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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2012Open to Public
Inspection**A** For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNIVERSITY OF NORTHWESTERN - ST. PAUL**

Doing Business As

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

3003 SNELLING AVENUE NORTH

Room/suite

City, town, or post office, state, and ZIP code

ST PAUL, MN 55113**F** Name and address of principal officer: **DR. ALAN CURETON**
SAME AS C ABOVE**D** Employer identification number**41-0711610****E** Telephone number**651-631-5100****G** Gross receipts \$ **92,257,076.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UNWSP.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1902** **M** State of legal domicile: **MN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENCOURAGE SPIRITUAL & INTELLECTUAL GROWTH IN A NONDENOMINATIONAL-CHRISTIAN UNIVERSITY.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1801
	6	Total number of volunteers (estimate if necessary)	1600
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
b		Net unrelated business taxable income from Form 990-T, line 34	-621,043.
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,644,165.
	9	Program service revenue (Part VIII, line 2g)	65,254,001.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-131,854.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,158.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,963,470.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,415,292.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,803,923.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	760,445.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,375,828.	947,270.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,637,684.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,617,344.
	19	Revenue less expenses. Subtract line 18 from line 12	3,346,126.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	92,765,015.
	21	Total liabilities (Part X, line 26)	31,934,425.
	22	Net assets or fund balances. Subtract line 21 from line 20	60,830,590.

Part II Signature Block

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

Sign Here	Signature of officer	Date	3/5/14
	DOUGLAS R. SCHROEDER, VP OF BUSINESS/CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	XIAOYAN LUO	<i>[Signature]</i>	03/03/14
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	PTIN P01305207
	Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no. 612-376-4500	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED MAR 20 2014

916-61 14

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

FOUNDED IN 1902, UNIVERSITY OF NORTHWESTERN - ST. PAUL IS A NONDENOMINATIONAL CHRISTIAN UNIVERSITY THAT INTEGRATES THE EDUCATIONAL PHILOSOPHY OF "FAITH, LEARNING AND LIVING" THROUGH TWO FOCUSES: HIGHER EDUCATION AND MEDIA. THE MISSION OF THE UNIVERSITY IS TO EQUIP

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 47,865,916. including grants of \$ 16,939,976.) (Revenue \$ 64,708,845.)

THE UNIVERSITY OF NORTHWESTERN - ST. PAUL:

THE UNIVERSITY OF NORTHWESTERN - ST. PAUL, A PRIVATE CHRISTIAN LIBERAL ARTS UNIVERSITY, ENROLLS OVER 1,700 STUDENTS. GRADUATE & CONTINUING EDUCATION, SERVING 500 STUDENTS, INCLUDES THE ADULT UNDERGRADUATE PROGRAM AND THE CENTER FOR GRADUATE STUDIES, AND UNDERGRADUATE PATHWAYS, WHICH INCLUDES PSEO/EARLY COLLEGE, COLLEGE IN THE SCHOOLS, AND ONLINE LEARNING, SERVES NEARLY 1,000 STUDENTS. NORTHWESTERN'S 107 ACRE LAKESIDE CAMPUS IN SUBURBAN SAINT PAUL, MN HAS 15 ACADEMIC AND RESIDENTIAL BUILDINGS. NORTHWESTERN IS A COMMUNITY IN WHICH ALL LEARNING IS FRAMED WITHIN THE CONTEXT OF A CHRISTIAN WORLDVIEW. IN ADDITION TO A MAJOR OF CHOICE, THE STUDY OF THE BIBLE IS A CORE CURRICULUM REQUIREMENT FOR ALL STUDENTS. DAILY CHAPEL IS AN INTEGRAL

4b (Code) (Expenses \$ 11,654,939. including grants of \$ 0.) (Revenue \$ 4,791,916.)

NORTHWESTERN MEDIA:

NORTHWESTERN'S MEDIA FOCUS BEGAN IN MINNEAPOLIS, THANKS TO \$44,000 GENERATED BY STUDENTS. NORTHWESTERN PRESIDENT WILLIAM F. "BILLY" GRAHAM GAVE THE FIRST ON-AIR PRAYER. TODAY NORTHWESTERN OWNS AND OPERATES 15 NONCOMMERCIAL LISTENER-SUPPORTED CHRISTIAN RADIO STATIONS AND 17 TRANSLATORS, COVERING 8 MARKETS IN MINNESOTA, NORTH AND SOUTH DAKOTA, IOWA, WISCONSIN AND KANSAS, WITH A CONSOLIDATED AUDIENCE OF OVER ONE MILLION LISTENERS EACH WEEK. NORTHWESTERN MEDIA'S LISTENERS PROVIDE OVER 75% OF THE FUNDING TO SUPPORT THIS MINISTRY (\$10,675,662 IN FISCAL YEAR 12-13). NORTHWESTERN STATIONS UTILIZE THEIR INFLUENCE IN THE MARKETS THEY SERVE TO REACH BEYOND THEIR OWN MINISTRY. FOOD SHELVES ARE STOCKED THROUGH NORTHWESTERN RADIO-SPONSORED CONCERT EVENTS, TENS OF

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 59,520,855.

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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 "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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 "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	194	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	1801	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2012)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	16	
b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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	15a	X
b Other officers or key employees of the organization	15b	X
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?	16a	X
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?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 DOUGLAS SCHROEDER - 651/631-5100
 3003 SNELLING AVENUE NORTH, ST PAUL, MN 55113

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. ALAN CURETON PRESIDENT	45.00			X				245,513.	0.	23,165.
(2) GROVER SAYRE, III CHAIR	2.00	X		X				0.	0.	0.
(3) DANIEL E. STOLTZ VICE CHAIR	2.00	X		X				0.	0.	0.
(4) DR. SARA A. ROBERTSON SECRETARY	2.00	X		X				0.	0.	0.
(5) DR. MEGAN DOYLE TRUSTEE	2.00	X						0.	0.	0.
(6) MARY EDWARDS TRUSTEE	2.00	X						0.	0.	0.
(7) STAN ERICKSON TRUSTEE	2.00	X						0.	0.	0.
(8) GINGER EWING TRUSTEE	2.00	X						0.	0.	0.
(9) RONALD HALVERSON TRUSTEE	2.00	X						0.	0.	0.
(10) DR. BILL HAMEL TRUSTEE	2.00	X						0.	0.	0.
(11) DR. GEORGE KENWORTHY TRUSTEE	2.00	X						0.	0.	0.
(12) CAROLE LEHN TRUSTEE	2.00	X						0.	0.	0.
(13) LAUREN LIBBY TRUSTEE	2.00	X						0.	0.	0.
(14) ARNOLD (BUD) LINDSTRAND TRUSTEE	2.00	X						0.	0.	0.
(15) MICHAEL MELOCH TRUSTEE	2.00	X						0.	0.	0.
(16) DR. MICHAEL MILLER TRUSTEE	2.00	X						0.	0.	0.
(17) RUSS REYNOLDS TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID VENBERG TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) STEWART VAN DUZER TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) DOUGLAS R. SCHROEDER VP OF BUSINESS/CFO/TREASURER	45.00 2.00			X				136,589.	0.	19,268.
(21) DR. PAUL VIRTIS SR. VP OF MEDIA	45.00 0.00					X		141,001.	0.	19,194.
(22) DR. JANET SOMMERS SR. VP FOR ACADEMIC AFFAIRS	45.00 0.00					X		131,029.	0.	21,946.
(23) AMY BRAGG CAREY VP FOR INSTITUTIONAL ADVANCEMENT	45.00 0.00					X		130,513.	0.	22,120.
(24) DR. RANDY NELSON PROFESSOR	45.00 0.00					X		141,109.	0.	16,985.
(25) DR. CLYDE BILLINGTON PROFESSOR	45.00 0.00					X		126,814.	0.	8,730.
1b Sub-total								1,052,568.	0.	131,408.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,052,568.	0.	131,408.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BON APPETIT 91337 COLLECTIONS DR., CHICAGO, IL 60693	FOOD SERVICE	3,042,213.
ELLUCIAN COMPANY LP, 2300 MAITLAND CENTER PKWY, MAITLAND, FL 32751	TECHNOLOGY MANAGEMENT SERVICES	2,749,978.
THE PURSUANT GROUP, 5151 BELT LINE RD., STE. 300, DALLAS, TX 75320	FUNDRAISING	947,270.
MORSEKODE LTD 333 S. 7TH ST. #100, MINNEAPOLIS, MN 55402	WEBSITE AND TECHNOLOGY SERVICES	206,439.
ASSOCIATED PRESS 450 W. 33RD ST., NEW YORK, NY 10001	NEWS AGENCY FOR RADIO NETWORK	205,830.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **19**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c 32,599.			
	d Related organizations	1d 140,631.			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 17,225,795.			
	g Noncash contributions included in lines 1a-1f \$	503,819.			
	h Total. Add lines 1a-1f	17,399,025.			
Program Service Revenue	2 a TUITION AND FEES	Business Code 611600	52,151,739.	52,151,739.	
	b STUDENT RESIDENT HOUS.	531110	5,273,231.		5,273,231.
	c RADIO AND AUXILIARY	722320	4,791,916.	3,832,747.	959,169.
	d SERVICE FEES	611710	3,387,317.		3,387,317.
	e FOOD SERVICE	611710	3,170,978.		3,170,978.
	f All other program service revenue	611710	725,580.		725,580.
	g Total. Add lines 2a-2f	69,500,761.			
	3 Investment income (including dividends, interest, and other similar amounts)		743,549.		743,549.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
Other Revenue	6 a Gross rents	(i) Real (ii) Personal 195,531.			
	b Less: rental expenses	42,019.			
	c Rental income or (loss)	153,512.			
	d Net rental income or (loss)		153,512.	153,512.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 4,384,210.			
	b Less: cost or other basis and sales expenses	4,024,573.			
	c Gain or (loss)	359,637.			
	d Net gain or (loss)		359,637.		359,637.
	8 a Gross income from fundraising events (not including \$ 32,599. of contributions reported on line 1c) See Part IV, line 18	a 34,000.			
	b Less: direct expenses	b 37,480.			
	c Net income or (loss) from fundraising events		-3,480.		-3,480.
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code		
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		88,153,004.	55,984,486.	1,112,681.	13,656,812.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	358,524.	358,524.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	16,581,452.	16,581,452.		
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	437,517.		437,517.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	19,744.		19,744.	
7 Other salaries and wages	27,577,513.	21,951,512.	4,800,861.	825,140.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,140,770.	893,964.	207,751.	39,055.
9 Other employee benefits	2,769,583.	2,179,526.	564,012.	26,045.
10 Payroll taxes	2,005,067.	1,558,635.	388,056.	58,376.
11 Fees for services (non-employees):				
a Management				
b Legal	171,572.	103,746.	67,714.	112.
c Accounting	51,880.		51,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	947,270.			947,270.
f Investment management fees	112,146.		112,146.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,452,818.	4,129,681.	2,036,965.	286,172.
12 Advertising and promotion	681,741.	349,225.	253,080.	79,436.
13 Office expenses	3,927,469.	1,709,658.	1,487,720.	730,091.
14 Information technology				
15 Royalties				
16 Occupancy	2,296,884.	1,042,520.	1,237,365.	16,999.
17 Travel	1,433,063.	1,206,866.	185,094.	41,103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	167,763.	107,365.	52,958.	7,440.
20 Interest	280,691.	12,314.	268,377.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,703,810.		4,636,802.	67,008.
23 Insurance	1,002,397.	742,073.	256,629.	3,695.
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.)				
a FOOD & MEALS	3,560,111.	3,492,225.	44,075.	23,811.
b TUITION REIMBURSEMENTS	1,539,768.	67,035.	1,359,699.	113,034.
c REPAIRS & MAINTENANCE	1,440,134.	735,767.	650,908.	53,459.
d SUPPLIES	1,108,677.	647,139.	442,781.	18,757.
e All other expenses	1,918,733.	1,651,628.	228,280.	38,825.
25 Total functional expenses. Add lines 1 through 24e	82,687,097.	59,520,855.	19,790,414.	3,375,828.
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)	1,776,839.	1,680,172.	0.	96,667.

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,068,805.	1	14,411,188.
	2 Savings and temporary cash investments	1,081,039.	2	1,089,454.
	3 Pledges and grants receivable, net	1,933,101.	3	2,712,490.
	4 Accounts receivable, net	2,645,207.	4	2,653,554.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	296,928.	5	254,974.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	404,476.	8	168,559.
	9 Prepaid expenses and deferred charges	516,380.	9	805,023.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,343,510.		
	b Less: accumulated depreciation	10b 56,368,182.	10c	55,975,328.
	11 Investments - publicly traded securities	57,545,541.	11	11,337,749.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	2,642,789.	13	2,688,853.
	14 Intangible assets	1,287,932.	14	7,403,680.
	15 Other assets. See Part IV, line 11	895,954.	15	895,416.
16 Total assets. Add lines 1 through 15 (must equal line 34)	92,765,015.	16	100,396,268.	
Liabilities	17 Accounts payable and accrued expenses	4,121,911.	17	4,602,468.
	18 Grants payable		18	
	19 Deferred revenue	1,464,590.	19	1,384,698.
	20 Tax-exempt bond liabilities	20,715,000.	20	20,845,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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	1,368,199.	24	3,118,871.
	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 D	4,264,725.	25	3,982,135.
	26 Total liabilities. Add lines 17 through 25	31,934,425.	26	33,933,172.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	47,944,873.	27	50,414,638.
	28 Temporarily restricted net assets	4,808,052.	28	7,684,893.
	29 Permanently restricted net assets	8,077,665.	29	8,363,565.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	60,830,590.	33	66,463,096.
	34 Total liabilities and net assets/fund balances	92,765,015.	34	100,396,268.

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,153,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,687,097.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,465,907.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,830,590.
5	Net unrealized gains (losses) on investments	5	-113,719.
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	280,318.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,463,096.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

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 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☒ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- 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) and (iii) below, the governing body of the supported organization?
 - (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?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 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.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 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 ☐

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	0.
(ii) Assets included in Form 990, Part X	▶ \$	656,657.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$	
b Assets included in Form 990, Part X	▶ \$	

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

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

a ☒ Public exhibition

d ☐ Loan or exchange programs

b ☒ Scholarly research

e ☐ Other

c ☒ Preservation for future generations

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

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

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

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

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,117,367.	11,249,359.	8,922,913.	7,713,208.	9,562,640.
b Contributions	462,601.	299,780.	657,000.	562,263.	409,761.
c Net investment earnings, gains, and losses	641,348.	37,457.	1,802,241.	964,817.	-1,956,489.
d Grants or scholarships	444,792.	469,229.	132,795.	317,375.	302,704.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,776,524.	11,117,367.	11,249,359.	8,922,913.	7,713,208.

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

a Board designated or quasi-endowment 18.60 %

b Permanent endowment 70.17 %

c Temporarily restricted endowment 11.23 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	☒	☐
3a(ii)	☐	☒
3b	☐	☐

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,047,141.		3,047,141.
b Buildings		84,837,293.	36,613,309.	48,223,984.
c Leasehold improvements		549,656.	549,656.	0.
d Equipment		22,864,644.	19,205,217.	3,659,427.
e Other		1,044,776.		1,044,776.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,975,328.

Schedule D (Form 990) 2012

Part VII 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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TRUST AND ANNUITY OBLIGATIONS	265,261.
(3) REFUNDABLE US GOV'T STUDENT LOAN	
(4) FUNDS	2,275,016.
(5) ASSET RETIREMENT OBLIGATION	747,918.
(6) INTEREST RATE SWAP LIABILITY	693,940.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	3,982,135.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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.

PART III, LINE 4: THE UNIVERSITY HOLDS AN ART COLLECTION, WHICH FURTHERS

OUR EDUCATIONAL EXEMPT PURPOSE BY PROVIDING ART STUDENTS WITH VARIOUS

EXAMPLES OF ARTWORK FOR SCHOLARLY RESEARCH.

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND

OTHER FINANCIAL ASSISTANCE FOR STUDENTS.

PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE

Part XIII Supplemental information (continued)

UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS ALSO EXEMPT FROM STATE INCOME TAX.

HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.

THE UNIVERSITY HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A

RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT

ON THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS. THE UNIVERSITY'S

TAX RETURNS ARE OPEN TO EXAMINATIONS FOR THE YEARS 2010 THROUGH 2012.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

If you need more space, use Part II

THE POLICY IS CONTAINED IN ALL REGISTRATION AND PROMOTIONAL MATERIALS.

- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - 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.

- 5 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- 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

YES NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

Schedule E (Form 990 or 990-EZ) (2012)

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.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES THE FOLLOWING FEDERAL FUNDING: WORK STUDY, PERKINS
LOANS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND THE
FEDERAL DIRECT LOAN PROGRAM.

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number
41-0711610

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

AK, CA, GA, KS, KY, ME, MA, MS, MN, MO, NE, NC, OR, RI, TN, UT, VA, WV, DE, HI, ID, LA, MT, NE, SD
TX, VT, WY, CT, WI

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

		(a) Event #1 GOLF CLASSIC EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts ..	66,599.			66,599.
	2 Less. Contributions	32,599.			32,599.
	3 Gross income (line 1 minus line 2) ..	34,000.			34,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,138.			2,138.
	6 Rent/facility costs	18,661.			18,661.
	7 Food and beverages	9,184.			9,184.
	8 Entertainment				
	9 Other direct expenses	7,497.			7,497.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				37,480.
	11 Net income summary. Combine line 3, column (d), and line 10				-3,480.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states? _____☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____☐ Yes ☐ No**b** If "Yes," explain: _____

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

**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.

2012

Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number
41-0711610

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN FOUNDATION 3003 SNELLING AVENUE NORTH ST PAUL, MN 55113	41-1878924	501(C)(3)	149,411.	0.N/A		N/A	GENERAL OPERATING SUPPORT
TRANS WORLD RADIO PO BOX 8700 CARY, NC 27512	22-1690564	501(C)(3)	18,750.	0.N/A		N/A	MEDIA MISSIONS GIVING GIVING TO HELP NAVIGATORS ORGANIZATION DEAL WITH IMPACT OF COLORADO SPRINGS FIRE
THE NAVIGATORS PO BOX 6000 COLORADO SPRINGS, CO 80934-6000	84-6007896	501(C)(3)	10,000.	0.N/A		N/A	MEDIA MISSIONS GIVING
NEED HIM NATIONAL MEDIA OUTREACH INC - 2001 W PLANO PKWY STE 1400 - PLANO, TX 75075-8607	75-2716321	501(C)(3)	5,000.	0.N/A		N/A	MEDIA MISSIONS GIVING
HCJB GLOBAL 1065 GARDEN OF THE GODS ROAD COLORADO SPRINGS, CO 80907	59-0939206	501(C)(3)	65,000.	0.N/A		N/A	MEDIA MISSIONS GIVING TOWARDS CONSTRUCTION OF RADIO STATIONS
GREATER ST. PAUL AREA EVANGELICALS 2515 WHITE BEAR AVE N STE 202 SAINT PAUL, MN 55109	41-1998190	501(C)(3)	56,621.	0.N/A		N/A	DONATION FOR SECURING CROSSROADS CHAPEL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

7.
0.

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS & TUITION ASSISTANCE	1701	16,581,452.	0.	N/A	N/A

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

SCHEDULE I, PART I, LINE 2: THE UNIVERSITY MAKES CONTRIBUTIONS TO NORTHWESTERN FOUNDATION, A RELATED ORGANIZATION UNDER COMMON MANAGEMENT.

FOR THE GRANTS TO UNRELATED ORGANIZATIONS, SENIOR MANAGEMENT GENERALLY MONITORS RECIPIENT SPENDING VIA COMMUNICATION WITH THE ORGANIZATIONS TO SEE HOW OPERATIONS ARE RUNNING. A SITE VISIT BY SENIOR MANAGEMENT MAY ALSO BE CONDUCTED TO CHECK THE STATUS OF THE ORGANIZATION AND/OR MONITOR THE PROGRESS OF THE INTENDED PROJECT.

Part IV Supplemental Information

GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO ARE SELECTED BY
COMMITTEE BASED ON FINANCIAL NEED AND SCHOLASTIC PERFORMANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| ☐ First-class or charter travel | ☒ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☒ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: TAX GROSS-UP PAYMENTS:

DR. CURETON - TAX GROSS UP FOR THE MORTGAGE FORGIVENESS - INCLUDED IN

TAXABLE COMPENSATION.

HOUSING ALLOWANCES:

DR. CURETON - MORTGAGE FORGIVENESS, INCLUDED IN TAXABLE COMPENSATION.

SOCIAL CLUB DUES:

DR. CURETON - NOT INCLUDIBLE IN TAXABLE COMPENSATION.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012
Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number
41-0711610

Part I Bond Issues

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY, CITY OF ARDEN HILLS, MINNESOTA	84-0896727	19645RGG0	08/21/08	6,500,000.	FACILITY PURCHASE, CONSTRUCTION & CONSTRUCTION OF THE BILLY GRAHAM						
	41-6008992	03977PAA5	11/18/10	8,000,000.							

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								

	2009		2011	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?				
15 Were the bonds issued as part of an advance refunding issue?				
16 Has the final allocation of proceeds been made?				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?				

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

232121
12-17-12

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c 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 or other outside counsel to review any research agreements relating to the financed property?		X		X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00	%	.00	%				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.00	%	.00	%				%
6 Total of lines 4 and 5	.00	%	.00	%				%
7 Does the bond issue meet the private security or payment test?	X			X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%				%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: FACILITY PURCHASE, CONSTRUCTION & RENOVATION

(A) ISSUER NAME: CITY OF ARDEN HILLS, MINNESOTA

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION OF THE BILLY GRAHAM COMMUNITY LIFE COMMONS BUILDING

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/31/2013

Department of the Treasury
Internal Revenue Service

**"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.**

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number
41-0711610

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

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DR. ALAN CURETO	PRESIDENT	LOAN FOR		X	350,000.	254,974.		X	X		X	
Total						\$ 254,974.						

Total	▶ \$ 254,974.
-------	---------------

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DR. CURETON'S SPOUSE	SPOUSE OF PRESIDENT	19,744.	EMPLOYMENT		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DR. ALAN CURETON

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: LOAN FOR MORTGAGE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DR. CURETON'S SPOUSE

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		10,315.	COST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	422,194.	STOCK MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ALBUMS AND CD)	X	1	45,000.	ESTIMATED VALUE
26 Other ► (GRAIN)	X	18	24,532.	ESTIMATED VALUE
27 Other ► (OTHER)	X	4	1,779.	ESTIMATED VALUE
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2012)

Part II

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

SCHEDULE M, PART I, COLUMN (B): THE UNIVERSITY REPORTS THE NUMBER OF
CONTRIBUTIONS IN PART I, COLUMN B.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BELIEVERS TO GROW INTELLECTUALLY AND SPIRITUALLY, TO SERVE EFFECTIVELY
IN THEIR PROFESSIONS, AND TO GIVE GOD-HONORING LEADERSHIP IN THE HOME,
CHURCH, COMMUNITY AND WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PART OF THE TRADITIONAL PROGRAM WHERE STUDENTS HEAR WORLD-RENOWNED
SPEAKERS AND PARTICIPATE IN PRAISE AND WORSHIP. NORTHWESTERN'S MORE
THAN 20,000 ALUMNI POSITIVELY IMPACT SOCIETY THROUGH CAREERS IN LAW,
EDUCATION, MEDICINE, GOVERNMENT, BUSINESS, MEDIA AND TECHNOLOGY AND
FORTUNE 500 BUSINESSES, AS WELL AS IN MISSIONS, CHURCHES AND PARACHURCH
ORGANIZATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THOUSANDS OF SHOE BOXES ARE COLLECTED AT NORTHWESTERN-OWNED RADIO
STATIONS FOR OPERATION CHRISTMAS CHILD AND BACKPACKS FILLED WITH SCHOOL
SUPPLIES FOR INNER-CITY YOUTH. NORTHWESTERN'S MEDIA MINISTRY ALSO
REACHES BEYOND THE UNITED STATES THROUGH FINANCIAL AND TECHNOLOGICAL
PARTNERSHIPS WITH CHRISTIAN RADIO STATIONS IN KENYA, UGANDA, BELIZE,
ECUADOR AND MONGOLIA.

FORM 990, PART VI, SECTION A, LINE 1: UNIVERSITY OF NORTHWESTERN - ST.
PAUL HAS AN EXECUTIVE COMMITTEE, CONSISTING OF THE CHAIR, VICE-CHAIR AND
SECRETARY OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE UNIVERSITY, AND
THE CHAIR OF EACH OF THE STANDING COMMITTEES OF THE BOARD OF TRUSTEES. THE
EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

TRUSTEES ON ALL MATTERS EXCEPT FOR THE FOLLOWING, WHICH ARE RESERVED FOR THE FULL BOARD OF TRUSTEES: PRESIDENTIAL SELECTION AND TERMINATION, TRUSTEE AND BOARD OFFICER SELECTION, CHARTER AND BYLAW AMENDMENT, CHANGING THE INSTITUTION'S MISSION, INCURRING CORPORATE INDEBTEDNESS BEYOND WHAT THE BOARD OF TRUSTEES HAS AUTHORIZED BY RESOLUTION, APPROVAL OF THE ANNUAL BUDGET, AND CONFERRAL OF DEGREES.

FORM 990, PART VI, SECTION A, LINE 4: THE UNIVERSITY AMENDED ITS GOVERNING DOCUMENTS TO REFLECT A NAME CHANGE FROM NORTHWESTERN COLLEGE TO UNIVERSITY OF NORTHWESTERN - ST. PAUL.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ITS BOARD OF TRUSTEES, OFFICERS AND MANAGEMENT EMPLOYEES. IT IS THE RESPONSIBILITY OF ALL INTERESTED PERSONS TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AS SOON AS THEY BECOME AWARE OF THEM. DISCLOSURES ARE MADE TO THE PRESIDENT OF THE UNIVERSITY OR THE CHAIR OF THE BOARD OF TRUSTEES, AS APPROPRIATE, WHO BRING THE MATTER TO THE ATTENTION OF THE ENTIRE BOARD OF TRUSTEES. THE BOARD THEN DETERMINES IF A CONFLICT EXISTS, WHETHER IT IS MATERIAL, AND WHETHER IT IS JUST, FAIR AND REASONABLE TO UNIVERSITY OF NORTHWESTERN - ST. PAUL. THE INTERESTED PERSON LEAVES THE ROOM FOR DISCUSSIONS INVOLVING, AND MAY NOT VOTE ON, THE RELEVANT CONTRACT OR TRANSACTION. WHEN THERE IS A CONFLICT OF INTEREST DURING A BOARD MEETING DISCUSSION, IT IS NOTED IN THE BOARD MINUTES THAT THE PERSON(S) WITH THE CONFLICT LEFT THE ROOM FOR THE COURSE OF THE DISCUSSION.

Name of the organization	UNIVERSITY OF NORTHWESTERN - ST. PAUL	Employer identification number	41-0711610
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FORM 990, PART VI, SECTION B, LINE 15A: PRESIDENT OF UNIVERSITY OF

NORTHWESTERN - ST. PAUL:

IN 2011, NORTHWESTERN RECEIVED COMPARISON DATA FROM THREE MAIN SOURCES: (1) COUNCIL FOR CHRISTIAN COLLEGES AND UNIVERSITIES, (2) CUPA AND (3) YAFFE & CO. ALL THREE OF THESE SOURCES TARGET HIGHER EDUCATION COMPENSATION. THE OFFICE OF HUMAN RESOURCES IS RESPONSIBLE TO REVIEW THE SURVEYS RELATED TO TOP MANAGEMENT AS WELL AS ALL EMPLOYEES AND ENSURE THAT WAGES ARE WITHIN AN APPROPRIATE RANGE. THE PRESIDENT'S SALARY WAS OFFICIALLY REVIEWED BY BOTH THE BOARD OF TRUSTEES AND CLIFTONLARSONALLEN LLP. THE LAST REVIEW WAS COMPLETED IN 2011 FOR PRESIDENT, A. CURETON.

OTHER OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES:

UNIVERSITY OF NORTHWESTERN - ST. PAUL HAS A FORMAL SALARY PROGRAM WITH SALARY GRADES AND SALARY RANGES FOR POSITIONS. UNIVERSITY OF NORTHWESTERN - ST. PAUL ANNUALLY PARTICIPATES IN MULTIPLE SALARY SURVEYS AND ALSO REVIEWS LOCAL SALARY DATA TO DETERMINE SALARY GRADE RANGES. ANNUALLY, THE PROCESS IS REVIEWED BY HUMAN RESOURCES AND SALARY GRADE INCREASES ARE MADE TO THE MINIMUM, MIDPOINT AND MAXIMUM OF THE PAY RANGE. ANNUALLY, VICE PRESIDENT SALARIES ARE REVIEWED BY THE PRESIDENT. THE PRESIDENT HAS ACCESS TO SALARY SURVEY DATA AND FROM THERE A REQUEST FOR SALARY CHANGE IS MADE BY THE PRESIDENT AND PRESENTED TO HUMAN RESOURCES FOR REVIEW AND PROCESSING. THE LAST REVIEW INCLUDED COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION WAS IN 2013 FOR VP OF FINANCE, D. SCHROEDER AND OTHER VICE PRESIDENTS.

FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF ANNUITIES, TRUSTS	-8,060.
--------------------------------------	---------

CHANGE IN VALUE OF INTEREST RATE SWAP	288,378.
---------------------------------------	----------

TOTAL TO FORM 990, PART XI, LINE 9	280,318.
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SCHEDULE R
(Form 990)

Department of the Treasury
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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNIVERSITY OF NORTHWESTERN - ST. PAUL

Employer identification number

41-0711610

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LINCOLN DRIVE PROPERTIES LLC - 20-5476148 3003 SNELLING AVENUE NORTH ROSEVILLE, MN 55113	REAL ESTATE	MINNESOTA	182,015.	3,019,375.	UNIVERSITY OF NORTHWESTERN - ST. PAUL

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHWESTERN FOUNDATION - 41-1878924 3003 SNELLING AVENUE NORTH ST. PAUL, MN 55113	EDUCATION FOUNDATION	MINNESOTA	501(C)(3)	LINE 7	UNIVERSITY OF NORTHWESTERN - ST. PAUL		X

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

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		☒
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)		☒
f	Dividends from related organization(s)		☒
g	Sale of assets to related organization(s)		☒
h	Purchase of assets from related organization(s)		☒
i	Exchange of assets with related organization(s)		☒
j	Lease of facilities, equipment, or other assets to related organization(s)	☒	
k	Lease of facilities, equipment, or other assets from related organization(s)		☒
l	Performance of services or membership or fundraising solicitations for related organization(s)	☒	
m	Performance of services or membership or fundraising solicitations by related organization(s)	☒	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	☒	
o	Sharing of paid employees with related organization(s)	☒	
p	Reimbursement paid to related organization(s) for expenses	☒	
q	Reimbursement paid by related organization(s) for expenses		☒
r	Other transfer of cash or property to related organization(s)		☒
s	Other transfer of cash or property from related organization(s)		☒

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHWESTERN FOUNDATION	B	149,411.FMV	
(2) NORTHWESTERN FOUNDATION	C	140,631.FMV	
(3) NORTHWESTERN FOUNDATION	L	143,943.FMV	
(4)			
(5)			
(6)	92		

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]