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DLN: 93493045020934

Signature of office

Type or print name and title

Print/Type preparer's name WENDY CAMPOS

JEFFREY P STRICKLER EXECUTIVE VP & COO

Firm's name MOSS ADAMS LLP

Firm's address > 805 SW BROADWAY 1200

Sign Here

Paid

Preparer

Use Only

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable NORTHWEST EVALUATION ASSOCIATION Address change 93-0686108 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 121 NW EVERETT STREET Terminated (503)624-1951 City or town, state or country, and ZIP + 4 PORTLAND, OR 97209 Amended return Application pending G Gross receipts \$ 100,876,707 Name and address of principal officer Is this a group return for JEFFREY P STRICKLER affiliates? 121 NW EVERETT STREET PORTLAND, OR 97209 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **□ H(c)** Group exemption number ▶ Website: ► WWW NWEA ORG **L** Year of formation 1977 **M** State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities PARTNERING TO HELP ALL KIDS LEARN Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 612 6 8 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** 0 0 Contributions and grants (Part VIII, line 1h) . . 83,697,130 100,672,300 Program service revenue (Part VIII, line 2g) . . 98,713 134,186 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 182,456 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 70,221 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 83,978,299 100,876,707 13 78,650 67,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 51,791,377 57,804,703 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 37,284<u>,2</u>27 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 37,088,582 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 88,958,609 95,156,430 18 5,720,277 19 Revenue less expenses Subtract line 18 from line 12 -4,980,310 t Assets or id Balances **Beginning of Current End of Year** Year 85,120,528 20 Total assets (Part X, line 16) . 84,062,137 83,460,487 78,798,601 21 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 601,650 6,321,927 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

Preparer's signature

P00448102

2014-02-11

Check

self-employed

Firm's EIN F 91-0189318

Phone no (503) 242-1447

4e Total program service expenses ► 71,324,616

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 245		100	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	W th			NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		140
_	74	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110

Section A. Governing Body and Management

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

			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							
b	Enter the number of voting members included in line 1a, above, who are independent							
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		No				
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		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Section B. Policies (This Section B requests information about policies not required by the Internal Rev								
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
	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						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
	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	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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 ►OR, CA, NY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

 FJEFFREY P STRICKLER 121 NW EVERETT STREET PORTLAND, OR (503)624-1951

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

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

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

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

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

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

	(5)	1		15				(5)	(F)	(F)	
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is a dii	one bot rect	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	omer	MISC)	MISC)	organization and related organizations	
(1) DR BRENDA TANNER	50	x		Х				0	0	0	
BOARD CHAIR											
(2) DR JIM ANGERMEYR BOARD VICE CHAIR	50	x		х				0	0	0	
(3) RONALD BLOCKER	50										
DIRECTOR		X						0	0	0	
(4) LYNN FIELDING	50										
DIRECTOR		X						0	0	0	
(5) DARLENE HOOLEY	50										
DIRECTOR		Х						0	0	0	
(6) DR PHILIP STREIFER	50										
		Х						0	0	0	
DIRECTOR (7) DR JOSEPH WISE	50										
		Х						0	0	0	
DIRECTOR (8) DR KENNETH WONG	50										
		Х						0	0	0	
OIRECTOR (9) MATTHEW CHAPMAN	40 00									_	
	40 00			Х				361,378	0	62,389	
PRESIDENT & CEO (10) JEFFREY STRICKLER	40.00						-				
•	40 00			х				275,812	0	46,949	
EXECUTIVE VP & COO	40.00				_						
(11) GERI COHEN	40 00			х				163,113	0	31,075	
VP OF FINANCE & CFO	10.00				_		_				
(12) JILL HEDRICK	40 00				х			208,977	0	40,400	
VP OF PARTNER ACCOUNTS								·			
(13) DONNA SCHULTZ	40 00				x			205,045	0	36,561	
VP OF PRODUCT, ADVOCACY & MARKETING											
(14) RAYMOND YEAGLEY	40 00				×			173,914	0	32,707	
VP & CHIEF ACADEMIC OFFICER					L ^			173,511		32,707	
(15) ANTOINETTE JAFFE	40 00				х			159,751	0	30,317	
VP OF HUMAN RESOURCES								135,731)	30,317	
(16) ANNE UDALL	40 00]			Х			164,174	0	30,388	
VP OF PROFESSIONAL DEVELOPMENT					L^			104,174	0	30,366	
(17) JASON MENDENHALL	40 00				Ü			452.424		20.740	
VP OF PUBLISHING		L_		L	Х	L_	L	152,424	0	29,748	
		_								Form 990 (2012)	

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estin amount compe from	of other nsation i the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organi	elated
(18) EDWARD FREEMAN	40 00				х			152,783		0	25,987
VP OF RESEARCH & DEVELOPMENT (19) DAVID MILLS	40 00										
	40 00					х		154,990		О	21,614
DIRECTOR, IS DEVELOPMENT (20) JOSEPH SCHERER	40 00										
EXECUTIVE DIRECTOR, SUPERINTENDENT						Х		154,842		0	27,995
(21) VIRGINIA HOPKINS	40 00										
SVP INTERNATIONAL PARTNERS						X		156,473		0	6,039
(22) JANICE LAROCCA	40 00					х		155,599		0	28,804
SR DIRECTOR, PARTNER SUPPORT SERVICES						^		155,599		0 28,804	
(23) SONJA RYSKO	40 00					x		154,082		0	21,614
DIRECTOR, IS QA & OPERATIONS								131,002		<u> </u>	
				<u> </u>						-	
-											
						<u> </u>					
1b Sub-Total			•	•		<u> </u>					
c Total from continuation sheets to Part			•	•		-		2,793,357	0		472,587
d Total (add lines 1b and 1c) Total number of individuals (including b			· ·		hove	- L	roc		<u> </u>		472,307
\$100,000 of reportable compensation				eu ai	DOVE	e) WIIO	riec	erved more than			
										Yes	No
3 Did the organization list any former off on line 1a? <i>If</i> "Yes," complete Schedule 1			е, ке	y em	יסוקו	yee, o	r nig	jnest compensate			N
4 For any individual listed on line 1a, is t			omn	nca	tion	and		r componention fr	om the		No
organization and related organizations									oill the		
ındıvıdual										Yes	
5 Did any person listed on line 1a receive								_	ndividual for		
services rendered to the organization?	It "Yes," comple	te Sche	dule	J for	suc	h pers	son			;	No
Section B. Independent Contracto	ore										
1 Complete this table for your five highes		ındepe	nder	nt co	ntra	ctors	thai	t received more th	nan \$100,000 of	:	

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)	(B)	(C)
Name and business address	Description of services	Compensation
HOOLEY & NAITO LLC 6122 SW RIVERPOINT LANE PORTLAND OR 97239	GOVERNMENT RELATIONS	202,800
MOSS ADAMS LLP 805 SW BROADWAY SUITE 1200 PORTLAND OR 97205	ACCOUNTING	180,488
SALES READY GROUP LLC SARAH SEELAND , 7931 SE 36TH AVENUE PORTLAND OR 97202	SALES CONSULTING	133,175
SPOKE SOFTWARE LLC LEO BARTNIK , 21469 SW ROELICH AVENUE SHERWOOD OR 97140	SOFTWARE CONSULTING	125,055
PAT SANTONACITA , 102 VALLEY ROAD GLEN ROCK NJ 07452	BUSINESS CONSULTING	124,605

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 ▶7

		Check if Schedule O contains a respon	nse to any question	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function revenue	business revenue	excluded from tax under sections 512,513,or 514
s s	1a	Federated campaigns 1a					
Juni Juni	b	Membership dues 1b					
֡֝֓֓֓֓֓֓֓֓֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising events 1c					
ar /	d	Related organizations 1d					
ا قارد	e	Government grants (contributions) 1e					
Continutions, Girs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
and	h	Total. Add lines 1a-1f	▶				
			Business Code				
nue	2a	LICENSING	611710	86,393,704	86,393,704		
<u>æ</u>	b	WORKSHOPS & CONSULTING	611710	8,128,153	8,128,153		
150	С	SERVICE REVENUE	611710	6,150,443	6,150,443		
Ser	d						
Program Service Revenue	e f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f		100,672,300			
	3	Investment income (including dividen	ds, ınterest,	131,987			131,987
	4	and other similar amounts) Income from investment of tax-exempt bond	l-	131,907			131,907
	5	Royalties	-				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	2,199				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	2,199				
	d	Net gain or (loss)		2,199			2,199
une	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a					
<u> </u>	b	Less direct expenses b					
>	c	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	L	a l					
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	entory -				
}		Miscellaneous Revenue	Business Code				
ļ	11a	REIMBURSED COSTS	611710	70,221	70,221		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	70,221			
	12	Total revenue. See Instructions .	🕨	·	100 715 77		4
				100,876,707	100,742,521	0	134

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) マ Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 62,500 62,500 Grants and other assistance to individuals in the United States See Part IV, line 22 5,000 5,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,514,295 1,873,002 641,293 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 37,968,050 28,111,916 9,856,134 Pension plan accruals and contributions (include section 401(k) 5,396,487 3,993,400 1,403,087 and 403(b) employer contributions) Other employee benefits 8,383,225 6,287,419 2,095,806 10 3,542,646 2,621,558 921,088 11 Fees for services (non-employees) Management 102,363 102,363 Legal Accounting 89,543 49,249 40,294 63,000 63,000 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 10,544,185 6,742,892 3,801,293 Schedule O) Advertising and promotion . . 1,533,766 1,533,766 12 13 Office expenses . . . 1,355,120 889,100 466,020 315,140 14 Information technology . . 1,260,560 945,420 15 1,384,545 1,384,545 Royalties . 4,057,231 2,758,917 16 Occupancy 1,298,314 **17** 3,567,372 3,310,863 256,509 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 984,256 984,256 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 9,647,891 8,683,102 964,789 23 435,900 87,180 348,720 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 TRAINING & DEVELOPMENT 962,795 895,675 67,120 **DUES & SUBSCRIPTIONS** 409,413 307,060 102,353 GOVERNMENT RELATIONS 349,739 237,823 111,916 d TRAINING & DEVELOPMENT 275,734 187,499 88,235 e All other expenses 260,814 191,367 69,447 Total functional expenses. Add lines 1 through 24e 25 95,156,430 71,324,616 23,831,814 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,336,321	1	7,420,876
	2	Savings and temporary cash investments	2,446,875	2	6,008,750
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,763,473	4	19,895,226
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
2	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 instructions) Complete Part II of Schedule L		5	
Se			1.071.000	6	
Assets	7	Notes and loans receivable, net	1,271,963	7	1,297,784
	8	Inventories for sale or use	4 074 007	8	1 200 200
	9 10a	Prepaid expenses and deferred charges	1,374,997	9	1,290,082
	ь	Part VI of Schedule D Less accumulated depreciation		10c	6,264,362
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	71,161	12	130,451
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	48,922,235	14	42,393,401
	15	Other assets See Part IV, line 11	261,196	15	419,596
	16	Total assets. Add lines 1 through 15 (must equal line 34)	84,062,137	16	85,120,528
	17	Accounts payable and accrued expenses	11,001,089	17	9,763,522
	18	Grants payable		18	
	19	Deferred revenue	37,276,626	19	39,291,285
	20	Tax-exempt bond liabilities		20	
ω.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		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	21,838,059	24	18,041,114
	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	13,344,713	25	11,702,680
	26	Total liabilities. Add lines 17 through 25	83,460,487	26	78,798,601
s e e		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
an an	27	Unrestricted net assets	601,650	27	6,321,927
8 8	28	Temporarily restricted net assets		28	
귤	29	Permanently restricted net assets		29	
r Fund Balance		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	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$ S.S.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	601,650	33	6,321,927
ź	34	Total liabilities and net assets/fund balances	84,062,137	34	85,120,528
	ι		1 0 1,502,107	<i>-</i>	35, .25,526

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		100,8	376,707
2	Total expenses (must equal Part IX, column (A), line 25)	2		95,1	156,430
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			501,650
5	Net unrealized gains (losses) on investments	5			701,030
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,3	321,927
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

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As Filed Data -

DLN: 93493045020934

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization NORTHWEST EVALUATION ASSOCIATION

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

									93-06861				
	rt I			blic Charity Sta						structions			
Γhe	organı:		•	te foundation becaus	•			•	•				
1		A chur	ch, conventi	on of churches, or a	ssociation of	churches de	escribed in s e	ection 170(b	o)(1)(A)(i).				
2	\sqcap	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal researcl	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the		
	_			ty, and state									
5	ı	_	•	erated for the benefi	_	or universit	ty owned or o	perated by a	a government	al unit desc	ribed in		
	_			(A)(iv). (Complete P	•								
6				local government or	=								
7	Г	_		at normally receives		•	support from	a governme	ntal unit or fr	om the gen	eral public		
	_			on 170(b)(1)(A)(vi). described in sectior			anlata Bart II						
8 9	 -			at normally receives					utions maml	harchin faac	and gross		
3	١٠	_		•	` ,	,			•	•	, ,		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		-	_					-		tax) IIOIII Du	1511165565		
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
11	ļ			ganized and operated ly supported organiz									
				bes the type of supp						ee section 5	os(a)(s). Check		
				b						n-functiona	lly integrated		
е	Г	By che	cking this b	ox, I certify that the	organization	ıs not contr	olled directly	or indirectl	y by one or m	nore disqual	ıfıed persons		
				on managers and ot	her than one	or more pub	licly support	ed organızat	ions describe	ed in section	n 509(a)(1) or		
_			1509(a)(2)										
f			rganization this box	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or I ype	III supporti	ing organization,		
g				2006, has the organi	ization accer	ted any gift	or contribution	on from any	of the		,		
9			ng persons?			, 9		,					
		(i) A pe	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes No		
		and (III) below, the	governing body of th	ie supported	organızatıor	۱۶			11g	(i)		
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				11g	(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)		
h		Provide	e the follown	ng information about	the supporte	ed organizati	ion(s)						
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	•	(vi) Is t	the	(vii) A mount of		
	suppor			organization	organizati		the organiz		organizati		monetary		
0	rganiza	ation		(described on	col (i) list		ın col (i) o	•	col (i) orga		support		
				lines 1-9 above or IRC section	your governing document?		support?		ın the U	5 /			
				(see	aocume	iic.							
				instructions))	Yes	No	Yes	No	Yes	No	-		
					162	No	162	No	res	No			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012	(f) Total
1	in) F 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	54,078,096	64,311,022	73,405,037	83,697,130	100	,672,300	376,163,585
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 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	54,078,096	64,311,022	73,405,037	83,697,130	100	,672,300	376,163,585
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and							0
D	3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the	253,824	116,545	1,493,761	286,309	3	,029,240	5,179,679
c	year Add lines 7a and 7b	253,824	116,545	1,493,761	286,309	3	,029,240	5,179,679
8	Public support (Subtract line 7c from line 6)							370,983,906
	ction B. Total Support			1	Т			
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	A mounts from line 6	54,078,096	64,311,022	73,405,037	83,697,130	100,	,672,300	376,163,585
.0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	507,376	258,000	74,107	122,070		131,987	1,093,540
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	507.276	250.000	74.407	122.070		121 007	1 003 540
с 11	Add lines 10a and 10b Net income from unrelated	507,376	258,000	74,107	122,070		131,987	1,093,540
	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)	22,666	119,519	222,271	182,456		70,221	617,133
13	Total support. (Add lines 9, 10c, 11, and 12)	54,608,138	64,688,541	73,701,415	84,001,656	100,	,874,508	377,874,258
14	First five years. If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	zation,
Se	check this box and stop here ction C. Computation of Pub	olic Support P	ercentage					<u> </u>
<u> </u>	Public support percentage for 201			13, column (f))		15		98 180 %
16	Public support percentage from 20					16		98 490 %
Se	ction D. Computation of Inv							
17	Investment income percentage for				nn (f))	17		0 290 %
18	Investment income percentage fro					18	<u> </u>	0 510 %
19a	33 1/3% support tests—2012. If the	e organızatıon dıc	I not check the bo	x on line 14, and	line 15 is more t	:han 33 1/	3% , and l	ine 17 is not

^{33 1/3%} support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493045020934

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NORTHWEST EVALUATION ASSOCIATION 93-0686108 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours

1	Enter the amount of any excise tax incurred by the organization under section 4955	►	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes	┌ No
4a	Was a correction made?		┌ Yes	┌ No

Ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c), except section	on 50)1(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$_			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	.	\$ <u>_</u>			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	٠	\$			
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	N	 >

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► T if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	181,476	
c	Total lobbying expenditures (add lines 1a and 1i	o)	181,476	
d	Other exempt purpose expenditures		94,974,954	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	95,156,430	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
_	Currents were resident and the current forther 250/ of the	- 16	350,000	
g	Grassroots nontaxable amount (enter 25% of lin		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	O reporting	⊏ Ves ⊏ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 557,337 Total lobbying expenditures 363,190 292,536 181,476 1,394,539 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 2,005 2,005 Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493045020934

OMB No 1545-0047

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.

Open to Public Inspection

	me of the organization RTHWEST EVALUATION ASSOCIATION		Employer identification number
NUI	ZIIIMESI EAMFONITOM MOSOCIALITOM		93-0686108
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the
		(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 advisor funds are the organization's property, subject to the or		or advised Yes No
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified historic structure
	easement on the last day of the tax year	Г	Held at the Find of the Very
а	Total number of conservation easements	-	Held at the End of the Year
a b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acq	` '	20
u	historic structure listed in the National Register	aned after 6/17/00, and not on a	2d
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization during
	the tax year 🛌		
4	Number of states where property subject to conservati	ion easement is located 🕨	
5	Does the organization have a written policy regarding t		— ling of violations, and
•	enforcement of the conservation easements it holds?		☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
	· •		
7	Amount of expenses incurred in monitoring, inspecting	i, and enforcing conservation easements	during the year
	► \$		
8	Does each conservation easement reported on line $2(a)$ and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financial	·
ar	the organization's accounting for conservation easeme till Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o	statement and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
2		110 (ADO 550) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tı</u>	reasures,	or Oth	<u>er Similar</u>	<u>Assets</u>	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the following	that are	a significant i	use of its	
а	Public exhibition		d	Γ	Loan	or exchange	program	ıs		
b	Scholarly research		e	Г	Othe	r				
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	iin ho	w the	y furthe	er the organi	zatıon's	exempt purpo:	se in	
5	During the year, did the organization solicit of	or receive donations	s of a	rt, hıs	torical	treasures o	rothers	mılar		
	assets to be sold to raise funds rather than t								☐ Yes	S
Par	Part IV, line 9, or reported an an						wered '	'Yes" to Forr	n 990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	y for c	ontribi	utions or oth	er asset:	s not	┌ Yes	s
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able					
							<u> </u>		Amount	
С.	Beginning balance						10			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?					☐ Yes	;
_ь	If "Yes," explain the arrangement in Part XII									<u>. '</u>
Pa	rt V Endowment Funds. Complete							art IV, line 1 d)Three years ba		ur waara baak
1a	Beginning of year balance	(a)Current year	(D)Prior	year	b (c) I wo yea	ITS DACK (a) miee years ba	ck (e)rou	r years back
ь	Contributions						+		+-	
c	Net investment earnings, gains, and losses								-	
_									+	
d	Grants or scholarships								+	
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ne 1g	, colum	n (a)) held a	s			
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment -									
c	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are hel	d and admını	stered fo	or the	Ye	es No
	(i) unrelated organizations							<u> </u>	3a(i)	
	(ii) related organizations							[3a(ii)	
	If "Yes" to 3a(II), are the related organization							[3b	
4 Par	Describe in Part XIII the intended uses of the triangle to the triangle triangle to the triangle triang					10				
Fell	Description of property	inc. See roini 93	70, г		Cost or		ost or othe	r (c) Accumul	ated (d)	Book value
				bas	ıs (ınves	tment) bas	is (other)	depreciation	on	
1a	Land									
b	Buildings		•							
c	Leasehold improvements						2,118,72	28 77	5,570	1,343,158
d	Equipment		•				13,852,64	1 10,02	2,869	3,829,772
	Other						2,295,28		3,856	1,091,432
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colu	umn (B), lıne	10(c).) .	<u></u> .			6,264,362

Part VII Investments—Other Securities. Se	e Form 990. Part X. line 1.	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	rıptıon		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED RENT	3,100,538		
DEFERRED COMPENSATION PLANS			
	146,137		
OBLIGATIONS UNDER CAPITAL LEASES	3,415,121		
CONTINGENT CONSIDERATION	5,040,884		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 11,702,680		

	·		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	100,874,508
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	100,874,508
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 2,199		
c	Add lines 4a and 4b	4c	2,199
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	100,876,707
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	ș pei	Return
1	Total expenses and losses per audited financial statements	1	95,154,231
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII).............. 2d -2,199		
e	Add lines 2a through 2d	2e	-2,199
3	Subtract line 2e from line 1	3	95,156,430
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	95,156,430

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515 THE ASSOCIATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO INCOME TAX MATTERS IN ADMINISTRATIVE EXPENSES THE ASSOCIATION HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 OR 2012 NO INTEREST AND PENALTIES HAVE BEEN ACCRUED FOR THE YEARS ENDED JUNE 30, 2013 AND 2012 THE ASSOCIATION FILES AN EXEMPT ORGANIZATION RETURN IN THE US FEDERAL JURISDICTION AND THE CALIFORNIA FRANCHISE TAX BOARD AND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 FOR ITS FEDERAL AND STATE FILINGS
PART XI, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF ASSETS CLASSIFIED WITH REVENUE ON 990 2,199
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON SALE OF ASSETS CLASSIFIED WITH REVENUE ON 990 -2,199

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045020934

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number NORTHWEST EVALUATION ASSOCIATION 93-0686108 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e.g., program service, describe for and investments agents, and fundraising, program specific type of region in region services, investments, grants service(s) in region independent contractors in to recipients located in the region) region See Add'l Data O 0 34,278 3a Sub-total **b** Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

34.278

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			<u> </u>		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

Additional Data

Software ID: Software Version:

EIN: 93-0686108

Name: NORTHWEST EVALUATION ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERCIA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	5,915
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	1,207
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	8,269

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	3,648
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	3,051
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	8,950

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0		TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	3,238

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

NORTHWEST EVALUATION ASSOCIATION

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

OMB No 1545-0047

2012

DLN: 93493045020934

2012

Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

Name of the organization

Employer identification number 93-0686108

Form 990, Part IV	er Assistance t /, line 21, for any	o Governments and receive	Organizations in ed more than \$5,000	the United State). Part II can be du	es. Complete if the oil in the oi	ganization answere space is needed.	d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
L) BIG BROTHERS BIG ISTERS COLUMBIA ORTHWEST 827 NE 44TH AVENUE UITE 100 ORTLAND,OR 97213	93-1303640	170(B)(1)(A)(VI)	19,000				PROVIDE CHILDREI FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE- TO-ONE RELATIONSHIPS THAT CHANGE THE LIVES FOR THE BETTER, FOREVER
2) UNIVERSITY OF ORTLAND 000 N WILLAMETTE BLVD ORTLAND,OR 97203	93-0401259	170(B)(1)(A)(II)	5,500				SUPPORT HIGHER EDUCATION FOR A DIVERSE COMMUNITY OF SCHOLARS
3) STAND FOR CHILDREN 16 SE MORRISON ST UITE 420 ORTLAND,OR 97214	52-1957214	170(B)(1)(A)(VI)	7,000				TO PROMOTE THE ORGANIZATION'S MISSION TO DEVELOP COMMUNITY LEADERS

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE GRANT FUNDS ARE UNRESTRICTED CHARITABLE CONTRIBUTIONS TO EXEMPT ORGANIZATIONS UNDER IRS CODE SECTION 501(C)(3)

Schedule I (Form 990) 2012

DLN: 93493045020934

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

NORTHWEST EVALUATION ASSOCIATION 93-0686108 **Questions Regarding Compensation** Yes No 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 Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments 굣 Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

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

Identifier	Return Reference	Explanation
		THE ASSOCIATION REIMBURSES CEO/PRESIDENT, MATT CHAPMAN, FOR ARLINGTON CLUB MONTHLY DUES THIS WAS A PART OF THE ORIGINAL NEGOTIATION AND EMPLOYMENT AGREEMENT WITH THE BOARD, AS IT WAS DEEMED BENEFICIAL TO NWEA BECAUSE OF THE MEMBERSHIP AFFILIATION/NETWORKING

Schedule J (Form 990) 2012

Software ID: **Software Version:**

EIN: 93-0686108

Name: NORTHWEST EVALUATION ASSOCIATION

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MATTHEW CHAPMAN	(I) (II)	361,378 0	0	0	55,542 0	6,847 0	423,767 0	0
JEFFREY STRICKLER	(1) (11)	275,812 0	0	0	40,125 0	6,824 0	322,761 0	0
GERI COHEN	(ı) (ıı)	163,113 0	0	0	24,750 0	6,325 0	194,188 0	0
JILL HEDRICK	(1) (11)	208,977 0	0	0	33,750 0	6,650 0	249,377 0	0
DONNA SCHULTZ	(1) (11)	205,045 0	0	0	30,000 0	6,561 0	241,606 0	0
RAYMOND YEAGLEY	(1) (11)	173,914 0	0	0	26,250 0	6 ,4 57 0	206,621	0
ANTOINETTE JAFFE	(1) (11)	159,751 0	0	0	24,000	6,317 0	190,068	0
ANNE UDALL	(1) (11)	164,174 0	0	0	24,000 0	6,388 0	194,562 0	0
JASON MENDENHALL	(I) (II)	152,424 0	0	0	23,438 0	6,310 0	182,172 0	0 0
EDWARD FREEMAN	(I) (II)	152,783 0	0	0	19,710 0	6,277 0	178,770 0	0
DAVID MILLS	(1) (11)	154,990 0	0	0	16,380 0	5,234 0	176,604 0	0
JOSEPH SCHERER	(1) (11)	154,842 0	0	0	21,780 0	6,215 0	182,837 0	0
VIRGINIA HOPKINS	(1) (11)	156,473 0	0	0	5,000 0	1,039 0	162,512 0	0
JANICE LAROCCA	(1) (11)	155,599 0	0	0	22,500 0	6,304 0	184,403 0	0
SONJA RYSKO	(ı) (ıı)	154,082 0	0 0	0 0	16,380 0	5,234 0	175,696 0	0

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the orga NORTHWEST EVALUA		CIATION							- 0686	r identif	fication	number	r
							501(c)(4) or	ganıza	tions	only).			
1 (a) Name (Form 990, F between di		5a or 25b, or l (c) Descrip					d) Corre	ected?
			1		nd organızatı		(-,					res	No
2 Enter the am	ount of ta	x incurre	d by organiza	ation mar	agers or dis	qualified perso	ons during the	yearı	ınder	section			
4958									•	F \$			
3 Enterthe am	ount of ta	x, ir any,	on line 2, ab	ove, reim	bursed by th	e organizatior	1	• •	•	P \$			
		•	rom Inter)	20 5-		0 D	+ T1/ 1	- 26 -		
			ation answere n amount on l				ine 38a, or Fo	rm 99	u, Par	tiv, iin	e 26, 0	rirthe	
(a) Name of	(a) Name of (b) Relationship (c			Purpose (d) Loan to (e)Origin					(g) In (h)			(i)Written agreement?	
person			of loan	or from		principal amount	due	default?			Approved by board or		nent/
						_				commi	1	ļ.,	T
	+			То	From			Yes	No	Yes	No	Yes	No
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 Total				<u> </u>	_				ı		<u> </u>	7	
			ce Benefit					•		1			
							t IV, line 27.		_	14.	_		
(a) Name of inte person	erested		lationship bet ted person ar		(c) A mount o	of assistance	(d) Type o	tassis	tance	(e)	Purpos	e of assi	istance
·			organization										
							-						
							- -						

Part IV Business Transactions	Involving Interested	l Persons.				
Complete if the organizat	ion answered "Yes" on F	Form 990, Part IV, lin	e 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	
(1) HOOLEY AND NAITO LLC	ENTITY MORE THAN 35% OWNED BY DARLENE HOOLEY, DIRECTOR	,	THE ASSOCIATION ENGAGES HOOLEY AND NAITO, LLC TO PROVIDE ADVOCACY AND LOBBYING SERVICES		No	
		-				

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization NORTHWEST EVALUATION ASSOCIATION Employer identification number

93-0686108

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	VP AND CFO, GERI COHEN, REVIEWS THE FORM 990 AND PRESENTS IT TO THE EXECUTIVE VP AND COO, JEFFREY STRICKLER, AS WELL AS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	SIGNED STATEMENTS ARE COLLECTED ANNUALLY FROM EACH DIRECTOR, OFFICER, COMMITTEE MEMBER OF THE BOARD OF DIRECTORS, AND KEY EMPLOYEES THAT AFFIRM THAT EACH INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, COMPLIES WITH THE POLICY, AND UNDERSTANDS THAT NWEA IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE FAILURE OF ANY DIRECTOR, OFFICER OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS TO SIGN SUCH A STATEMENT AT LEAST ONCE EVERY EIGHTEEN (18) MONTHS WILL DISQUALIFY THAT INDIVIDUAL FROM FURTHER SERVICE AS A DIRECTOR, OFFICER OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS UNTIL THE REQUIRED STATEMENT IS SIGNED FAILURE TO SIGN BY A KEY EMPLOYEE WILL RESULT IN IMMEDIATE REVIEW UNDER THE DIRECTION OF THE DIRECTOR OF HUMAN RESOURCES IN CONJUNCTION WITH THE CHIEF OPERATIONS OFFICER
	FORM 990, PART VI, SECTION B, LINE 15	THE SETTING OF THE CEO AND OTHER EXECUTIVE PAY WAS DONE WITH AN INDEPENDENT COMPENSATION CONSULTANT WHO REVIEWED THE MARKET AND MADE RECOMMENDATIONS TO THE BOARD THE BOARD TOOK THAT INDEPENDENT REVIEW, MARKET ANALYSIS AND RECOMMENDATIONS AND APPROVED AND SET THE PAY AND PAY RANGES FOR THE CEO AND OTHER MEMBERS OF THE EXECUTIVE TEAM THE SAME APPROACH AND REVIEW WAS DONE FOR THE REST OF THE ORGANIZATION, WHICH WOULD INCLUDE DIRECTORS WITH AN OUTSIDE COMPENSATION CONSULTANT (DIFFERENT THAN THE ONE USED BY THE BOARD FOR THE EXECUTIVE GROUP TO KEEP THE RELATIONSHIPS INDEPENDENT) WORKING WITH HUMAN RESOURCES
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	CONTRACTED STAFF PROGRAM SERVICE EXPENSES 2,200,872 MANAGEMENT AND GENERAL EXPENSES 773,279 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,974,151 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 4,542,020 MANAGEMENT AND GENERAL EXPENSES 3,028,014 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,570,034