

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2012

Open to Public Inspection

A F	or the	2012 ca	lendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3	31-2012			
ВС	heck if a	applicable	C Name of organization NORTHWEST COLLEGE FOUNDATION		D Emplo	yer ider	ntification number
Г Ad	ddress c	change			83-02	11067	,
ГΝ	ame cha	ange	Doing Business As				
┌ Ir	ııtıal retu	urn	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	ne num	her
Гτ	erminate	ed	231 WEST 6TH STREET				
	mended	return	City or town, state or country, and ZIP + 4		(307)	754-6	110
	pplicatio	n pending	POWELL, WY 82435		<b>G</b> Gross r	eceints \$	5,707,100
			F Name and address of principal officer	H(a)	Is this a group		<u> </u>
			SHELBY WETZEL	1	affiliates?	recuiii	「Yes ▼ No
			231 WEST 6TH STREET POWELL, WY 82435	11/45			
				1			ded? 「Yes 「No (see instructions)
I T	ax-exer	mpt status	5  ▼ 501(c)(3)	]			
J V	V ebsit	e: ► W\	NW NORTHWESTCOLLEGE EDU/FOUNDATION/	H(c)	Group exempt	ion nur	nber <b>►</b>
<b>K</b> Fo	rm of o	rganızatıor	Corporation Trust Association Other	L Yea	r of formation 19		State of legal domicile
	a with T	6				W,	<u> </u>
P	art I		ımary				
au		THENC	describe the organization's mission or most significant activities ORTHWEST COLLEGE FOUNDATION WILL CONDUCT FUND-RAISIN OPORT NORTHWEST COLLEGE AND ITS STUDENTS	G ACTIV	ITIES AND M	ANAGI	EMENT OF FUNDS
Governance							
Ë							
9.€	2	Check t	his box দ if the organization discontinued its operations or disposed	of more t	han 25% of its	net as	sets
						1 _	l
Activities &	1		of voting members of the governing body (Part VI, line 1a)			3	34
Ė	1		of independent voting members of the governing body (Part VI, line 1b Imber of individuals employed in calendar year 2012 (Part V, line 2a)	-		5	0
្ន			Imber of marviadals employed in calendar year 2012 (Fact V, inte 2a)			6	35
•			nrelated business revenue from Part VIII, column (C), line 12			7a	0
	1		elated business taxable income from Form 990-T, line 34			7b	0
					Prior Year	. I	Current Year
	8	Contr	ributions and grants (Part VIII, line 1h)		1,361,	716	1,098,362
Revenue	9	Progr	am service revenue (Part VIII, line 2g)			0	0
9	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		200,3	326	992,683
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		276,485		286,393
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	1,838,527		2,377,438
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,122,	_	987,303
	14		fits paid to or for members (Part IX, column (A), line 4)			0	0
	15	Salar	ies, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		5-10	•		342,9	_	354,616
<b>₹</b>	16a		ssional fundraising fees (Part IX, column (A), line 11e)	•		0	0
ठ	b		undraising expenses (Part IX, column (D), line 25) ► 35,632			=	24.242
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	344,9	_	364,840
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12		1,810,6		1,706,759 670,679
<del>ن</del> م		Nevel	nde less expenses Subtract fine to nonline 12	_	inning of Curre		
Net Assets or Fund Balances					Year	-	End of Year
9 HE B	20	Total	assets (Part X, line 16)		25,464,	726	27,646,486
25	21	Total	liabilities (Part X, line 26)		9,394,	176	10,191,081
			ssets or fund balances Subtract line 21 from line 20		16,070,	550	17,455,405
	rt II		nature Block				
my l	knowle	dge and	perjury, I declare that I have examined this return, including accompained belief, it is true, correct, and complete Declaration of preparer (other temperature).  Inowledge				
		***	***		2013-10-17		
Sig	n	Sign	ature of officer		Date		
Hei			LBY WETZEL EXECUTIVE DIRECTOR				
			e or print name and title				
_			Print/Type preparer's name Preparer's signature WAYNE R HERR	Oate	Check If self-employed	PTIN P00189	 027
Pai			Firm's name ► MCGEE HEARNE & PAIZ LLP		Firm's EIN > 83		
	pare		Firm's address ► P O BOX 1088		Phono no /207	\ 624 24	<u></u>
US	e On	ily	1 IIII 2 addie22 & L O DOV 1000		Phone no (307	, 034-21	.91

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Form 990 (2012)

987,303

Total program service expenses ►

Part TV	Check	list of	Required	<b>Schedules</b>

			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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</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		No
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 1	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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 V	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, line 10?  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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{*}$	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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  IV			1
_		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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 direct or indirect 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? If "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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	Yes	
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 11b and 19?	38	Yes	

Par	Check of School of Contains a response to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	by this return	1		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
<b>-</b>	Deliber and the control of the contr			NI -
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	were not tax deductible?	6b		
7	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
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
А	If "Yes," indicate the number of Forms 8282 filed during the year	\ <u>'</u>		NO
u	11 Tes, indicate the number of Forms 8282 med during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	   7g		
<b>.</b>	required?	79		
"	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Į Į		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. Section A. Governing Body and Management

			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	orior Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal F	Reveni	ue Cod	e.)
						· · /
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	ivities	s of such chapters,			No
10a b	If "Yes," did the organization have written policies and procedures governing the act	ivities on's e	of such chapters, xempt purposes?	10a 10b		No
10a b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it	ivities on's e ts gov	of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov orm 9	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its form?	on's e ts gov orm 9	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual	on's e ts gov  Form 9 ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	on's e ts gov  Form 9 ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's e ts gov  Form 9 ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No
110a b 111a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	civities on's e ts gov  Form 9  Ily inte  the p  in the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a rev	civities on's e ts gov  Form 9  Ily inte  the p  in the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	civities on's e ts gov  Form 9  Ily inte  the p  in the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official.	civities on's e ts gov  Form 9  Ily inte  the p  in the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	civities on's e ts gov  Form 9  ly inte  the p  iew an ne deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	civities on's e ts gov	s of such chapters, exempt purposes? erning body before filing or some series that could give or solicy? If "Yes," describe or solicy?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed►WY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FSUE WOODS 231 WEST 6TH STREET POWELL, WY (307) 754-6039

Form	990	(2012)
------	-----	--------

#### 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 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

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

	1	T T								
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 MISC)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima amount o compens from t	ted f other atıon he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)			rganizati relate organiza	ed
1b	Sub-Total							<b>•</b>						
c d	Total from continuation shee  Total (add lines 1b and 1c) .	•		<b>A</b> .	•	•	•	•		96,800		0		38,067
2	Total number of individuals (in			to the	ose	liste:	d abov	e) w	ho receive			<u> </u>		30,007
	\$100,000 of reportable comp	ensation from th	e organ	ızatı	on <b>►</b> (	)								
													Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If</i> "Yes," complete 5						emplo	yee,	, or highes	t compen	sated employee	_		NI -
4	For any individual listed on lin organization and related organ	ie 1a, is the sum	of repo	rtabl	e co	mpe						3		No_
5	Individual Did any person listed on line 1	1a receive or ac	rue cor	 mnen	• cati	• on fr	om an	· / IInr	· ·		or individual for	4		No_
•	services rendered to the orga											5		No
Se	ection B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi	ve highest comp											tax year	
	(A) Name and business address  (B) Description of services								(C Comper					
												$\dashv$		
												$\exists$		
												$\dashv$		
2	Total number of independent co	ntractors (inclu	dına but	not	lımıt	ed to	those	e list	ted above)	who rece	ived more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	<b>/</b>	Statement o Check if Schedi	f Revenue ule O contains a respoi	nse to any question	(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 cam	paigns 1a					314
ints unts	ь	Membership du	es 1 <b>b</b>					
Contributions, Giffs, Grants and Other Similar Amounts	c		ents <b>1c</b>					
ΞĘ	_		rations 1d					
Gif ila	d							
ns, Sim	е	Government grants			ļ	ļ		
ë.	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,098,362				
<sup>듩</sup>	g	Noncash contribution	ons included in lines	İ	j	j		
Cont	h		s 1a-1f		1,098,362			
O E	-	- Totali / Cua ilii e.		<u>,                                    </u>	, ,			
III e	2a			Business Code				
e Ke	ь							
ъ Щ	c		_					
7.	d							
ૐ =	e							
Program Serwoe Revenue	f	All other progra	ım service revenue					
چ	g	Total Add lines	s 2a-2f					
	3		ome (including dividen					
		and other simil	aramounts)	▶	575,144			575,144
	4		tment of tax-exempt bond	`	18,346			18,346
	5	Royalties	(ı) Real	(II) Personal	10,5.0			10,510
	6a	Gross rents	(i) itali	(ii) i ciboliai				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	L me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	3,747,201					
	ь	than inventory Less cost or other basis and sales expenses	3,329,662					
	c	Gain or (loss)	417,539					
	d	Net gain or (los	s)		417,539			417,539
Other Revenue	8a	Gross income f events (not inc  \$ of contributions See Part IV, lin	luding  s reported on line 1c)					
μ. CC		: wic. v / iiii	a .					
ŧ	b		penses b					
0	c 9a		(loss) from fundraising rom gaming activities ie 19	events 🛌				
	ь		a penses b					
	с 10а	Net income or ( Gross sales of returns and allo		vities				
	ь		a pods sold b					
	С		(loss) from sales of inv	entory . 🕨				
		Miscellaneous	s Revenue	Business Code				
	11a	ADMINISTRAT	IVE FEES	561000	219,572	219,572		
	Ь	MISCELLANEC	ous	900099	48,475	48,475		
	С							
	d	All other reven						
	е	Total. Add lines		• • •	268,047			
	12	Total revenue.	See Instructions .	🕨	2,377,438	268,047	(	1,011,029

#### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ions must comr	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa				
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	987,303	987,303		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	96,800		96,800	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	210,233		198,016	12,217
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,583		44,348	3,23
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	743		743	
С	Accounting	14,900		14,900	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	250,914		250,914	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
<b>L</b> 4	Information technology				
15	Royalties				
16	Occupancy				
L7	Travel	31		31	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,675		2,675	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OFFICE EXPENSE	28,847		28,847	
b	MISCELLANEOUS	23,324		23,324	
c	DEVELOPMENT ACTIVITIES	20,180			20,180
d	REPAIRS	10,703		10,703	
e	All other expenses	12,523		12,523	
25	Total functional expenses. Add lines 1 through 24e	1,706,759	987,303	683,824	35,632
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	Part X		(A)		(B)
	Π.				Beginning of year		End of year
	1	Cash—non-interest-bearing			183,398	1	294,216
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			474,551	3	580,430
	4	Accounts receivable, net			4	11,000	
its	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L			5		
	6	Loans and other receivables from other disqualified persons (as section 4958 (f)(1)), persons described in section 4958 (c)(3)(lemployers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II o	contributing ry employees'		6		
Assets	7	Notes and loans receivable, net	_			7	
ď	8	Inventories for sale or use		·		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	ь	Less accumulated depreciation	10b	15,044	336,620	10c	336,620
	11	Investments—publicly traded securities		,	11		
	12	Investments—other securities See Part IV, line 11	22,255,555	12	24,321,309		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	•	2,214,602	15	2,102,911	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			25,464,726		27.646,486
	17	Accounts payable and accrued expenses			7,954	17	18,993
	18	Grants payable	7,001	18	10,000		
	19	Deferred revenue	• •		19		
	20	Tax-exempt bond liabilities	• •		20		
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ied	•			
逗		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	t X of S	Schedule	9,386,222	25	10,172,088
	26	D			9,394,176	25 26	10,172,088
	26	Total liabilities. Add lines 17 through 25			9,394,170	20	10, 191,081
Φ S		Organizations that follow SFAS 117 (ASC 958), check here ► [lines 27 through 29, and lines 33 and 34.	/ and c	complete			
ဋ	27	Unrestricted net assets			1,628,459	27	2,045,723
<u>ಣ</u> ಣ	28	Temporarily restricted net assets	•	• •	1,302,482	28	1,828,325
<u></u>	29	Permanently restricted net assets		•	13,139,609	29	13,581,357
Ĭ	23	,	· ·	 _ and	10, 100,000	23	10,001,007
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	F	and			
O .0	30	Capital stock or trust principal, or current funds				30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Š.	32	Retained earnings, endowment, accumulated income, or other fu				32	
Zet Zet	33	Total net assets or fund balances		_	16,070,550	33	17,455,405
ž	34	Total liabilities and net assets/fund balances			25,464,726		27,646,486
	ı – ·				20,707,720	_ <del>-</del>	27,040,400

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
		$\Box$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	377,438
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	706,759
3	Revenue less expenses Subtract line 2 from line 1	3		(	570,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,0	70,550
5	Net unrealized gains (losses) on investments	5		4	186,819
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	227,357
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17,4	155,405
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
		,		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	≗d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ıte			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	luired	3b		

Software ID: Software Version:

**EIN:** 83-0211067

Name: NORTHWEST COLLEGE FOUNDATION

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

Compensated Employees, and Independent Contractors									•	
(A) Name and Title A verage hours per week (list any		more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BRAD BONNER ASST SECRETARY	30	х		х				0	0	0
DAVE BONNER DIRECTOR	30	х						0	0	0
MIKE BRODRICK DIRECTOR	30	х						0	0	0
CLAY CUMMINS ASST TREASURER	30	х		х				0	0	0
JOSEPHINE DEWITT DIRECTOR	30	х						0	0	0
GLORIA HEDDERMAN DIRECTOR	30	×						0	0	0
ALAN JONES DIRECTOR	30	x						0	0	0
BRYAN LEE VICE PRESDIENT	30	x		х				0	0	0
BUD LINTON DIRECTOR	30	х						0	0	0
JIM LINTON PRESIDENT	30	х		х				0	0	0
WILLIS MCDONALD DIRECTOR	30	х						0	0	0
ANDY NELSON DIRECTOR	30	х						0	0	0
RICHARD NELSON DIRECTOR	30	х						0	0	0
MEGAN NICKLES 2ND VICE PRESIDENT	30	х		х				0	0	0
PAUL RODRIGUEZ DIRECTOR	30	х						0	0	0
TRAVIS GRAHAM DIRECTOR	30	х						0	0	0
DAVID VEILE DIRECTOR	30	х						0	0	0
STEVE WEBSTER DIRECTOR	30	х						0	0	0
DOUG WEEDIN DIRECTOR	30	х						0	0	0
CAROL BELL SECRETARY	30	х		х				0	0	0
JAMES BELL DIRECTOR	30	х						0	0	0
CHRIS DAVIDSON DIRECTOR	30	х						0	0	0
RON LYTLE DIRECTOR	30	х						0	0	0
LLOYD SNYDER DIRECTOR	30	х						0	0	0
CHRIS TAGGART TREASURER	30	х		х				0	0	0

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

30

30

40 00

Х

Χ

0

96,800

0

0

0

0

0

38,067

DIRECTOR

RON HILL

DIRECTOR

GLEN HOLM

DIRECTOR

SHELBY WETZEL

EXECUTIVE DIRECTOR

compensated Employees, and Indepen	iaciic coiici	. 4000.5									
<b>(A)</b> Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> )  Reportable  compensation  from the  organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
SHARON BAKER DIRECTOR	30	х						0	0	0	
DAVE BLEVINS DIRECTOR	30	х						0	0	0	
JEREMY HILL DIRECTOR	30	х						0	0	0	
JEREMY JOHNSTON DIRECTOR	30	х						0	0	0	
BILL SIMPSON DIRECTOR	30	х						0	0	0	
GINNY SINGER DIRECTOR	30	х						0	0	0	
REANNE WOLFF DIRECTOR	30	х						0	0	0	
LARRY EARHART DIRECTOR	30	х						0	0	0	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493031002204

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NORTHWEST COLLEGE FOUNDATION

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is (For lines 1 through 11, check only one box )  1									
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2   A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
<b>—</b>									
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter									
hospital's name, city, and state  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describe									
section 170(b)(1)(A)(iv). (Complete Part II)	ed III								
_									
A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .	nublia								
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II)</li> <li>A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)</li> </ul>	described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )								
9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and	ıd aross								
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% is	=								
its support from gross investment income and unrelated business taxable income (less section 511 tax) from busine									
acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )									
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the p	purposes of								
one or more publicly supported organizations described in section $509(a)(1)$ or section $509(a)(2)$ See <b>section <math>509(a)(2)</math></b>									
the box that describes the type of supporting organization and complete lines 11e through 11h									
a	=								
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified other than foundation managers and other than one or more publicly supported organizations described in section 50 section 509(a)(2)									
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting or	organization,								
check this box	ř								
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the									
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)	Yes No								
and (III) below, the governing body of the supported organization?	162 140								
(ii) A family member of a person described in (i) above?									
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  11g(iii)									
h Provide the following information about the supported organization(s)									
i To Fide the following morniation about the supported organization(s)									
(i) Name of (ii) EIN (iii) Type of (iv) Is the (v) Did you notify (vi) Is the (v	/ii) A mount of								
supported organization organization in the organization organization in	monetary								
organization         (described on col (i) listed in in col (i) of your col (i) organized	support								
lines 1 - 9 above your governing support? in the U.S.?									
or IRC section document? (see									
instructions))									
Yes No Yes No Yes No									
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	732,297	1,136,406	781,581	1,361,716	1	1,098,362	5,110,362
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							
4	Total. Add lines 1 through 3	732,297	1,136,406	781,581	1,361,716	1	1,098,362	5,110,362
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly supported organization) included							179,615
	on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							4,930,747
	line 4 ection B. Total Support							
	endar year (or fiscal year						T	
ou.	beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	012	<b>(f)</b> Total
7	A mounts from line 4	732,297	1,136,406	781,581	1,361,716	1	,098,362	5,110,362
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	656,262	412,649	1,295,459	671,619		593,490	3,629,479
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	83,828	121,931	304,453	263,286		268,047	1,041,545
11	Total support (Add lines 7 through 10)							9,781,386
12	Gross receipts from related activiti	ies, etc (see inst	ructions)			12		
13	First five years. If the Form 990 is this box and stop here	<u> </u>	<u> </u>					zation, check
	ection C. Computation of Pul			11   (5)		1 1		
14	Public support percentage for 2012	, ,	,	11, column (I))		14		50 410 %
15	Public support percentage for 201	•	•			15		50 250 %
b	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organizatio	alifies as a public organization did i n qualifies as a pi	y supported orga not check a box o ublicly supported	nization n line 13 or 16a, organization	and line 15 is 33	1/3% or i	more, che	<b>▶</b>  ▼
	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization me- organization 10%-facts-and-circumstances test	ition meets the "fa ets the "facts-and — <b>2011.</b> If the orga	acts-and-circums d-circumstances" anization did not o	tances" test, che test The organiz heck a box on lin	eck this box and <b>s</b> zation qualifies as ie 13, 16a, 16b, o	top here a public or 17a, a	. Explain ly suppoi nd line	rted <b>▶</b>
18	15 is 10% or more, and if the organization in Part IV how the organization <b>Private foundation.</b> If the organization	tion meets the "fa	acts-and-circums	tances" test The	e organization qua	alıfıes as	a publicl	y ▶□

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493031002204

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CITIC	F Attacil to For	ili 330. F See Separate ilistructions.		Inspection
	me of the organization RTHWEST COLLEGE FOUNDATION			loyer identification number
				0211067
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		·
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis- funds are the organization's property, subject to the or		nor advı	sed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene	<del>_</del>		r purpose
	conferring impermissible private benefit?			Yes No
<sup>2</sup> a	rt III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat	or education)  Preservation of a		ically important land area d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forn	n of a conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferi	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year ►	, , ,	,	
	Number of states where property subject to conservat	ion easement is located ►		
,	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	luring the year
	Amount of expenses incurred in monitoring, inspecting	a and enforcing conservation easement	te durin	the year
,	►\$	y, and emorening conservation easement	is during	g the year
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(H)$ ?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ι)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
a	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			'
а	Revenues included in Form 990, Part VIII, line 1	, , ,		<b>▶</b> \$
	Revenues included in Form 550, Fait VIII, lille I			r +

**b** Assets included in Form 990, Part X

3										
-	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, ch			_		significant use	of its	
а	Public exhibition		d	ΓL	oan or exc	change prog	rams			
b	Scholarly research		e	$\Gamma$ 0	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	ın how	they fo	ırther the	organızatıoı	ı's ex	empt purpose ı	n	
5	During the year, did the organization solicit of								_	_
	assets to be sold to raise funds rather than t		-		_			<u> </u>	Yes	✓ No
- Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	u r	es to Form 9	190,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for con	rıbutıons	or other ass	sets r		☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ing tab	е	-				
						-		An	nount	
С	Beginning balance					-	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explai	nation	nas been (	provided in I	art >	(III		Γ
Pai	rt V Endowment Funds. Complete									
		(a)Current year	<b>(b)</b> P	rior year				hree years back	<b>(e)</b> Four y	
1a	Beginning of year balance	14,309,673		14,399		12,803,480	+	12,303,671	:	14,556,626
Ь	Contributions	423,402		1,021	,729	394,030	<u>'</u>	704,102		409,337
С	Net investment earnings, gains, and losses	1,387,264		-352	,281	1,698,60	3	299,509		-2,124,787
d	Grants or scholarships	961,355		758	,846	497,05	3	247,267		333,199
e	Other expenditures for facilities and programs							43,380		201,631
f	Administrative expenses							143,155		2,675
g	End of year balance	15,158,984		14,309	,673	14,399,07	1	12,803,480	:	12,303,671
2	Provide the estimated percentage of the curr	ent year end baland	e (line	e 1g, co	lumn (a))	held as				
а	Board designated or quasi-endowment ►									
ь	Permanent endowment ► 100 000 %									
_										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
с За	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses		ation t	hat are	held and	admınıstere	d for	the		
	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	hat are	held and	admınıstere	d for		Yes	No
	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organiza				admınıstere	d for	3a(	i)	No
3a	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organiza					d for	3a(	i) ii)	-
3a	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization	 d on So	 chedule	 . R? .		d for	3a(	i) ii)	No
3a b 4	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	 chedule	 . R? . s		d for	3a(	i) ii)	No
3a b 4	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	 . R? . s	( <b>b</b> )Cost or	other	3a(	i) ii)	No
3a b 4 Par	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	R? .s ne 10.	(b)Cost or basis (oth	other	3a( 3a( 3b)	i) ii)	No No
b 4 Par	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	R? .s ne 10.	(b)Cost or basis (oth	other	3a( 3a( 3b)	i) ii)	No No Dook value
3a  b 4  Par  1a L b E	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	R? .s ne 10.	(b)Cost or basis (oth	other	3a( 3a( 3b)	i) ii)	No No Dook value
b 4 Par  1a L b E	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	R? .s ne 10.	(b)Cost or basis (oth	other	3a( 3a( 3b)	i) ii)	No No Dook value
b 4 Par	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's en	d on So	chedule ent func rt X, li	R? .s ne 10.	( <b>b</b> )Cost or basis (oth	other	3a( 3a( 3b)	i)	No No Dook value

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	<u>.                                    </u>	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	2.602		
(A) MINERAL INTERESTS - NET OF DEPLETION	2,683		С
(B) CASH IN INVESTMENTS	26,244		С
(b) CASH IN INVESTMENTS	20,244		
(C) MARKETABLE SECURITIES	24,292,382		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	24,321,309		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		d of valuation
		Cost of elia-of	-year market value
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, lin		1	
(a) Descrip	tion		(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST			892,046
(2) VALUE OF REAL ESTATE HELD FOR SALE			242,900
(3) STOCK IN NONPUBLICALLY TRADED COMPANY			5,500
(4) CASH RESTRICTED BY DONORS FOR LT PURPOSES			835,705
(5) BIRD COLLECTION			126,760
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			2,102,911
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
OBLIGATION TO STATE OF WYOMING - CHALLENGE			
GRANT	8,928,846		
PRESENT VALUE OF GIFT ANNUITY OBLIGATIONS	235,955		
THE BOYS & GIRLS CLUB OF PARK COUNTY WYOMING	1,007,287		
	, ,		
	10 172 000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	10,172,088		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Ro	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,840,700
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	714,176
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,126,524
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 250,914		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	250,914
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,377,438
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,455,845
2	A mounts 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 XIII ) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,455,845
4	Amounts 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 250,914		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	250,914
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	1,706,759

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	TO GENERATE SCHOLARSHIP AND ACEDEMIC PROGRAM SUPPORT FOR NORTHWEST COLLEGE AND ITS STUDENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES EXCEPT FOR THE LAST THREE YEARS FILES
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE - BENEFICIAL INTEREST IN PERPETUAL TRUSTS 36,680 CHANGE IN LIABILITIES ASSOCIATED WITH CHARITABLE GIFT ANNUITIES 12,118 SALARIES & BENEFITS AND OFFICE RENT FROM NORTHWEST COLLEGE 178,559

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

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. 
▶ Attach to Form 990

OMB No 1545-0047

DLN: 93493031002204

2012

Open to Public Inspection

Internal Revenue Service Name of the organization			F Attach to Folins			Employer identii	Inspection
NORTHWEST COLLEGE FOUNI	DATION					83-0211067	ication number
Part I General Inform	nation on Grants	and Assistance				83-0211067	
Does the organization mainstrain the selection criteria used Describe in Part IV the organization mainstrain.	ntain records to subs I to award the grants of ganization's procedur	tantiate the amount of or assistance? res for monitoring the us	se of grant funds in the	United States			
					s. Complete if the or iplicated if additional		d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHWEST COLLEGE 231 W 6TH STREET POWELL,WY 82435			2,311				CAPITAL IMPROVEMENT - COLLEGE SUPPORTS
(2) NORTHWEST COLLEGE 231 W 6TH STREET POWELL, WY 82435			677,147				SCHOLARSHIPS
(3) NORTHWEST COLLEGE 231 W 6TH STREET POWELL, WY 82435		ı	307,845		1		PROGRAM SUPPORT FOR COLLEGE
2 Enter total number of sect	non 501(c)(3) and go	ı vernment organizations	listed in the line 1 tab	le			
3 Enter total number of othe						•	

<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1		1		I
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493031002204

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.

2012
Open to Public Inspection

Name of t	he organ	ızatıon
NORTHWES	T COLLEGE	FOUNDATION

Employer identification number

83-0211067

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DAVE BONNER (DIRECTOR) IS THE FATHER OF BRAD BONNER (DIRECTOR) AND SHELBY WETZEL (EXECUTIVE DIRECTOR) BRAD BONNER AND SHELBY WETZEL ARE BROTHER AND SISTER
	FORM 990, PART VI, SECTION B, LINE 11	990 IS REVIEWED BY THE BOARD PRIOR TO IT'S FILING
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S WAGES ARE APPROVED BY THE BOARD OF DIRECTORS AFTER COMPARATIVE STUDIES ARE COMPLETED ALL OTHER WAGES ARE APPROVED BY NORTHWEST COLLEGE AFTER COMPARATIVE STUDIES ARE COMPLETED ALL
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN LIABILITIES ASSOCIATED WITH CHARITABLE GIFT ANNUITIES 12,118 CHANGE IN VALUE - BENEFICIAL INTEREST IN PERPETUAL TRUSTS 36,680 SALARIES & BENEFITS AND OFFICE RENT FROM NORTHWEST COLLEGE 178,559

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493031002204

2012

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2012

**Employer identification number** 

83-0211067

# **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization NORTHWEST COLLEGE FOUNDATION

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ 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.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(b) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Public charity status Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) NORTHWEST COLLEGE **EDUCATION** WY 501(C)(3) 231 WEST 6TH STREET POWELL, WY 82435 83-6001133

Cat No 50135Y

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations lie	tod in Parts II-IV2	ſ	$\dashv$					
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	u organizacions ns	ted III Faits 11-1V		1a		No			
	b Gift, grant, or capital contribution to related organization(s)									
	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
Č	Edulis of four guarantees by refuted organization(3)						No			
f	Dividends from related organization(s)				1f		No			
	Sale of assets to related organization(s)				1g		No			
_	Purchase of assets from related organization(s)				1h		No			
	Exchange of assets with related organization(s)				1i		No			
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
•										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
	Sharing of paid employees with related organization(s)				1o		No			
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
-										
r	O ther transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		vered relationships a	nd transaction thresholds						
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	unt ın	ivolved				
1) N	DRTHWEST COLLEGE B		987,303							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 83-0211067

Name: NORTHWEST COLLEGE FOUNDATION

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
Identifier	Return Reference	Explanation							
		<u> </u>							