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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 20)13 cale	endar year, or tax year beginning	07-01-2013 , 2013, and ending 06	-30-2014			
B Che	eck if app	olicable	C Name of organization NORTHWEST EVALUATION ASSOCIATION	TON.		D Emplo	yer iden	tification number
☐ Add	lress chai	nge		ON		93-00	586108	
┌ Nar	ne chang	je	Doing Business As					
☐ Init	ıal return			all is not delivered to street address) Room/	suite	E Teleph	one numb	er
☐ Ter	mınated		121 NW EVERETT STREET			·	624-19	
☐ Am	ended re	turn	City or town, state or province, coun PORTLAND, OR 97209	try, and ZIP or foreign postal code		(303)	7024-13	,31
☐ App	lication p	ending	FORTLAND, OR 97209			G Gross	receipts \$	108,729,900
			F Name and address of prince	cipal officer	H(a)	Is this a group		
			JEFFREY P STRICKLER 121 NW EVERETT STREET			subordinates?		┌ Yes 🗸 No
			PORTLAND, OR 97209		Н(b)	Are all subord	ınates	┌ Yes ┌ No
	x-exemp	t atatus			-	included?		
	· ·			nsert no)	-	ir No, attacr	i a iist (see instructions)
J W	ebsite:	► ww	W NWEA ORG		H(c)	Group exemp	tion num	ber ►
K Forn	n of orga	nızatıon	Corporation Trust Association	☐ Other ►	L Ye	ear of formation 19	977 M 9	State of legal domicile OR
Pa	rt I	Sum	mary					
			escribe the organization's missio RING TO HELP ALL KIDS LEAR					
a		AKINE	KING TO HELP ALL KIDS LEAK	IV.				
Š								
Ě						250/ 61		
36	2 CI	neck th	is box 🞮 if the organization dis	continued its operations or disposed	or more	than 25% of its	net ass	ets
Activities & Governance	3 N:	umber	of voting members of the governi	ng body (Part VI, line 1a)			3	9
8	1			f the governing body (Part VI, line 1			4	8
Ē	5 To	otal nur	mber of individuals employed in c	alendar year 2013 (Part V, line 2a)			5	670
<u>5</u>	6 To	otal nur	mber of volunteers (estimate if ne	ecessary)			6	9
•	7a ⊤o	otal unr	elated business revenue from Pa	rt VIII, column (C), line 12			7a	0
	b N∈	et unre	lated business taxable income fr	om Form 990-T, line 34			7b	0
						Prior Year		Current Year
a.	1		butions and grants (Part VIII, lin				0	0
Rayenue	1			ne 2g)		100,672,		108,513,038
ž	l			(A), lines 3, 4, and 7d)		134,		115,835
_	l		, , , , , , , , , , , , , , , , , , , ,	ines 5,6d,8c,9c,10c, and 11e)		70,	221	65,655
			evenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ne	100,876,	707	108,694,528
				[X, column (A), lines 1-3)		67,	500	79,395
	14	Benefit	ts paid to or for members (Part I)	(, column (A), line 4)			0	0
eb.	15			e benefits (Part IX, column (A), lines	;	E7 004	702	64 210 712
<u>8</u>	16a	5-10)		solumn (A.) line 11e)		57,804,	0	64,319,713
Expenses				column (A), line 11e)	•			
五	1		ndraising expenses (Part IX, column (D)	, line 25) ► <u>° </u>		37,284,	227	41,162,841
	1			t equal Part IX, column (A), line 25)		95,156,		105,561,949
	l			.8 from line 12	—	5,720,		3,132,579
ຮ ^ຜ			<u> </u>			ginning of Curre		
Net Assets or Fond Balances						Year		End of Year
A	1		ssets (Part X, line 16)			85,120,	-	64,436,908
<u> </u>	1				•	78,798,		54,982,402
				ine 21 from line 20		6,321,	92/	9,454,506
	t II		ature Block	mined this setime in all discussions		ا المام ما		and to the best of
my kr	nowledg	e and b		mined this return, including accompa plete Declaration of preparer (other				
		****	**			2014-11-06		
Sign			ture of officer			Date		
Here			REY P STRICKLER EXECUTIVE VP & COO					
			or print name and title					
			rint/Type preparer's name /ENDY CAMPOS	Preparer's signature	Date	Check I if	PTIN P004481	02
Paid		l w	PENDI CAMPOS			self-employed	1 00 1 103	.02

Firm's name F MOSS ADAMS LLP

Firm's address ► 805 SW BROADWAY STE 1200

PORTLAND, OR 97205

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

Preparer

Use Only

Firm's EIN 🕨 91-0189318

Phone no (503) 242-1447

✓ Yes ☐ No

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)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
	complete Schedule D, Part III 😼	8		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV $	9		No
LO	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^{\square}	10		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants 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	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 99 0	(2013)

аı	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 116		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the order of superior and order of the control of the c	5c		
1	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OR, CA, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JEFFREY P STRICKLER 121 NW EVERETT STREET PORTLAND, OR 97209 (503)624-1951

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 vear

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

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

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

- Check this box is included the organization not any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR BRENDA TANNER	50	Х		х				0	0	0
BOARD CHAIR								· ·	0	
(2) DR JIM ANGERMEYR	50	×		х				0	0	0
BOARD VICE CHAIR (3) LYNN FIELDING	50	-								
DIRECTOR	30	×						О	0	0
(4) DARLENE HOOLEY	50	х						0	0	0
DIRECTOR								· ·		
(5) DR KENNETH WONG	50	×						o	0	0
DIRECTOR (6) DR JOSEPH WISE		-								
DIRECTOR	50	х						О	0	0
(7) RONALD BLOCKER	50	X						0	0	0
DIRECTOR		_ ^						0	0	
(8) DR PHILIP STREIFER	50	×						0	0	0
DIRECTOR (9) STEVE FLEISCHMANN	50									
DIRECTOR	30	x						О	0	0
(10) MATTHEW CHAPMAN	40 00			х				360,720	0	61,660
PRESIDENT & CEO				L^				300,720	0	01,000
(11) JEFFREY STRICKLER	40 00			x				293,088	0	53,694
EXECUTIVE VP & COO (12) GERI COHEN	40 00	-					_			
VP & CFO				х				180,734	0	35,550
(13) JILL HEDRICK	40 00				х			233,179	0	45,541
VP OF PARTNER ACCOUNTS					Ĺ			233,173		13,311
(14) DONNA SCHULTZ	40 00				x			207,934	0	37,937
VP OF ADVOCACY, MARKETING & PRODUCT (15) RAYMOND YEAGLEY	40 00	-								
VP & CHIEF ACADEMIC OFFICER	70 00				х			174,375	0	35,082
(16) ANTOINETTE JAFFE	40 00									
VP OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT	40 00				х			177,850	0	34,456
(17) ANNE UDALL	40 00				х			169,829	0	32,249
VP OF PROFESSIONAL DEVELOPMENT					<u> </u>			105,025		
										Form 990 (2013)

DYLAN WILIAM, 41 W SHORE DR PENNINGTON NJ 08534

MOSS ADAMS LLP 805 SW BROADWAY SUITE 1200 PORTLAND OR 97205

STEPS LLC MICHAEL L GROVER, 3325 DRIP ROCK DR MCKINNEY TX 75070

\$100,000 of compensation from the organization \blacktriangleright 5

SALES READY GROUP LLC SARAH SEELAND, 1125 NW 12TH STREET APT 916 PORTLAND OR 97209

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

	(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18)	JASON MENDENHALL	40 00				X			174,570			34,468
	PUBLISHING EDWARD FREEMAN	40 00	-						•			
` '		40 00				х			174,539	(34,797
	RESEARCH & DEVELOPMENT JOHN O'HARA	40 00										
VP &	СТО					X			197,034	()	39,202
(21)	JANICE LAROCCA	40 00					х		158,616	(30,168
VP OF	PARTNER SERVICES								150,010		<u></u>	50,100
	JOSEPH SCHERER	40 00					х		157,335			30,730
	JTIVE DIRECTOR ARNAND KAPUR	40 00			 			+				
` ′	LOPMENT MANAGER	10 00					Х		151,447	(22,204
	BRENT LIEBERMAN	40 00										
SENIC	DR DIRECTOR, MAJOR ACCOUNTS						Х		159,728	C	<u>'</u>	32,817
(25)	MARK CAMPILLO	40 00					х		159,996			31,461
SENIO	OR DIRECTOR, SOFTWARE ENGINEERING											
		+						\vdash				
41	Cul. Tabel						<u> </u> ≽					
1b c	Sub-Total	 rt VII Section Δ		•	•		-					
d	Total (add lines 1b and 1c)	•		٠.	٠.		►		3,130,974	0		592,016
2	Total number of individuals (including \$100,000 of reportable compensation	but not limited to				bove	e) who	rece	eived more than			
											Yes	No
3	Did the organization list any former of on line 1a? <i>If "Yes," complete Schedule</i>			e, ke	y em	nplo •	yee, o	r hig	hest compensate	ed employee		No
4	For any individual listed on line 1a, is organization and related organizations individual									om the	Yes	
5	Did any person listed on line 1a receiv	ve or accrue com	pensat	ion f	rom	any	unrel	lated	organization or i	<u> </u>	1	
	services rendered to the organization									5		No
Se	ection B. Independent Contract	tors										
1	Complete this table for your five highe	st compensated										
	compensation from the organization F	(A)	tion foi	the	cale	enda	ryea	r end	ing with or within	the organization's	s tax year	
		business address								on of services ELATIONS/LOBBYING	Compe	nsation
NELS	ON MULLINS RILEY & SCARBOROUGH LLP POST (OFFICE DRAWER 110	009 COLU	JMBIA	SC 2	9211			LOCAL KINIMEINI K	FFV LOUIS/ FODDI TING	I	286,277

181,500

145,125

139,430

101,000

PROFESSIONAL DEVELOPMENT

SALES CONSULTING

SALES CONSULTING

ACCOUNTING

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f
Revenue	3 4 5 6a b c d 7a b
Other	b c 9a b c
	b c
	11a b c d e

/III	Statement of Check of Schedu		onse or note to any lı	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1	a				
ь	Membership du	ies 1	b				
c	Fundraising ev	ents 1	.c				
d	Related organiz	zations 1					
e	Government grant		e				
	_						
f	similar amounts no		.f				
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add line:	s 1 a - 1 f					
			Business Code				
2a	LICENSING		611710	94,281,343	94,281,343		
ь	WORKSHOPS & CO	ONSULTING	611710	7,346,455	7,346,455		
С	SERVICE REVENUE		611710	6,885,240	6,885,240		
d							
е							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a-2f		108,513,038			
3		ome (including divide		150,232			150,232
۱,		ar amounts) stment of tax-exempt bor		130,232			130,232
5		· · · · · · ·					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Real	(II) Personal				
6a	Gross rents						
ь	Less rental expenses						
c	Rental income or (loss)						
d		me or (loss)					
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other than inventory		975				
ь	Less cost or other basis and		35,372				
	sales expenses		· ·				
c d	Gain or (loss)	ss)	-34,397	-34,397			-34,397
8a		from fundraising		31,337			31,337
	\$of contributions See Part IV , lir	 s reported on line 1c) ne 18					
	,		а				
b	Less direct ex	penses	ь				
C		(loss) from fundraisin					
9a		from gaming activities ne 19	a				
ь	Less direct ex	penses	ь				
С	Net income or	(loss) from gamıng ac	tivities				
10a	Gross sales of returns and allo						
ь	Less costofa	oods sold b					
С		(loss) from sales of ir					
	Miscellaneou	s Revenue	Business Code				
11a	REIMBURSED	COSTS	611710	65,655	65,655		
Ь							
c	A.II						
d e	All other reven Total. Add lines	ue					
				65,655			
12	lotal revenue.	See Instructions .		108,694,528	108,578,693	C	115,835

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	79,395	79,395		<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,064,604	2,269,454	795,150	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	41,757,657	30,912,296	10,845,361	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,074,973	4,495,480	1,579,493	
9	Other employee benefits	9,476,171	7,056,125	2,420,046	
10	Payroll taxes	3,946,308	2,920,268	1,026,040	_
11	Fees for services (non-employees)				_
а	Management				
b	Legal	61,889	61,889		
c	Accounting	91,293	50,211	41,082	
d	Lobbying	286,800	286,800		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Schedule O)	12,439,615	7,784,990	4,654,625	
12	Advertising and promotion	1,043,712	1,043,712		_
13	Office expenses	1,383,965	888,324	495,641	_
14	Information technology	1,481,848	1,111,386	370,462	
15	Royalties	1,953,106	1,953,106		
16	Occupancy	4,233,622	2,878,863	1,354,759	
17	Travel	3,469,745	3,231,536	238,209	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	738,015		738,015	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,036,570	9,032,913	1,003,657	
23	Insurance	414,064	82,813	331,251	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TRAINING & DEVELOPMENT	1,995,028	1,741,518	253,510	
b	DUES & SUBSCRIPTIONS	766,951	575,213	191,738	
c	GOVERNMENT RELATIONS	355,623	241,824	113,799	
d	REPAIR AND MAINTENANCE	275,956	211,040	64,916	
e	All other expenses	135,039	101,279	33,760	
25	Total functional expenses. Add lines 1 through 24e	105,561,949	79,010,435	26,551,514	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				rm 990 (2013)

Part X Balance Sheet

Fal	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X		•	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			7,420,876	1	6,201,935
	2	Savings and temporary cash investments			6,008,750	2	7,491,021
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,895,226	4	4,757,027
Assets	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Poschedule L	of		5		
	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
	7	Notes and loans receivable, net	1,297,784	7	1,297,784		
	8	Inventories for sale or use			.,,	8	.,
	9	Prepaid expenses and deferred charges			1,290,082	9	1,991,507
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		21,767,526	, ,		.,,,,,,,,,,
	ь	Less accumulated depreciation	10b	15,461,506	6,264,362	10c	6,306,020
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11	130,451	12	217,919		
	13	Investments—program-related See Part IV, line 11	·	13			
	14	Intangible assets			42,393,401	14	35,949,583
	15	Other assets See Part IV, line 11			419,596	15	224,112
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			85,120,528	16	64,436,908
	17	Accounts payable and accrued expenses			9,763,522	17	9,464,817
	18	Grants payable			, ,	18	
	19	Deferred revenue			39,291,285	19	23,729,639
	20	Tax-exempt bond liabilities			, ,	20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr				
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties			18,041,114	24	13,144,625
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			11,702,680		8,643,321
	26	Total liabilities. Add lines 17 through 25			78,798,601	26	54,982,402
S D		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and	complete			
Fund Balance	27	Unrestricted net assets			6,321,927	27	9,454,506
<u>छ</u>	28	Temporarily restricted net assets	•	• •	5,621,621	28	3, 10 1,000
œ ₩	29	Permanently restricted net assets				29	
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check h					
		complete lines 30 through 34.	CIC F	, una			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			6,321,927	33	9,454,506
Z	34	Total liabilities and net assets/fund balances			85,120,528	34	64,436,908
	ı	. I I I I I I I I I I I I I I I I I I I			1 35, 125,526	J-7	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal rait viii, column (A), me 12)	1		108,6	94,528
2	Total expenses (must equal Part IX, column (A), line 25)	2		105.5	61,949
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3,1	32,579
7	Net assets of fully balances at beginning of year (must equal Fart X, file 33, column (A))	4		6,3	321,927
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses	6			
	_	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,4	154,506
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ן ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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As Filed Data -

DLN: 93493321042874

DO NOT I ROCESO

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

Name	of	the	organiza	ition	
IORTH'	WE:	ST EV	ALUATION	ASSOCIATIO	Ν

Employer identification number

93-0686108

			,,			Yes	No	Yes	No	
(i) Nar suppo organiz	orted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is organizat col (i) lis your gove docume	ion in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your rt?	(vi) Is organiza col (i) or in the l	tion in ganized	(vii) A mount o monetary support
h	Provide	e the follown	ng information about	the support	ed organıza	tion(s)				
	(ii) A f	amıly memb	governing body of th er of a person descri lled entity of a perso	bed in (i) ab	ove?				11g 11g 11g((ii)
	(i) A p		irectly or indirectly o			_	persons de	scribed in (i		Yes No
f g	section If the o check Since A	n 509(a)(2) organization this box August 17, 2	received a written do	etermination	from the IF	RS that it is a	Туре І, Тур	e II, or Typ		
е Г	one or the box a By che	more public that descri Type I cking this b	ly supported organiz bes the type of supp b Type II c ox, I certify that the on managers and otl	ations descr orting organ Type II organization	ibed in sectization and Ization and I - Function I is not cont	tion 509(a)(1 complete line nally integrate crolled directl) or section es 11e throu ed d y or indirect	509(a)(2) 9 1gh 11h Type III - N ly by one or	See section 5 Ion-functiona more disqual	09(a)(3). Check Ily integrated ified persons
10	An org	anızatıon or	ganized and operated ganized and operated	dexclusively	to test for	public safety	See sectio	n 509(a)(4).		he nurnoses of
	ıts sup	port from gr	oss investment inco ganization after June	me and unre	lated busin	ess taxable ır	ncome (less	section 511		
9 🔽			at normally receives rities related to its ex							
7 8 2	describ A comi	oed in sectio munity trust	at normally receives on 170(b)(1)(A)(vi). described in section	(Complete F 170(b)(1)(Part II) A)(vi) (Co	mplete Part I	I)		-	·
6			local government or	_						
3 ,	_	<u>-</u>	(A)(iv). (Complete P	_	e or univers	ity owned or c	peraced by	a governmen	itai uiit uesc	Tibed III
5			ty, and state erated for the benefi	t of a collogo	or univers	ity owned or a	paratad by	2 governme	ntal unit dace	ribad in
4			h organization operat						(1)(A)(iii). E	nter the
з Г			perative hospital se				on 170(b)(1)(A)(iii).		
2		-	d in section 170(b)(1				CCC1011 170(D)(±)(N)(I).		
1 F		-	ion of churches, or a	•		-	•	-		
Part I			blic Charity Starte foundation because						<u>instructions</u>	•
Dowl T	D	an fan D	blic Charity Ct-	/ All	00 0 m = 1: c =		عنظة معمام	anut \ C = -		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning 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						
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	64,311,022	2 73,405,037	83,697,130	100,672,300	108,513,020	430,598,509
3	purpose Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	64,311,022	73,405,037	83,697,130	100,672,300	108,513,020	430,598,509
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts 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	116,54:	5 1,493,761	286,309	3,029,240	2,644,838	7,570,693
c	Add lines 7a and 7b	116,54	1,493,761	286,309	3,029,240	2,644,838	7,570,693
8	Public support (Subtract line 7c						423,027,816
Se	from line 6) ction B. Total Support						
	ndar year (or fiscal year	(-) 2000	(b) 2010	(-) 2011	(4) 2012	(-) 2012	(6) T - t - l
	beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6 Gross income from interest,	64,311,022	73,405,037	83,697,130	100,672,300	108,513,020	430,598,509
l0a	dividends, payments received on securities loans, rents, royalties and income from similar sources	258,000	74,107	122,070	131,987	150,232	736,396
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	258,000	74,107	122,070	131,987	150,232	736,396
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)	119,519	222,271	182,456	70,221	65,655	660,122
13	Total support. (Add lines 9, 10c, 11, and 12)	64,688,541	73,701,415	84,001,656	100,874,508	108,728,907	431,995,027
14	First five years. If the Form 990 is check this box and stop here		·	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar 	ization, ►
	ction C. Computation of Pul Public support percentage for 201			13 column (f))		15	97 920 %
16	Public support percentage from 20	• •		10, 00.0 (.,,		16	98 180 %
Se	ction D. Computation of Inv			ge			
17	Investment income percentage for				nn (f))	17	0 170 %
18	Investment income percentage fro	m 2012 Schedule	A, Part III, line 1	. 7		18	0 290 %
19a	33 1/3% support tests—2013. If the						line 17 is not

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
	Facts And Circumstances Test		
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493321042874

OMB No 1545-0047

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.

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) organizations Complete Part III Name of the organization **Employer identification number** NORTHWEST EVALUATION ASSOCIATION 93-0686108 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	ther exempt purpose expenditures (add lines 1c and 1d) bbbying nontaxable amount. Enter the amount from the following table in both blumns f the amount on line 1e, column (a) or (b) is: but over \$500,000 20% of the amount on line 1e ver \$500,000 but not over \$1,000,000 ver \$1,000,000 but not over \$1,000,000 ver \$1,000,000 but not over \$1,500,000 ver \$1,500,000 but not over \$17,000,000 ver \$1,500,000 but not over \$17,000,000 ver \$1,500,000 but not over \$17,000,000 ver \$1,500,000 but not over \$17,000,000	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	8,464	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	327,176	
c	Total lobbying expenditures (add lines 1a and 1b	0)	335,640	
d	Other exempt purpose expenditures		105,226,309	
е	Total exempt purpose expenditures (add lines 1	and 1d)	105,561,949	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 47	20 reporting	

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

	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	363,190	292,536	181,476	335,640	1,172,842
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f_	Grassroots lobbying expenditures	2,005			8,464	10,469

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), (or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493321042874

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

mal Revenue Serv	ice and its instruct	tions is at <u>www.irs.gov/form990</u> .			Inspect	ion	
	organization		Emp	oloyer identifica	tion numbe	r	
OKTHWEST EV	ALUATION ASSOCIATION		93-	0686108			
	rganizations Maintaining Donor Adv				. Complet	e ıf	the
0	rganization answered "Yes" to Form 990						
Tatalanı		(a) Donor advised funds		(b) Funds and o	other accou	ints	
	mber at end of year te contributions to (during year)						
55 5	te grants from (during year)						
	te value at end of year						
	organization inform all donors and donor adviso	ere in writing that the accepts hold in don	or adv	ısad			
funds ar	e the organization's property, subject to the or	ganization's exclusive legal control?			☐ Yes	Γ	No
used onl	organization inform all grantees, donors, and d y for charitable purposes and not for the benef ng impermissible private benefit?				┌ Yes	Г	No
rt III C	onservation Easements. Complete ıf	the organization answered "Yes" t	o Forn	n 990, Part IV	', line 7.		
Purpose	(s) of conservation easements held by the org	anızatıon (check all that apply)					
	ervation of land for public use (e g , recreation						
•	ection of natural habitat	Preservation of a	certifie	d historic struc	ture		
Pres	ervation of open space						
	e lines 2a through 2d if the organization held a	a qualified conservation contribution in t	he forn	n of a conservat	ion		
easemer	nt on the last day of the tax year			Held at the	End of the	Vos	
Total nu	mber of conservation easements		2a	Heid at the	Liiu Oi tile	1 66	<u>''</u>
	reage restricted by conservation easements		2b				
	of conservation easements on a certified histo	oric structure included in (a)	2c				
Number	of conservation easements included in (c) acc structure listed in the National Register	, ,	2d				
	of conservation easements modified, transferr	red, released, extinguished, or terminate	ed by th	ne organization	during		
the tax y		, , ,	,	J	J		
Number	of states where property subject to soproryot	ion opcoment is located by					
	of states where property subject to conservat		—— 	5l=#=== ===d			
	e organization have a written policy regarding t nent of the conservation easements it holds?	the periodic monitoring, inspection, ham	unng or	r violations, and	☐ Yes	Γ	No
Staff and	d volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents o	during the year			
A mount	of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	s durın	g the year			
► \$							
	ch conservation easement reported on line 2(:ion 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	Г	No
balance	KIII, describe how the organization reports con sheet, and include, if applicable, the text of th nization's accounting for conservation easeme	e footnote to the organization's financial					
	rganizations Maintaining Collection omplete if the organization answered "Y		or Ot	her Similar <i>i</i>	Assets.		
works of	ganization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furthera			
If the or works of	ganization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide the following amounts relating to thes	16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	nent and balance		ıc	
(i) Reve	nues included in Form 990, Part VIII, line 1			► \$			
(ii) ∆ssa	ets included in Form 990, Part X			<u></u> -			
If the or	ganization received or held works of art, histor i amounts required to be reported under SFAS		or finan	icial gain, provid	le the		
_	es included in Form 990, Part VIII, line 1			⊫ - ¢			
Assetsı	ncluded in Form 990, Part X			► \$			

Part	(Organizations Maintaining Colle	ctions of Art,	Hist	<u>tori</u>	<u>cal Tr</u>	<u>easu</u>	res, or Ot	<u>hei</u>	<u>r Similar As</u>	sets (d	<u>:ontinued)</u>
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other record	ds, ch	eck	any of t	ne foll	owing that ai	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	rexc	hange progra	ms			
b	☐ Scholarly research e ☐ Other										
c	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explai	n how	the '	v furthe	r the c	organization's	s ex	empt purpose i	n	
	Part XIII				,						
5	During the year, did the organization solicit or r									- .,	 .
Dar	assets to be sold to raise funds rather than to be rt IV								<u>`</u>	Yes	l No
- CI	Part IV, line 9, or reported an amou						Tanswered		23 (0 1 0 1 1 1 1)	50,	
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other interme	diary	for c	ontribui	ions	or other asse	ets r		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the	follow	ıng t	able						
							<u> </u>		Am	ount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	Ld			
е	Distributions during the year						<u> </u>	Le			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Form	990, Part X, line	21?						ſ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	expla	natı	on has l	een p	rovided in P	art)	<iii< td=""><td></td><td>Γ</td></iii<>		Γ
Pa	rt V Endowment Funds. Complete if t										
4-		(a)Current year	(b)	Prior	year	b (c) ⊤	wo years back	(d)1	hree years back	(e)Four	years back
1a	Beginning of year balance	+									
b c	Net investment earnings, gains, and losses										
·	Net livestifient earnings, gams, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage of the curren	t vear end balanc	e (line	e 1 a	. columi	n (a))	held as				
a	Board designated or quasi-endowment ▶	. ,	_ (5	,	. (//					
b	Permanent endowment >										
c	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c should	egual 100%									
За	Are there endowment funds not in the possession	·	ition t	hata	are held	and a	ıdmınıstered	for	the		
	organization by	_								Yes	No
	(i) unrelated organizations			•				•	3a(-	
	(ii) related organizations								3a(i		
Д 4	If "Yes" to 3a(II), are the related organizations Describe in Part XIII the intended uses of the o	·						•	3b	<u> </u>	<u> </u>
	rt VI Land, Buildings, and Equipment					ansv	vered 'Yes'	to	Form 990 Pa	rt IV	ıne
	11a. See Form 990, Part X, line 10.			gai	nzacion	41151	70100 105		101111 330, 14		
	Description of property				Cost or ((b)Cost or other		(c) Accumulated depreciation	(d) E	book value
1a	Land										
b	Buildings										
c	Leasehold improvements						1,994,	378	839,67	9	1,154,699
d I	Equipment						17,435,	776	12,987,15	1	4,448,625
							2,337,	372	1,634,67	6	702,696
Tota	II. Add lines 1a through 1e <i>(Column (d) must equa</i>	al Form 990, Part X	, colui	mn (B), line :	10(c).)			🕨		6,306,020

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of ve Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	Complete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11d
(a) Description of investment	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiza	tion answered 'Yes' to Form 990	Part IV line 11d See	Form 990 Part X line 15
	cription	, ratery, mie ira bee	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			lima dda i ddf C
Part X Other Liabilities. Complete if the oil Form 990, Part X, line 25.	yanızatıon answered 'Yes' t	o romii 990, Part IV, I	iiile 11e or 11f. 5ee
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED RENT	3,077,631		
DEFERRED COMPENSATION PLANS	154,413		
OBLIGATIONS UNDER CAPITAL LEASES CONTINGENT CONSIDERATION	1,830,223		
CONTINGENT CONSIDERATION	3,581,054		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 8,643,321		
2. Liability for uncertain tax positions In Part XIII, prov		e organization's financia	I statements that

Part		Revenue per Audited Financial Statements With Revenue p wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If				
1	<u>-</u>	er support per audited financial statements	1	108,728,925				
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12						
а	Net unrealized gains on inves	tments						
ь	Donated services and use of f							
c	Recoveries of prior year grant	s 2c						
d)						
e	Add lines 2a through 2d .		2e	0				
3	Subtract line 2e from line 1 .		3	108,728,925				
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		<u> </u>				
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b . 4a						
b	Other (Describe in Part XIII)							
c	Add lines 4a and 4b		4c	-34,397				
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	108,694,528				
Part >		xpenses per Audited Financial Statements With Expenses	per	Return. Complete				
		nswered 'Yes' to Form 990, Part IV, line 12a.						
		r audited financial statements	1	105,596,346				
		it not on Form 990, Part IX, line 25						
		acilities						
	•							
	Other losses							
	,							
	ū		2e	34,397				
			3	105,561,949				
		0, Part IX, line 25, but not on line 1:						
	•	uded on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII)							
			4 c	0				
	•	nd 4c. (This must equal Form 990, Part I, line 18)	5	105,561,949				
	Supplemental In							
	, line 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any addıtıonal				
	Return Reference	Explanation						
PART X	, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UTAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH ASSOCIATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, REMATTERS IN ADMINISTRATIVE EXPENSES THE ASSOCIATION HAD BENEFITS AT JUNE 30, 2014 OR 2013 NO INTEREST AND PENALTIFOR THE YEARS ENDED JUNE 30, 2014 AND 2013 THE ASSOCIATION ORGANIZATION RETURN IN THE US FEDERAL JURISDICTION AND FRANCHISE TAX BOARD AND IS NO LONGER SUBJECT TO INCOME TAXING AUTHORITIES FOR YEARS BEFORE 2010 FOR ITS FEDERAL	INREL GH 51 ELATI D NO ES HA DN FI THE TAX E	ATED BUSINESS 5 THE ED TO INCOME TAX UNRECOGNIZED TAX AVE BEEN ACCRUED LES AN EXEMPT CALIFORNIA EXAMINATIONS BY				
	I, LINE 4B - OTHER	LOSS ON SALE OF ASSETS CLASSIFIED WITH REVENUE ON 990 -34						
	IMENTS	LOCGON CALE OF ACCETS CLASSIFIED WITH DEVENUE ON COOK OF	207					
	RT XII, LINE 2D - OTHER LOSS ON SALE OF ASSETS CLASSIFIED WITH REVENUE ON 990 34,397							

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493321042874

2013

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

Open to Public

Interna	l Revenue Service		about bonouu.	o. (.o			Inspection
	e of the organizatio THWEST EVALUA		ATION			Employer ident	ification number
		110117100001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			93-0686108	
Pa			n on Activitie t IV, line 14b.		ne United States. Co	omplete if the organiz	ation answered
1	For grantmaker	s. Does the o	rganızatıon ma	aıntaın records	to substantiate the a	mount of its grants ar	nd
	other assistance	, the grantee	s' eligibility fo	r the grants or	assistance, and the s	election criteria used	
	to award the gra	ints or assista	ance?				│ Yes │ No
2	For grantmaker assistance outsi			ganızatıon's pı	rocedures for monitorii	ng the use of its gran	ts and other
3	Activites per Reg	on (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed)	
							<u> </u>
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)) See Add'l Data						
(2)						
(3)						
(4))						
(5)						
	Sub-total		0	0			28,420
ŧ	 Total from continue to Part I 	uation sheets	0	0			0
	Totals (add lines	3a and 3b)	0	0			28,420

			ived more than \$5,0					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

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

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 93-0686108

Name: NORTHWEST EVALUATION ASSOCIATION

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	3,078
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	11,391
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	4,212

Form 990 Schedule F	Part 1 - Activi	<u>ties Outsiae i</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	2,764
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	4,487
SOUTH AMERCIA	0	0	PROGRAM SERVICES	TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	861

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0		TRAVEL FOR PROFESSIONAL DEVELOPMENT AND TESTING SERVICES	1,627

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493321042874

•	<i>330,</i>

Department of the Treasury

Internal Revenue Service Name of the organization

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

Inspection Employer identification number

NORTHWEST EVALUATION ASSOCIATION 93-0686108 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) A mount of non-(f) Method of (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government (book, FMV, assistance appraisal. other) (1) BIG BROTHERS BIG 93-1303640 170(B)(1)(A)(VI) 24,046 PROVIDE CHILDREN SISTERS COLUMBIA FACING ADVERSITY NORTHWEST WITH STRONG AND 1827 NE 44TH AVENUE ENDURING, SUITE 100 PROFESSIONALLY PORTLAND, OR 97213 SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER (2) ALL HANDS RAISED MOBILIZE THE 93-1149798 170(B)(1)(A)(VI) 10,000 2069 NE HOYT STREET IDEAS, LEADERSHIP, PORTLAND, OR 97232 POLITICAL SUPPORT, AND MONEY NECESSARY TO ENSURE A WORLD-CLASS EDUCATION FOR EVERY CHILD, IN EVERY PUBLIC SCHOOL, IN EVERY PORTLAND NEIGHBORHOOD (3) DAVID DOUGLAS 93-1067591 170(B)(1)(A)(VI) 10,000 ENSURE SUCCESS **EDUCATIONAL** FOR ALL DAVID FOUNDATION DOUGLAS STUDENTS 1500 SE 130TH AVENUE IN A VARIETY OF PORTLAND, OR 97233 WAYS, TO ENHANCE EDUCATIONAL EXCELLENCE IN THE DISTRICT, TO ENCOURAGE COMMUNITY PARTNERSHIPS WITH THE SCHOOLS, TO PROMOTE INNOVATIVE EDUCATION PROGRAMS, AND TO ASSIST DAVID DOUGLAS CHILDREN IN NEED Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

0

(3)

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

(a)T ype of grant or assista	nce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
Part IV Supplemental	Informa	ition. Provide the in	formation required in	Part I, line 2, Part III, co	lumn (b), and any other a	idditional information.	
Return Reference	Explana	ation					
PART I, LINE 2	THE GRANT FUNDS ARE UNRESTRICTED CHARITABLE CONTRIBUTIONS TO EXEMPT ORGANIZATIONS UNDER IRS CODE SECTION 501(C)						

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DLN: 93493321042874

OMB No 1545-0047

Schedule J

Compensation Information

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

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization NORTHWEST EVALUATION ASSOCIATION

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-0686108

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rein					
	directors, trustees, officers, including the CEO/Execut	tive L	orrector, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat Compensation committee	appl	y Do not check any boxes for methods			
	Independent compensation consultant	*	. ,			
	Form 990 of other organizations	•	Approval by the board or compensation committee			
	1 offin 550 of other organizations	1.	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	al non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(-)(2) and 501(-)(4) are simplified and supplied		ulata liura F O			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in Form 990, Part VII, Section A, III					
3	compensation contingent on the revenues of	iie Ia	, did the organization pay of accide any			
а	The organization?			5a		No
	Any related organization?			5b		No
U	If "Yes," to line 5a or 5b, describe in Part III					110
6		no 1 -	did the organization have a secret any			
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	пета	r, did the organization pay of accide any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		Νo
8	Were any amounts reported in Form 990, Part VII, pai	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations			
	section 53 4958-6(c)?			9		

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

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

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

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

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

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

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 93-0686108

Name: NORTHWEST EVALUATION ASSOCIATION

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
MATTHEW CHAPMAN PRESIDENT & CEO	(ı) (ıı)) 348,920) 0	0	1 ' 1	52,500 0	9,160 0	422,380 0	0
JEFFREY STRICKLER EXECUTIVE VP & COO	(1)		0	· · · · · · · · · · · · · · · · · · ·	44 ,995 0	8,699 0	346,782 0	C
GERI COHEN VP & CFO	(ı) (ıı)		0		27,370 0	8,180 0	216,284 0	0
JILL HEDRICK VP OF PARTNER ACCOUNTS	(1)		0	1	36,552 0	8,989 0	278,720 0	0
DONNA SCHULTZ VP OF ADVOCACY, MARKETING & PRODUCT	(ı) (ıı)		0	, ,	30,450 0	7,487 0	245,871 0	0
RAYMOND YEAGLEY VP & CHIEF ACADEMIC OFFICER	(I) (II)		0	1 ' 1	26,775 0	8,307 0	209,457 0	0
ANTOINETTE JAFFE VP OF HUMAN RESOURCES & ORGANIZATION	(I) (II)		0	4,800	26,775 0	7,681 0	212,306 0	0
ANNE UDALL VP OF PROFESSIONAL DEVELOPMENT	(I) (II)		0	1 ' 1	24,935 0	7,314 0	202,078 0	C
JASON MENDENHALL VP OF PUBLISHING	(I) (II)		0	1 ' 1	26,775 0	7,693 0	209,038 0	0
EDWARD FREEMAN VP OF RESEARCH & DEVELOPMENT	(I)		0	1 ' 1	26,543 0	8,254 0	209,336 0	C
JOHN O'HARA VP & CTO	(I) (II)		0	1 ' 1	30,831 0	8,371 0	236,236	C
JANICE LAROCCA VP OF PARTNER SERVICES	(1)		0	4,800	22,950 0	7,218 0	188,784 0	C
JOSEPH SCHERER EXECUTIVE DIRECTOR	(1)) 138,015) 0	0	1 ' 1	22,216 0	8,514 0	188,065 0	(
ARNAND KAPUR DEVELOPMENT MANAGER	(I)) 101,047) 0	0	1 ' 1	15,150 0	7,054 0	173,651 0	(
BRENT LIEBERMAN SENIOR DIRECTOR, MAJOR ACCOUNTS	(I) (II)) 154,928) 0	0		24,656 0	8,161 0	192,545 0	(
MARK CAMPILLO SENIOR DIRECTOR,SOFTWARE ENGINEERING	(I) (II)) 155,196) 0	0	1 ' 1	23,808	7,653 0	191,457 0	(

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DLN: 93493321042874

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

NORTHWEST EVAL		ΓΙΟΝ					"	mpioy	er iden	tiricatio	on numbe	er.
									86108			
	ess Benefit plete if the orga										405	
	e of disqualifie			ship between		(c) Des					(d) Corr	rected?
1 (4)			-	n and organiz	•	(3) 2 33				``	Yes	No
2 Enterthe a	amount of tax ı	ncurred by or	ganızatıon r	managers or o	disqualified pe	rsons during t	he year	r unde	rsectio	n		
4958 .			_						F \$			
3 Enterthe a	amount of tax,	ıf any, on lıne	2, above, r	eımbursed by	the organizat	ion			> \$			
Part II Lo	ans to and	or From T	ntereste	d Darsons								
	mplete if the o					, line 38a, or	Form 9	90, P	art IV, I	ıne 26,	or if the	
	anization repo				line 5, 6, or 22				<u> </u>			
(a) Name of	(b)	(c) Purpose of	(d) Loan to		(e)Original	(f)Balance	(g) In defaul		(h) Approv	, a d	(i)Wri	
ınterested person	Relationship with	loan	organizatio		principal amount	due	delaui	('	by	veu	agreen	nent
·	organization		-						board			
									or commi	ttee?		
			То	From	1		Yes	No	Yes	No	Yes	No
											_	
											_	
										-	_	
Total		 	1		l						\neg	
Part III Gra	ants or Assi		nefittina	Intereste	d Persons.							
Col	mplete if the	organizatio	n answere	d "Yes" on	Form 990, P	art IV, line 2	27.					
(a) Name of I		b) Relationsh			nt of assistanc	e (d) Тур	e of ass	ıstano	:e (e	e) Purpo	se of ass	sistance
perso	n ii	nterested per organiz										
		organiza	1011			l						
						<u> </u>						
						_						
				1								

Part IV Business Transactions Complete if the organizations			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
(1) HOOLEY AND NAITO LLC	ENTITY MORE THAN 35% OWNED BY DARLENE HOOLEY, DIRECTOR	,	THE ASSOCIATION ENGAGES HOOLEY AND NAITO, LLC TO PROVIDE ADVOCACY AND LOBBYING SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493321042874

OMB No 1545-0047

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization NORTHWEST EVALUATION ASSOCIATION Employer identification number

93-0686108

990 Schedule O, Supplemental Information					
Return Reference	Explanation				
FORM 990, PART VI, SECTION B, LINE 11					
FORM 990, PART VI, SECTION B, LINE 12C	SIGNED STATEMENTS ARE COLLECTED ANNUALLY FROM EACH DIRECTOR, OFFICER, COMMITTEE MEMBER OF THE BOARD OF DIRECTORS, AND KEY EMPLOYEES THAT AFFIRM THAT EACH INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, COMPLIES WIT H THE POLICY, AND UNDERSTANDS THAT NWEA IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIM ARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE FAILURE OF ANY DIRECTOR, OFFICER OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS TO SIGN SUCH A STATE MENT AT LEAST ONCE EVERY TWELVE (12) MONTHS WILL DISQUALIFY THAT INDIVIDUAL FROM FURTHER SERVICE AS A DIRECTOR, OFFICER OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS UNTIL THE REQUIRED STATEMENT IS SIGNED FAILURE TO SIGN BY A KEY EMPLOYEE WILL RESULT IN IMMEDIATE REVIEW UNDER THE DIRECTION OF THE DIRECTOR OF HUMAN RESOURCES IN CONJUNCTION WITH THE CHIEFOPE				
FORM 990, PART VI, SECTION B, LINE 15	THE SETTING OF THE CEO AND OTHER EXECUTIVE PAY WAS DONE WITH AN INDEPENDENT COMPENSATION C ONSULTANT WHO REVIEWED THE MARKET AND MADE RECOMMENDATIONS TO THE BOARD THE BOARD TOOK TH AT INDEPENDENT REVIEW, MARKET ANALYSIS AND RECOMMENDATIONS AND APPROVED AND SET THE PAY AN D PAY RANGES FOR THE CEO AND OTHER MEMBERS OF THE EXECUTIVE TEAM THE SAME APPROACH AND RE VIEW WAS DONE FOR THE REST OF THE ORGANIZATION, WHICH WOULD INCLUDE DIRECTORS WITH AN OUTS IDE COMPENSATION CONSULTANT (DIFFERENT THAN THE ONE USED BY THE BOARD FOR THE EXECUTIVE GR OUP TO KEEP THE RELATIONSHIPS INDEPENDENT) WORKING WITH HUMAN RESOURCES				
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST				
FORM 990, PART IX, LINE 11G	CONTRACTED STAFF PROGRAM SERVICE EXPENSES 1,492,777 MANAGEMENT AND GENERAL EXPENSES 524, 489 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,017,266 CONTRACTED SERVICES PROGRAM SERVIC E EXPENSES 6,292,213 MANAGEMENT AND GENERAL EXPENSES 4,130,136 FUNDRAISING EXPENSES 0 T OTAL EXPENSES 10,422,349				