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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Δ.	Ear the	2013 calendar year, or tax year beginning JUL 1, 2013 and		UN 30, 2014	mopeotion				
_			citaing U						
B	Check if applicable	C Name of organization		D Employer identific	cation number				
	∵ ⊐Addre	_ NORTHWEST ARRANSAS COMMUNITY COLLEGE		ł					
Ļ	_]chang	FOUNDATION, INC.							
L	Name chang	Doing Business As		71-0	<u>697377 </u>				
	linitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
	Termii	PO BOX 1408		(479)619-4184				
Г	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,590,570.					
$\overline{}$	Application			H(a) Is this a group re					
	penda			for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
$\overline{}$	Fav.ey	empt status: X 501(c)(3)	or 527	1 ''	list. (see instructions)				
_		te: \triangleright N/A	<u> </u>	H(c) Group exemption	,				
		organization: X Corporation Trust Association Other	1 Voor		State of legal domicile: AR				
	art I	Summary	L Teal	UI IUIIIIauon. L9901 IV	State of legal domicile. A.A.				
_		Briefly describe the organization's mission or most significant activities. ORGA	NIZED	FOR THE DIE	POSE OF				
Activities & Governance	1	SUPPORTING THE NORTHWEST ARKANSAS COMMUN							
na		Check this box I if the organization discontinued its operations or dispo							
Ver			sea oi more	1					
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	26				
త	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	<u>26</u>				
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0				
ξ	I -	Total number of volunteers (estimate if necessary)		6	0				
ĄĊ		Total unrelated business revenue from Part VIII, column (C), line 12	•	. <mark> 7a</mark>	0.				
	_b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
	l	· IED \	<u> </u>	Prior Year	Current Year				
Pe		Contributions and grants Pality II Cline HII O	<u> </u>	3,242,507.	445,455.				
Revenue	9	Program service reversus (Part VIII, line 2g)		0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3,4, and 7d)		34,483.	<u> <51,622.</u> >				
, -	11	Other revenue (Fart VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,211,242.	<u>1,329,264.</u>				
;		Total revenue and lines 8 through 11 (in) st equal Part VIII, column (A), line 12)	<u> _</u>	4,488,232.	<u>1,723,097.</u>				
ĺ		Grants and similar amounts peld (Part IX column (A), lines 1-3)	L	228,337.	<u> 136,164.</u>				
,	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ģ	Ь	Total fundraising expenses (Part IX, column (D), line 25) 34,3	99.	-					
யி	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,669,589.	1,354,785.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,897,926.	1,490,949.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,590,306.	232,148.				
- S	 		Re	ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)	-	25,931,640.	26,366,127.				
ASS	21	Total liabilities (Part X, line 26)	··	7,927,002.	7,905,294.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	• -	18,004,638.	18,460,833.				
F.	irt II	Signature Block	· ::	10,004,000.	10,400,000.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ents and to the hest of my	/ knowledge and helief it is				
	•	t, and complete. Declaration of preparer (other than) officer) is based on all information of w		•	Knowledge and benci, it is				
	, 001.00	A disconnection of propagation of the state	mon properor	las any knowledge.					
C: ~	_	Signature of officer		Date					
Sig		\sim							
Her	е	MIKE LUTTRELL, CHAIR V Type or print name and title							
			11	Date Check	PTIN				
D-1			1	ii	一 ≀				
Paid		JOHN D. EVANS		0/06/14 sett-employe					
	parer	Firm's name BEALL BARCLAY & COMPANY, PLC		Firm's EIN	71-0355269				
use	Only	Firm's address 2005 WEST ELM ST.		51 / 41	701 626 4461				
_		ROGERS, AR 72758		Phone no. (4					
		RS discuss this return with the preparer shown above? (see instructions)	***-	· · · · · · · · · · · · · · · · · · ·	X Yes No				
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2013)				
					art				

Form	990 (2013) FOUNDATI	ON, INC	· •	<u></u>	-0697377 Page 2
Pa	t III Statement of Program Sen	rice Accom	plishments		
	Check if Schedule O contains a resp	onse or note	to any line in this Part III		
1	Briefly describe the organization's mission				
	ORGANIZED FOR THE PUR		SUPPORTING	THE NORTHWEST ARKA	NSAS
	COMMUNITY COLLEGE				
			- '		
2	Did the organization undertake any signific	cant program	services during the year	which were not listed on	
~	the prior Form 990 or 990-EZ?	cant program.	scivices during the year	Which were not listed on	Yes X No
	If "Yes," describe these new services on S	Cabadula O	•		LES LALINO
_					Yes X No
3	Did the organization cease conducting, or		ant changes in now it co	nducts, any program services?	L_Yes L& No
	If "Yes," describe these changes on Sche				
4	Describe the organization's program servi				
	Section 501(c)(3) and 501(c)(4) organization		ed to report the amount o	of grants and allocations to others, the	ne total expenses, and
	revenue, if any, for each program service i		·· ·· ···		
4a				136,164.) (Revenue \$	
	THE FOUNDATION DONATE				
	NORTHWEST ARKANSAS CO	MMUNITY	COLLEGE TO	ADVANCE, PROMOTE &	ENCOURAGE
	EDUCATION IN BENTON C	OUNTY,	ARKANSAS		
			•	·	
		· <u>-</u> -			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$		including grants of \$)
			"		
			 		
			· ·		
4c	(Code) (Expenses \$	-	unduding groute of \$) (Personus \$	<u>, </u>
-10	(COURT) (Expenses a		including grants of \$	(Usvaide \$	······································
					
4d	Other program services (Describe in Sche	dule O.)			
.~	,		•) (Revenue \$	1
4e	Total program service expenses	nctuding grants of 9	7,458.) (Lavaina a	
44	Total program service expenses	T ' 40	11470.		Form 990 (2013)
	_				Form 350 (2013)

332002 10-29-13

FOUNDATION, INC. Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4	х	l
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	L
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	•		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) FOUNDATION, INC. 71-0697377 Page 4 Párt IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease X 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? Х 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ... X 31 . . 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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X

X

X

Х

34

35a

35b

36

37

Part V, line 1

If "Yes," complete Schedule R, Part V, line 2

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			}
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		,	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	`		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
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FOUNDATION, INC.

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

	to in o sa, or, or to b below, assemble the circumstances, processes, or charges in deficultie of occurstanceors.			_				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		1					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26							
	If there are material differences in voting rights among members of the governing body, or if the governing							
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_						
_	officer, director, trustee, or key employee?	_2_		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l <u></u>				
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_						
	more members of the governing body?	7a		X				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			\				
_	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	_8a_	X	 				
b	Each committee with authority to act on behalf of the governing body?	8b_	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x				
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N/a				
102	Did the organization have local chapters, branches, or affiliates?	100	res	No X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a						
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	21					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х					
·	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			_ 				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
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						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶AR							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨						
	THE ORGANIZATION - (479)619-4184							
	ONE COLLEGE DRIVE, BENTONVILLE, AR 72712							
332006	3 10-29-13	Form	990	(2013)				

71-0697377 FOUNDATION, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organiz (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	///	not c	Pos				Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	ıs bot	han	compensation	compensation	amount of	
	week		cer an	o a o	recto	ar/trus	tee)	from	from related	other	
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation	
	related	50	E			sated		(W-2/1099-MISC)	(W-2/1099-W13C)	from the organization	
	organizations	trast	Institutional trustee		ye.	in De		(11 27 1000 111100)		and related	
	below	dual	휼	a	employee	est co	5			organizations	
	line)	Ę	in SE	Officer	Key	Highest compensated employee	Former				
(1) CHRIS ROGERS	1.00]									
DIRECTOR		X	L					0.	0.	0	
(2) CRAIG HULL	1.00	1									
DIRECTOR		X						0.	0.	0	
(3) DAVID SWEARINGEN	1.00	1	:			1				1	
DIRECTOR		X	<u> </u>		L_	<u> </u>		0.	0.	0	
(4) DAVID THRASHER	1.00	ļ				ļ		_		_	
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0	
(5) DEANNE WITHERSPOON	1.00	┨								_	
DIRECTOR		X				_		0.	0.	0	
(6) HOWARD SLINKARD	1.00	۱									
DIRECTOR	1 00	X					_	0.	0.	0	
(7) JERRY VEST	1.00	∤								•	
DIRECTOR	1 00	X			-	-	Н	0.	0.	0	
(8) MIKE MALONE	1.00	₩						0		•	
DIRECTOR	1.00	X		-				0.	0.	0	
(9) P TODD HARBAUGH	1.00	X			l			0.	0.	0	
DIRECTOR	1.00	┢	\vdash		\vdash			<u> </u>	U •	0	
(10) TONY BORNHOFT	1.00	X						0.	0.	0	
DIRECTOR (11) RAMSAY BALL	1.00	<u> </u>			\vdash			0.			
DIRECTOR	1.00	x						0.	0.	0	
(12) HERBERT MORALES	1.00										
DIRECTOR		x						0.	0.	0	
(13) CELIA SWANSON	1.00	==									
DIRECTOR		x						0.	0.	0	
(14) JANET HENDREN	1.00									 	
DIRECTOR		x						0.	0.	0	
(15) ED CLIFFORD	1.00										
DIRECTOR		X						0.	0.	0	
(16) DIANA STRANGE	1.00										
DIRECTOR		\mathbf{x}						0.	0.	0	
(17) HOLLY HOLIMAN	1.00									<u> </u>	
SECRETARY		\mathbf{x}		X				0.	0.	0	

332007 10-29-13

Form 990 (2013)

FOUNDATION, INC.

Form 990 (2013) FOUNDATI									71-06	<u>97</u>	<u> 377</u>	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	l		Pos				Reportable	Reportable compensation		Estimated		
	hours per		not ch , unles					1				ount o	
	week		cer an					from	from related			other	
	(list any	į			l			the	organizations		com	pensat	tion
	hours for	a a	_			B		organization	(W-2/1099-MIS	C)	fre	om the	•
	related	ste o	uster			easa		(W-2/1099-MISC)			orga	anızatı	on
	organizations	E E	盲		oyee	E S	İ				and	l relate	ed
	below	individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	Former			- 1	orga	nızatıc	วทร
	line)	Ē	is i	Officer	ξę.	E E	ᅙ						
(18) KENT BURGER	1.00												
TREASURER		X		X	L_			0.		0.			0.
(19) MIKE LUTTRELL	1.00					1							
CHAIR_		X		X				0.		0.			0.
(20) DEBRA TRUSTY	1.00								-				
VICE-CHAIR		X		х				0.		0.			0.
(21) ALEX VASQUEZ	1.00											-	
DIRECTOR	1100	x	1 1					0.		0.			0.
	1.00	1					╁	•		٠.			<u> </u>
(22) RANDY LAWSON	1.00	X						0.		0.			Λ
DIRECTOR	1 00	^						ļ		٠.			0.
(23) KEN MANGOLD	1.00	7,											^
DIRECTOR	1 00	X	\vdash					0.		0.			0.
(24) STEVE PERCIVAL	1.00		<u> </u>										_
DIRECTOR		X	 	_		├ ─	_	0.		0.			0.
(25) ERIC PIANALTO	1.00					ł							_
DIRECTOR	ļ	X	\sqcup					0.		0.			0.
(26) DAVID VAN BEBBER	1.00												
DIRECTOR	L	X						0.		0.			0.
1b Sub-total							lacksquare	0.		0.		<u> </u>	0.
c Total from continuation sheets to Part V	I, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	•			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated e	nployee on		、 1	'	
line 1a? If "Yes," complete Schedule J for s	uch individual			•		•		•	•		3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	ition	anc	d ot	her compensation from	the organization				
and related organizations greater than \$15										į	4	- 1	X
5 Did any person listed on line 1a receive or a			•						 dual for services	"		77	
rendered to the organization? If "Yes," com	•				•		0.4	iod organization of main	444 101 001 11000	1	5	Ī	X
Section B. Independent Contractors	piete Geriegan	<u> </u>	0, 30	1011	DOIG	,011		•	. , , ,		<u> </u>	—	
Complete this table for your five highest co	mnoncotod in	done	ndo	nt o	onte	raoto		that recovered more than	\$100,000 of com-	2000	ation fo		
the organization. Report compensation for	-	-								Jei 156	ation ii	OIII	
	trie caleridar y	eai e	BIIGII	ig w	nui -	OI W	<u> </u>		real				
(A) Name and business	address	NT/	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,				(B) Description of s	ervices	C	(C omper		
		M	ONE	2			-	Boodingston of o	5. 1.000		ompon		<u>. </u>
							l						
							_						
	<u> </u>												
							\Box		<u>_</u>				
							ļ						
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	tho	se lis	sted	above) who received m	ore than	· ;			
\$100,000 of compensation from the organi	-					0							
											Form S	90 (2	013)

FOUNDATION, INC. 71-0697377 Page 9 Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or note to any lin				
	•,,				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
10 to	Γ.	<u> </u>	1.1			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	1a		,	İ		
ည်နို		Membership dues	1b			ľ		
ξĀ	C	•	1c					
<u>a</u>	d	Related organizations	1d			,		,
Sig,	e	3 (7.			
er S	f	, 5, 5	· I I					
듗똱		similar amounts not included abo	ove 1f	445,455.			•	
E di	g	Noncash contributions included in line	s 1a-1f \$,			
<u>೧</u> <u></u>	h	Total. Add lines 1a-1f		•	445,455			
				Business Code				
ဗ	2 a							
ēŽ	b							
Sun	С							
Program Service Revenue	d							
PG H	е							
<u>م</u> ا	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f		•				
	3	Investment income (including	dıvıdends, inter	est, and				
		other similar amounts)	,,	•	103.540.			103,540,
	4	Income from investment of ta	x-exempt bond r	oroceeds	103,310,			103,340.
	5	Royalties .	on onompt bond p	5.00000				
		· ioyamoo	(i) Real	(ii) Personal				
	6 a	Gross rents	300,000	Lily i Cisorial				
	b		300,000					
	C		300,000					
		Net rental income or (loss)	300,000					
- 1		Gross amount from sales of	(i) Coountree	(3) (3)	300,000.			300,000.
l	/ a		(i) Securities	(ii) Other	,			
Ì	_	assets other than inventory	590,499.	99,000.		`` ′		,
	D	Less: cost or other basis						,
		and sales expenses	574,859		,	13	-	
		Gain or (loss)	15,640.	<170,802	•			
		Net gain or (loss)		···	<155,162.	>		<155,162,>
enu	8 a	Gross income from fundraisin	g events (not]		4		,
e e		including \$	of	1		, ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	·	,
Other Reve		contributions reported on line	1c) See		`-	, `` , ` '		
- -		Part IV, line 18	. а	75,925.		1		
돌	b	Less: direct expenses	b	22,812.		,		
Ŭ	С	Net income or (loss) from fund	draising events		53,113.	,		53 113.
ļ	9 a	Gross income from gaming ad	ctivities. See	j l		′		
İ		Part IV, line 19	а		Í	,		
	b	Less: direct expenses	b					
	С	Net income or (loss) from garr	ning activities					
ł	10 a	Gross sales of inventory, less	returns			,		
ľ		and allowances	а					1
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	• • • • • • • • • • • • • • • • • • • •					
ſ		Miscellaneous Revenu		Business Code				
Ì	11 2	PARKING FEE INCOME	-	812930	886 295	996 305		
		OTHER INCOME				886, 295,		
		OTHER THUME		900099	89 856	89,856.		
	C	All other revenue		 				
	a	•••		1				
- 1		Total. Add lines 11a-11d			976,151.			
332009	12	Total revenue. See instructions.	<u> </u>	<u> </u>	1,723,097.	976,151	0	*****
10-29-	13							Form 990 (2013)

Form 990 (2013) FOUNDATION, I Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21	136,164.	136,164.	,	•
2	Grants and other assistance to individuals in			· ,	
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				-
•	organizations, and individuals outside the			1	
	United States See Part IV, lines 15 and 16			-	
4	Benefits paid to or for members		<u></u> -		
5	Compensation of current officers, directors,				
	trustees, and key employees		+		
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B)				
,					
7	Other salaries and wages				
3	Pension plan accruals and contributions (include		1	Ì	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
)	Payroll taxes				
1	Fees for services (non-employees)	06 050	06 070		
а	Management	96,970.	96,970.		
þ	Legal .	191.	10.	181.	
С	Accounting	14,827.		14,827.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u>-</u>			
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7,085.	6,943.	142.	·
2	Advertising and promotion				
3	Office expenses	76,418.	65,105.	11,313.	
4	Information technology				
5	Royalties				
6	Occupancy	203.	203.		
7	Travel	25,257.	23,367.	1,890.	
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest	443,983.	443,983.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	566,779.	566,779.		
3	Insurance	16,987.	14,413.	2,574.	
1	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 0.)		,	:	
а	MISCELLANEOUS	49,205.	44,452.	4,753.	
ь	EVENT EXPENSES	34,399.		<u> </u>	34,39
C	SPONSORSHIPS	15,015.	7,125.	7,890.	J+,JJ
d	BAD DEBTS	3,834.	1,143.	3,834.	
-	All other expenses	3,632.	1,944.	1,688.	
;	Total functional expenses. Add lines 1 through 24e	1,490,949.	1,407,458.		24 20
	Joint costs. Complete this line only if the organization	<u> </u>	1,40/,430.	49,092.	34,39
)	· · · · · · · · · · · · · · · · · · ·				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			ł	

Form 990 (2013)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	2,134,748.	2	1,355,548.
	3	Pledges and grants receivable, net	1,267,053.	3	605,288.
	4	Accounts receivable, net	332.	4	286.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
əts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	950.	9	940.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 23,833,714.	10 000 001		
		Less. accumulated depreciation 10b 3,155,926.	18,890,081.		20,677,788.
	11	Investments · publicly traded securities	1 600 131	11	1 000 704
	12	Investments other securities. See Part IV, line 11	1,698,131.	12	1,992,784.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	1,940,345.	14	1,733,493.
	15 16	Other assets See Part IV, line 11	25,931,640.	15 16	26,366,127.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	226,564.	17	61,600.
	18	Grants payable	220,304.	18	01,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,	-		
<u>i</u>		key employees, highest compensated employees, and disqualified persons.			,
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,700,438.	23	7,843,694.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		_25_	
	26	Total liabilities. Add lines 17 through 25	7,927,002.	26	7,905,294.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	,		,
Ses		complete lines 27 through 29, and lines 33 and 34.	12 400 027		15 240 671
<u>a</u>	27	Unrestricted net assets	13,409,037.	27	15,340,671.
Ва	28	Temporarily restricted net assets	2,619,992.	28	1,114,483.
ဋ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	1,975,609.	29	2,005,679.
Ψ		and complete lines 30 through 34.			
Š	200	, ,		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31_ 32	
Ž	32 33	Total not consts on fixed balances	18,004,638.	33	18,460,833.
	34	Total liabilities and net assets/fund balances	25,931,640.	34	26,366,127.
		real magnitud and not addeterrand balandes	23,331,0400		Form 990 (2013)

Form	990 (2013) FOUNDATION, INC.	71 - 0	697377	Pa	ige 12
	rt XI Reconciliation of Net Assets	,,,	<u>0 </u>		<u>.qo .=</u>
	Check if Schedule O contains a response or note to any line in this Part XI				
	one was a serious of the serious of	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	1,72	3.0	197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49		
3	Revenue less expenses Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,00		
5	Net unrealized gains (losses) on investments	5)47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	18,46	0,8	333.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X.
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:			Ì	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.			ļ	İ
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	_	i	,
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2013)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Inspection ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

NORTHWEST ARKANSAS COMMUNITY COLLEGE

INC.

FOUNDATION.

Employer identification number 71-0697377

Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d ___ Type III · Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (v) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organization in col in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes No NORTHWEST ARKANSAS COM71-06855406 1,407,458. X X

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

Schedule A (Form 990 or 990-EZ) 2013

1,407,458.

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

71-0697377 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	_ (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not						
	include any "unusual grants.")	1605961.	896,493.	1173684.	3242507.	445,455.	7364100.
2	Tax revenues levied for the organ-			,			
	ızatıon'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	1605961.	896,493.	1173684.	3242507.	445,455.	7364100.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	,					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			· ·· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u>2222467.</u>
	Public support. Subtract line 5 from line 4						<u>5141633.</u>
	ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1605961.	896,493.	1173684.	3242507.	445,455.	7364100.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	40 100	20 015	27 021	47 500	100 540	071 064
_	and income from similar sources	42,196.	39,815.	37,931.	47,582.	103,540.	271,064.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)	Ω12 Q1Q	853 824	959 996	858,562.	076 151	4360452.
11	Total support. Add lines 7 through 10	012,919.	033,024.	030,330.	030,302.		11995616.
	Gross receipts from related activities,	etc (see instruction	ne)			12	11995010.
	First five years. If the Form 990 is for	•		d fourth or fifth ta			
	organization, check this box and stor	-	i mot, scoona, a m	a, roartii, or intii te	ix year as a section	1 30 1(0)(0)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	•			
	Public support percentage for 2013 (I			olumn (f))		14	42.86 %
	Public support percentage from 2012		•	.,, .		15	43.94 %
	33 1/3% support test - 2013. If the c			n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	rfies as a publicly s	supported organiza	ation			. ▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	•	•		9		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and :	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	ınızation	▶□
<u>18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	<u>s . , ▶ □</u>
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 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

Section A. Public Support	ow, please com	piete Fait II j		-		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(5) 20.0	(9/20	(4) 2012	10/2010	(W) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						_
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 🔃	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for the form 100 is f	he organization!	e firet eacond the	d fourth or 645 to	L	nn 501(a)(2) areasis	ation
check this box and stop here	organization :	o mot, occoniu, tilli	a, iouidi, or multa	an year as a section	on our (c)(o) organiz	auon,
Section C. Computation of Public	Support Pe	rcentage		•		
15 Public support percentage for 2013 (lin	· • • · · · · · · · · · · · · · · · · ·		column (fi)		15	%
16 Public support percentage from 2012 S					16	%
Section D. Computation of Invest			• • • •	· · · · · · · · · · · · · · · · · · ·	, 10 ,	
17 Investment income percentage for 2013			ne 13, column (f))		17	%
18 Investment income percentage from 20		•	(<i>y</i>		18	96
19a 33 1/3% support tests - 2013. If the o			on line 14, and line	e 15 is more than:		
more than 33 1/3%, check this box and						. ▶□
b 33 1/3% support tests - 2012. If the or	-	-				and
line 18 is not more than 33 1/3%, check						. ▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions .	▶□

Schedule A	(Form 990 or 990-EZ) 2013 FOUNDATION,	INC.	71-0697377 Page
Part IV	Supplemental Information. Provide the ex	colanations required by Part	II, line 10, Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional informati	ion (See instructions)	
_			
-		****	<u> </u>
-			
-			****
			
			
		··· <u>-</u>	
•			**************************************
			
			
-			
			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III			-	,,
Nar	ne of organization NORTHWE	ST ARKANSAS COMM	UNITY COLLE	EGE	Empl	oyer identification number
	FOUNDAT	TON. INC.				71-0697377
P	art I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 5	527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities	s in Part IV	▶ \$	23,152.
P	art I-B Complete if the or	ganization is exempt und	er section 501/c	1/3)		
	Enter the amount of any excise tax			,(o).	▶\$	0.
	Enter the amount of any excise tax			5	▶ \$	
	If the organization incurred a section			_	•	Yes No
	a Was a correction made?	•	•			Yes No
	o If "Yes," describe in Part IV					
P	art I-C Complete if the or	ganization is exempt und	er section 501(c), except section	501(c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt fund	ction activities	▶\$	
2	Enter the amount of the filing organ	nization's funds contributed to otl	her organizations for s	section 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POI	L ,		
_	line 17b Did the filing organization file Form			•	▶\$	
	Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If	mployer identification number (EII ation listed, enter the amount paid comptly and directly delivered to a	d from the filing organ a separate political org	ization's funds. Also e ganization, such as a s	nter th	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		-				

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013	FOIDMEST A		MONITY COLL		697377 Page 2
Part II-A Complete if the org	ganization is exer	npt under section	n 501(c)(3) and fil	ed Form 5768	OJIJII Tagez
(election under sec		•	,		
A Check ▶ ☐ if the filing organiza	tion belongs to an affi	lated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying			•	
B Check ▶ ☐ If the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply		
	its on Lobbying Exper ditures" means amou		1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (arass roots lobbying)			
b Total lobbying expenditures to infl				23,152.	
c Total lobbying expenditures (add I	•	, (=====,==,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23,152.	
d Other exempt purpose expenditur	· · · · · · · · · · · · · · · · · · ·			1,638,599.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		1,661,751.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	h columns	233,088.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (er	•	•		58,272.	
h Subtract line 1g from line 1a If zer				0.	
i Subtract line 1f from line 1c if zero	•		. (1 5 4700	0.	
j If there is an amount other than ze		ine II, did the organiza	ation file Form 4/20	Г	
reporting section 4911 tax for this		raging Period Under	Section FO1(b)	<u>_</u>	Yes No
	zations that made a solumns below. See the	ection 501(h) election	do not have to com		
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	262,847.	243,214.	244,896.	233,088.	984,045.
b Lobbying ceiling amount			,	`	
(150% of line 2a, column(e))	·		`	,	1,476,068.
c Total lobbying expenditures	36,510.	25,150.	29,757.	23,152.	114,569.
	CE 54.0	60.004	61 00:	50 050	046 046
d Grassroots nontaxable amount	65,712.	60,804.	61,224.	58,272.	246,012.
e Grassroots ceiling amount (150% of line 2d, column (e))					360 010
(100% of time 2d, coldinar (e))			<u> </u>	-	369,018.

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

71-0697377 Page 3

	NORTHWEST	ARKANSAS	COMMUNITY	COLLEGE	
Schedule C (Form 990 or 990-EZ) 2013	FOUNDATIO	N, INC.			71-069737
Part II-B Complete if the or	ganization is e	kempt under s	ection 501(c)(3)	and has NOT	filed Form 5768
`(election under se	ction 501(h)).				

1 E	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	<u>)</u>
lo	lobbying activity.	Yes	No	Amo	ount
	During the year, did the filing organization attempt to influence foreign, national, state or		· · · · · · · · · · · · · · · · · · ·		
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
O	or referendum, through the use of				
аV	/olunteers?				
bР	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
d N	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total Add lines 1c through 1i				
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part		ion 501(c)	(5) or se	ction	
	501(c)(6).	1011 00 1(0)	(0), 01 30	CHOIL	
				Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization make only in house loopying expenditures of \$2,000 or less?		2		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				
	Dues, assessments and similar amounts from members		- 1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
c T	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3		
c T 3 A 4 If	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
c T 3 A 4 If	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
c T 3 A 4 If d	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
c T 3 A 4 If d	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		3		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NORTHWEST ARKANSAS COMMUNITY COLLEGE FOUNDATTON TNC.

Employer identification number 71-0697377

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donar damos, et lei all, ette perpess sein.	Yes No
Pai		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
,	conservation easements		- · · · · · · · · · · · · · · · · · · ·
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	^r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а			> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2013

=		ION, INC.					597377 Page 2			
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	<u>ier Simi</u>	lar Ass	ets(continued)			
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that are a	significan	t use of its	collection items			
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further th	he organization's ex	empt purp	oose in Pa	rt XIII			
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simil	ar assets					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran	-	ete if the organization	n answered "Yes" to	o Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	ot included	<u> </u>				
	on Form 990, Part X?					L	Yes No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				· · · · · · · · · · · · · · · · · · ·			
							Amount			
C	Beginning balance				1c		· · · · · · · · · · · · · · · · · · ·			
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f	J				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			L.	Yes No			
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four years back			
1a	Beginning of year balance	1,698,132.	1,551,309.	1,541,315,	1.	130,808	1,028,564.			
b	Contributions	25,000.	12,156.	34,225.	ļ	188,916	·			
C	Net investment earnings, gains, and losses	331,652.	211,667.	33,952.		263,334	124,221,			
d	Grants or scholarships	62,000.	77,000.	58,183,		41,743	21,977.			
е	Other expenditures for facilities		•							
	and programs				<u> </u>					
f	Administrative expenses									
g	End of year balance	1,992,784,	1,698,132,	1,551,309	1,	541,315	1,130,808.			
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as						
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organ	ıızatıon	[-			
	by:						Yes No			
	(i) unrelated organizations			·			3a(i) X			
	(ii) related organizations					•	3a(ii) X			
b	If "Yes" to 3a(ii), are the related organization	·				-	3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipn									
	Complete if the organization answere									
	Description of property	(a) Cost or o	1 ''	, , ,	Accumula	1	(d) Book value			
		basis (investr	nent) basis	(other) d	epreciatio	n -				
	Land				40=		20 510 222			
	Buildings	.	23,78	5,725. 3,	137,5	16.	<u>20,648,209.</u>			
	Leasehold improvements					14.6				
	Equipment			8,410.	18,4	FIO.	0.			
	Other	<u> </u>		9,579.		_ _	<u>29,579.</u>			
Fotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	x column (B) line 1	U(C))			20.677.788.			

Schedule D (Form 990) 2013

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Complete if the organization answered "Yes"				ofau
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
) Financial derivatives			 	
c) Closely-held equity interests				
(A) ENDOWMENTS	1 002 70	I END OF V	END MADEEM	1/3 f 1172
	1,992,784	END-OF-I	EAR MARKET	VALUE
(B)				
(C) (D)	-	-		
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,992,784	1 .		
Part VIII Investments - Program Related.		<u> </u>		
Complete if the organization answered "Yes"	to Form 990 Part IV Ju	ne 11c. See Form 990 I	Part X line 13	
(a) Description of investment	(b) Book value			l-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·	· _ ·	
(2)				, ,, ,,
(3)	- "-			•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) BOND ISSUANCE COSTS		·		90,638
(2) ASSETS HELD IN RESERVE				1,642,855
(3)				· · ·
(4)				
(5)				
(6)				
(7)				
(8)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)			1,733,493
Part X Other Liabilities.	<i>.</i> 10.)			I, 133,433
Complete if the organization answered "Yes" t	to Form 990. Part IV. lir	ne 11e or 11f See Form	990 Part X line 25	
(a) Description of liability		(b) Book value	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. ,
(1) Federal income taxes			,,	' 、
(2)				
(3)			,	
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				,
(6)				*
7)				•
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
Liability for uncertain tax positions. In Part XIII, provide		to the organization's f	inancial statements t	hat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FOUNDATION, INC.		71-0697377 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per	Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a	
1 Total revenue, gains, and other support per audited financial statements	•	1 2,117,946.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	. 2a 224,047	<u>.</u>
b Donated services and use of facilities	2b	_}
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e 224,047.
3 Subtract line 2e from line 1		3 1,893,899.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b <170,802	i
c Add lines 4a and 4b	12,0,002	4c <170,802.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1,723,097.
Part XII Reconciliation of Expenses per Audited Financial State	ements With Expenses pe	
Complete if the organization answered "Yes" to Form 990, Part IV, line 1	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	1 1,661,751.
·		1 1,001,751.
Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	
a Donated services and use of facilities	2a	-
b Pnor year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d 170,802	- 1
e Add lines 2a through 2d		2e 170,802.
3 Subtract line 2e from line 1		3 1,490,949.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	, ,	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b Other (Describe in Part XIII)	4b	_
c Add lines 4a and 4b .		4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. <u></u>	5 1,490,949.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part V, line	e 4, Part X, line 2, Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	
PART V, LINE 4:		
EXPLANATION: TO PROVIDE SCHOLARSHIPS TO STU	JDENTS AT NORTHWE	ST ARKANSAS
COMMUNITY COLLEGE		
PART X, LINE 2:		
FART A, DINE Z.		
EVDIANAMION. MUE EOIMDAMION UAS IDENMIETED	NO INCEDENTE MAY	DOCTORONG
EXPLANATION: THE FOUNDATION HAS IDENTIFIED	NO UNCERTAIN TAX	POSITIONS
		D./D./m.a
REQUIRING DISCLOSURE IN OR ADJUSTMENT TO THE	HE FINANCIAL STAT	EMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT		-57,302.
LOSS ON SALE OF LAND		-113,500.
TOTAL TO SCHEDULE D, PART XI, LINE 4B		-170,802.
332054 09-25-13		Schedule D (Form 990) 2013
UB-23-13		

	ST ARKANSAS COMMUNITY COLLEGE ION, INC.	71-0697377 Page 5
Part XIII Supplemental Information (continu	nued)	/1-009 <u>/3//</u> Page 5
PART XII, LINE 2D - OTHER AI	D.TIISTMENTS •	
IMI ALL, DING BO OTHER IN	BOODINGNID.	
LOSS ON DISPOSAL OF PROPERTY	Y AND EQUIPMENT	57, <u>302</u> .
LOSS ON SALE OF LAND		113,500.
LUSS ON SALE OF LAND		113,500.
TOTAL TO SCHEDULE D, PART X	II, LINE 2D	170,802.
		
		
		
		<u> </u>
		

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Open To Public

Open To Public Inspection

OMB No 1545-0047

NORTHWEST ARKANSAS COMMUNITY COLLEGE Employ

FOUND A MICON TNC 71 - 0

Employer identification number

71-0697377 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes l No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (II) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

of hundraleang event contributions and gross income on Form 990EZ, lines 1 and 6b. List events with gross receipts greater than \$\$Cole events \$\$NONE\$ (d) Event #2 (c) Other events \$\$NONE\$ (ed) Cotal e		eau Irt I		ne organization answered		t IV, line 18, or reported	
Gevent type Gevent type			of fundraising event contributions and gr	(a) Event #1		(c) Other events	(d) Total events
2 Less' Contributions 3 Gross income (line 1 minus line 2) 75,925. 4 Cash prizes 5 Noncash prizes 6 Rent/Tacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 1 Not income summary. Subtract line 10 from line 1, column (d) 1 Gross revenue 2 Cash prizes (a) Bingo (b) Pull labs/instat/ bingu/progressive bingo (c) Other garring (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 6 Rent/Tacility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Subtract line 17 from line 1, column (d) 8 Net gaming income summary. Subtract line 17 from line 1, column (d) 9 Enter the state(s) in which the organization operates garring activities: a is the organization licensed to operate garring activities: a list erganization is garring licenses revoked, suspended or terminated during the tax year? Yes	•				(event type)	(total number)	col (c))
2 Less' Contributions 3 Gross income (line 1 minus line 2) 75,925. 4 Cash prizes 5 Noncash prizes 6 Rent/Tacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 1 Not income summary. Subtract line 10 from line 1, column (d) 1 Gross revenue 2 Cash prizes (a) Bingo (b) Pull labs/instat/ bingu/progressive bingo (c) Other garring (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 6 Rent/Tacility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Subtract line 17 from line 1, column (d) 8 Net gaming income summary. Subtract line 17 from line 1, column (d) 9 Enter the state(s) in which the organization operates garring activities: a is the organization licensed to operate garring activities: a list erganization is garring licenses revoked, suspended or terminated during the tax year? Yes	enne						
3 Gross income (tine 1 minus tine 2) 75,925. 75,925. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 22, 812. 10 Direct expenses summary Add lines 4 through 9 in column (d) 22, 812. 11 Net income summary Subtract line 10 from line 3, column (d) 22, 812. 12 Site (d) Total garming (add col. (a) through col. (a) throu	æ	1	Gross receipts	75,925.			75,925.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct oxpense summary Add lines 4 through 9 n column (d) 11 Net noome summary Subtract line 10 from line 3, column (d) 12 2, 812. 11 Net noome summary Subtract line 10 from line 3, column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: a let the organization iscensed to operate gaming activities: b No b If "No," explain:		2	Less ⁻ Contributions				
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 9 Cither direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingol/progressive bingo (c) Other gaming (add col. (a) through col (e)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization Scensed to operate gaming activities: a is the organization Scensed to operate gaming activities: a is the organization Scensed to operate gaming activities: a is the organization Scensed to operate gaming activities: a is the organization Scensed to operate gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 No		3	Gross income (line 1 minus line 2)	75,925.			75,925.
The food and beverages Friedramment The food and beverages Friedramment The food and beverages The food and beverages Friedramment The food and beverages The food and		4	Cash prizes				
8 Entertainment 9 Other direct expenses 22,812. 10 Direct expense summary Add lines 2 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 22,812. 13 Net income summary Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:		5	Noncash prizes				
8 Entertainment 9 Other direct expenses 22,812. 10 Direct expense summary Add lines 2 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 22,812. 13 Net income summary Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:	enses	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 22,812. 10 Direct expense summary Add lines 2 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 22,812. 13 Net income summary Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:	oct Exp	7	Food and beverages				
9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d)	٥	_					
10 Direct expense summary Add lines 4 through 9 in column (d) Part III Net Income summary. Subtract line 10 from line 3, column (d) S15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull labs/instant (b) Pull labs/instant (c) C) Cher gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses West aming income summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain: 10c In the fire of the organization in the organi		· ·		22 012			22 012
1. Net income summary. Subtract line 10 from line 3, column (d) 53,113.		١.	•				
Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c))			,	• •	•		
\$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash pnzes 3 Noncash pnzes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:	Da				OOO Port IV line 10, or i	roported more than	53,113.
(d) Total gaming (add col. (a) through col (c)) 1 Gross revenue 2 Cash pnzes 3 Noncash pnzes 4 Rent/facility costs 5 Other direct expenses Wolunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No No No Yes No Yes No Yes No Yes No Yes No Yes No	<u> </u>	11,4		answered res to roini	1990, Fait IV, line 19, 011	eported more triair	
Col. (a) through col. (c) Ingo/progressive bingo Col. (a) through col. (c)		1	\$15,000 on Form 990-EZ, line 6a	1	(h) Pull tabe/instant		(d) Total gaming (add
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5 Other direct expenses	98	2	Cash prizes				
5 Other direct expenses	Expens	3	Noncash prizes				
5 Other direct expenses Yes	Direct	4	Rent/facility costs				-
6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b if "Yes," explain:		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain: 10c If "Yes," explain:		6	Volunteer labor				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain: 10c If "Yes," explain:		7	Direct expense summary Add lines 2 throug	h 5 in column (d)	_	•	
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:		R					
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b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:							
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:						•	└─ Yes └─ No
b If "Yes," explain:	t	If "	No,* explain:				
b If "Yes," explain:		_					
332082 09-12-13 Schedule G (Form 990 or 990-EZ) 2013						year:	Yes L No
332082 09-12-13 Schedule G (Form 990 or 990-EZ) 2013		_					
	3320	82 0	9-12-13			Schedule G (Fo	orm 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION, INC.	71-0	<u>0697377</u>	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnersh	nip or other entity formed		
to administer chantable gaming?	_	Yes	☐ No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility		13a	%
b An outside facility		13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/spe	cial events books and records		
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization rec	ceives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party.			
.			
Name >			
Address >			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contra	ctor		
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the ga	aming proceeds to		
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exe	empt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2 15c, 16, and 17b, as applicable. Also complete this part to provide any addition		lines 9, 9b, 16	0b, 15b,
	na momaton (see monetano)		
		-	
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			·
			

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

20.13	Open to Public Inspection
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTHWEST A FOUNDATION	ARKANSAS N. INC.	NORTHWEST ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.	COLLEGE				Employer identification number $71-0697377$
Part I General Information on Grants and Assistance	nd Assistance						
	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization answered "Ves" to Form 990 Part IV line 21 for any	cedures for moni	toring the use of grant	funds in the United	d States	/" berewsee dottezion	/es" to Form 990 Part	IV line 21 for any
7	55,000. Part II car	be duplicated if additi	onal space is need	ded.	מוויבמוסון מוויפאסוסס	200,100	, in o c , i o c i , i
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ARKANSAS COMMINITY							TO SUPPORT OPERATIONS AND PROGRAMS AT NORTHWEST
COLLEGE (NWACC) - ONE COLLEGE							ARKANSAS COMMUNITY
DRIVE - BENTONVILLE, AR 72712	71-0685540	GOVERNMENT ENTITY	136,164.	0			COLLEGE.
	nd government or	ganizations listed in th	isted in the line 1 table				A
S Enter total number of other organizations listed in the line in table LHA For Paperwork Reduction Act Notice, see the Instructions for For	s listed in the line , see the instruct	ions for Form 990.			:		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States.

Page 2

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in	luired in Part I, line	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ddtional information.	
PART I, LINE 2:					And the second s
EXPLANATION: ALL GRANTS AND ASSISTANCE	1	AWARDED T	O OR ON BE	ARE AWARDED TO OR ON BEHALF OF THE	
NORTHWEST ARKANSAS COMMUNITY COLLEGE.	GE.				

SCHEDULEK

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

SCHEDULE K Form 990) (Form 990) Sea senarate instructions internal Busenia Services.	Suppremental information on Tax-Exempt bounds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. See senarate instructions. Pinformation about Schedule K (Form 90) and its instructions is a		ital information on Tax-Exempt Donds in Swered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, sand any additional information in Part VI.	1A-EXELLIPL DOLLUS 10, Part IV, line 24a. Pr rmation in Part VI.	Jilus 4a. Provide descr VI.) and its instructi	iptions,	060mag/voo	2013 Open to Public
	RKANSAS COI	۱ <u>H</u>	COLLEGE				Employer i 71 – 0	Employer identification number 71 - 0697377
Part Bond Issues SEE	E PART VI	FOR COLUMNS	US (A) AND	(F)	CONTINUATIONS	70		
(a) Issuer name		(c) CUSIP#) Date iss	nssı (ə)		(f) Description of purpose	(g) Defeased	#
							Yes	Yes No Yes No
PUBLIC FACILITIES BOARD A OF BENTON COUNTY, ARKANS7	BOARD ARKANS71-011870008	08278C AC	05/28/10	7,740,000	REFUNDING	IG OF PARKING	—I	×
æ								
O								
0								
Part II Proceeds							-	
			Y.		۵	O		Q
- 1			1,470	.000,				
	•							
			7,/40	.000,				
1								
- 1								
- 1	•	į.						
- 1								
							_	
13 Year of substantial completion .							1	
	,		Yes	No Yes	No Se	Yes	9	Yes No
14 Were the bonds issued as part of a current refunding issue?	Lenssi Bulpur		×					
15 Were the bonds issued as part of an advance refunding issue?	efunding issue?			×				
16 Has the final allocation of proceeds been made?	2		×	_				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	support the final allocation	n of proceeds?	×				-	
Part III Private Business Use								
1 Was the organization a partner in a partnership or a member of an 11 C	or a member of an	<u>-</u>	۷ ۵	2	Vor.	O S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	٥
	bonds?	Š	3			3	-	-
2 Are there any lease arrangements that may result in private business us	ult in private busines	ss use of						
bond-financed property?				×				
10-00-13 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructio	ns for Form 990.	34				Sched	Schedule K (Form 990) 2013

FOUNDATION, INC.

Schedule K (Form 990) 2013

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Schedule K (Form 990) 2013 % % % õ ŝ ۵ Yes Yes % % % % ŝ 윈 Yes Yes % 8 % 8 Ŷ ŝ Yes Yes % % % ፠ S N 읟 × × × × × × × × × × Yes Yes c. Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a non-Has the organization established written procedures to ensure that all nonqualified c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections entities other than a section 501(c)(3) organization or a state or local government If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carned on by your organization, another Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1.141·12 and 1 145·27 business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 332122 10-06-13 computation was performed 1.141-12 and 1.145-27 Total of lines 4 and 5 b Exception to rebate? Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge ♂ 8 **4**a က 4 6 Ŋ ဖ

COLLEGE	
COMMUNITY	
ARKANSAS	I, INC.
NORTHWEST	FOUNDATION

Schedule K (Form 990) 2013

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Page 3

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2 Z å ۵ Yes Yes ŝ ş O O Yes No å 8 (A) ISSUER NAME: PUBLIC FACILITIES BOARD OF BENTON COUNTY, ARKANSAS Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). REFUNDING OF COLLEGE PARKING FACILITY REVENUE BONDS, SERIES 2005 ŝ 윈 × × Yes Yes d. Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 7 Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action (F) DESCRIPTION OF PURPOSE: Part IV Arbitrage (Continued) b Name of provider section 1487 c Term of GIC regulations?

Schedule K (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. NORTHWEST ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 71-0697377

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S
GOVERNING BODY PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY AND
REQUIRES BOARD MEMBERS TO COMPLETE THE CONFLICT OF INTEREST STATEMENT
YEARLY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C
EXPLANATION: NO CHANGE IN PROCESS DURING THE YEAR

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions. ► Attach to Form 990.

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Open to Public Inspection

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. NORTHWEST ARKANSAS COMMUNITY COLLEGE

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

INC.

FOUNDATION,

Name of the organization

Part

Employer identification number 1-0697377

Direct controlling entity End-of-year assets **©** Total income 9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2013 (g) Section 512(b)(13) ટ × controlled entity? Yes Direct controlling entity $\boldsymbol{arepsilon}$ status (if section Public charity 501(c)(3)) Exempt Code section 170(C) Legal domicile (state or foreign country) ARKANSAS 71-0685540, 1 COLLEGE DRIVE, BENTONVILLE, AR PUBLIC TWO YEAR COLLEGE IN BENTON COUNTY, ARKANSAS Pnmary activity NORTHWEST ARKANSAS COMMUNITY COLLEGE Name, address, and EIN of related organization

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Part II

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

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INC. FOUNDATION, Schedule R (Form 990) 2013

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

(a)	(g)	(2)	(p)	(e)	(2)	(6)	ε		(8)	s	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	<u>s</u>	nate Code	LBI Special	seneral or nanaging partner?	General or Percentage managing ownership
		country)		sections 512-514)		2000	Yes	No K-1 (Fo	orm 1065) Y	Yes No	
										-	
		•									
									_		
								+		1	
									_		

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

Section 512(bX13) controlled entity?	Yes		;
(i) Section Section 512(b)(13) Ownership entity?			
(9) Share of end-of-year			
(f) Share of total income			
(e) Type of entity (C corp, S corp,			
(c) (d) Legal domicile Direct controlling Ty (State or foreign			
(C) Legal domicile (state or foreign	country)		
(b) Primary activity			
(a) Name, address, and EiN of related organization			

Schedule R (Form 990) 2013

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FOUNDATION, INC. Schedule R (Form 990) 2013

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

				F	₽	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. Dunns the tax year did the organization encage in any of the following transactions with one or more related organizations listed in Parts II.IV?	s with one or more re	lated organizations listed	Darts II.W	>	Yes .	2
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				_	×	ĺ
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)	•			÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			ŧ.	×	
 Shanng of paid employees with related organization(s) 				9	×	1
p Reimbursement paid to related organization(s) for expenses				1	×	
q Reimbursement paid by related organization(s) for expenses				19	7	×
r Other transfer of cash or property to related organization(s)			:	1-		×
s Other transfer of cash or property from related organization(s)				15	\exists	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	ns line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
Q						
(8)						
(4)						
(5)						1
(9)						
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FOUNDATION, INC. Schedule R (Form 990) 2013

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

(h) (i) (j) (k)
DisproporCode V-UBI General or Percentage
tionate amount in box 20 managing ownership
of Schedule K-1 parmer? ownership
Yes No (Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revende) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (g) Share of end-of-year assets Share of total income Predominant income parmers sec (related, unrelated, solicition) excluded from tax under section 512-514) Yes No Are all partners sec 501(c)(3) orgs? ত্ত (state or foreign Legal domicile country) <u>ပ</u> Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2013

NORTHWEST ARKANSAS COMMUNITY COLLEGE Schedule R (Form 990) 2013 FOUNDATION, INC. 71-0697377 Page 5 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)