								
b	Name of provider	Wells Fargo Ban	k							
С	Term of hedge	00000000108	000000000	00						,
d	Was the hedge superintegrated?		×							
			^							
е	Was a hedge terminated?		x							
4a	Were gross proceeds invested in a GIC?		Х							
ь	Name of provider									
	Term of GIC									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary

Χ

Part VI Supplemental Information

value of the GIC satisfied?

С

5

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

Χ

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DLN: 93493296002242

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

Name of the organization Northwest University										tion numbe	er .	
Part I Excess Benefit Trai		 (s.	action FO1	(0)(2) 0	nd saction FO1	(0)(4)		1-061584				
Part I Excess Benefit Tran Complete if the organizat										ne 40b		
1 (a) Name of disq					(b) Desc					(c) Corrected?		
										Yes	No	
											_	
2 Enter the amount of tax impos section 4958	ed on th	ne organ		_	disqualified perso		_	_	\$			
3 Enter the amount of tax, if any	, on line	2, abov	ve, reimburs	ed by th	e organization .			🕨	\$			
					_							
Part II Loans to and/or I Complete if the organiz					Part IV line 26	or Forn	n 990-F	7 Part \/	line 38	a		
Complete if the organiz			1 103 0111	01111 2 2 0	, r dic IV, illie 20	, 01 1 011	11 J J O L	(f)	, inte 50	<u> </u>		
(a) Name of interested person and	or fro	oan to m the				(e) I		Approved		(g)Writt		
purpose	organız		principal		(d)Balance due	defau	It?	by board or committee?		agreeme	nt?	
	То	From	1			Yes	No	Yes	No	Yes	No	
1) Neary Daniel												
Sale of auto		X		8,043			No	Yes		Yes		
		ļ					-		<u> </u>		 	
									+			
							1		+		 	
											 	
otal		٠		▶ \$	•		•					
Part IIII Grants or Assistar								•		•		
Complete if the orga	nızatıc						27.					
(a) Name of interested pers	on	(1			en interested per janization	son	(c) A m	ount of gr	ant or ty	pe of assis	stance	
						+						
						+						
		1				ı						

Complete if the organization			ne 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
	organization			Yes	No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493296002242

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization Northwest University **Employer identification number**

91-0615846

ldentifier	Return Reference	Explanation
Form 990 Part VI	11b	Form 990 and related schedules are prepared by the University These are internally reviewed. Then a copy is sent to each Board member and they are asked to review the return and make comments about any part that they wish After these responses are addressed and any corrections are made, the return is reviewed again and then filed
Form 990 Part VI	12c	Each Officer, Director, and Key Employee, ODKE, is asked to complete a form disclosing any conflict of interest with the University at each annual board meeting. This document is used to disclose any activity for which an ODKE may have a conflicting interest. This document is signed and submitted to the University President. His office is responsible for reviewing these documents and following up with any member that reports a conflict. He would also confirm that such ODKE refrains from discussion or voting on any issue related to the conflict.
Form 990 Part VI	19	Our governing documents, conflict of interest policy, and financial statements are available to the public upon request. These requests are made to the University Presidents office. When requests are received, we provide copies as requested. This might be in paper form or by e-mail sent as a pdf document.
Form 990 Part VII	1a	King, Gary served as Treasurer thru Nov 2011 Powers, Boyd serves as Treasurer since Nov 2011 Neary, Daniel served as CFO thru Aug 2011 Schimelpfenig, Dan served as CFO from Aug 2011 thru Dec 2011 Jordan, John serves as CFO since Jan 2012
Form 990 Part XI	5	Unrealized gains on investments, 97,756
		Form 990 Part VI Section B Line 11b Form 990 and related schedules are prepared by the University These are internally reviewed Then a copy is sent to each Board member and they are asked to review the return and make comments about any part that they wish. After these responses are addressed and any corrections are made, the return is reviewed again and then filed. Form 990 Part VI Section B Line 12c Each Officer, Director, and Key Employee, ODKE, is asked to complete a form disclosing any conflict of interest with the University at each annual board meeting. This document is used to disclose any activity for which an ODKE may have a conflicting interest. This document is signed and submitted to the University President. His office is responsible for reviewing these documents and following up with any member that reports a conflict. He would also confirm that such ODKE refrains from discussion or voting on any issue related to the conflict. Form 990 Part VI Section C Line 19 Our governing documents, conflict of interest policy, and financial statements are available to the public upon request. These requests are made to the University Presidents office. When requests are received, we provide copies as requested. This might be in paper form or by e-mail sent as a pdf document. Form 990 Part VI Section A Line 1a King, Gary served as Treasurer thru Nov 2011. Powers, Boyd serves as Treasurer since Nov 2011. Neary, Daniel served as CFO thru Aug 2011. Schimelpfenig, Dan served as CFO from Aug 2011 thru Dec 2011. Jordan, John serves as CFO since Jan 2012. Form 990 Part XI Line 5. Unrealized gains on investments, 97,756.

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

DLN: 93493296002242

Schedule R (Form 990) 2011

Employer identification number

Related Organizations and Unrelated Partnerships

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Northwest University 91-0615846 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f) (b) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes No (1) Northwest University Foundation support for higher educ 5520 108th Ave NE PO Box 579 WA 501C3 Type I N/A Yes at Northwest University Kırkland, WA 980830579 95-2008029

Cat No 50135Y

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

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

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

chedule	R (Form 990) 2011		Pag	ge
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rec	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift	t, grant, or capital contribution to related organization(s)	1b	Yes	
c Gıft	t, grant, or capital contribution from related organization(s)	1c	Yes	
d Loa	ans or loan guarantees to or for related organization(s)	1d		N
e Loa	ans or loan guarantees by related organization(s)	1e	Yes	
€ Cal	e of assets to related organization(s)	1f	\longmapsto	N
	e of assets to related organization(s) rchase of assets from related organization(s)	1g	$\vdash \vdash \vdash$	N
_		1h	$\vdash \vdash \vdash$	N
	change of assets with related organization(s)	1i	$\vdash \vdash \vdash$	N
ı Leas	se of facilities, equipment, or other assets to related organization(s)	<u> </u>	\vdash	Ë
j Lea:	se of facilities, equipment, or other assets from related organization(s)	1j		N
k Per	rformance of services or membership or fundraising solicitations for related organization(s)	1k		N
I Perf	formance of services or membership or fundraising solicitations by related organization(s)	11		N
m Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		N
n Sha	aring of paid employees with related organization(s)	1n		N
			\square	<u> </u>
	mbursement paid to related organization(s) for expenses	10	igsquare	N
p Rei	mbursement paid by related organization(s) for expenses	1р	\vdash	N
q Oth	her transfer of cash or property to related organization(s)	1q	$\vdash \vdash \vdash$	N
r Oth	ner transfer of cash or property from related organization(s)	1r		N

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Northwest University Foundation	b	354,354	
(2) Northwest University Foundation	С	222,287	
(3) Northwest University Foundation	e	1,054,631	
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		Share of end	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011