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Form 990-PF

EXTENDED TO MAY 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

	For	cale	ndar year 2015 or tax yea	r beginning JU	JL 1, 2015	, and ending	JUN 30, 2016	
			of foundation				A Employer identification	number
				EDUCATION F	OUNDATION OF			
_			NORTHWEST				94-3196458	
			and street (or P O box number		eet address)	Room/suite	B Telephone number	
_			53 LOCUST L				(208)466-3	341
	-		town, state or province, co	-	n postal code		C If exemption application is p	ending, check here
			PA, ID 836				_	
•	G C	hec	k all that apply:	Initial return		ormer public charity	D 1. Foreign organizations	, check here
			<u></u>	Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
				Address change	Name change		7	
•	1 -		k type of organization: ection 4947(a)(1) nonexen		exempt private foundation Other taxable private found	ation	E If private foundation sta	
-	<u></u>		arket value of all assets at		nting method: X Cash	Accrual	under section 507(b)(1)	•
,			Part II, col. (c), line 16)	end or year J Accou	Other (specify)	L Accidal	F If the foundation is in a (
	()'			29013 (Part I. co	olumn (d) must be on cash	basis)	under section 507(b)(1)	(b), check here
ſ			Analysis of Revenue ar	nd Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
L			(The total of amounts in colu necessarily equal the amour	umns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, gran	its, etc., received	80120.		 	
2017	{	2		on is not required to attach Sch. B				
\sim	Ì	3	Interest on savings and temporals investments	orary	100.	100	. 100.	STATEMENT 1
ಣ	- 1	4	Dividends and interest fro	om securities				
0	- 1	5a	Gross rents				I RFCI	FIVED
APR	ı	b	Net rental income or (loss)					4 2012
⋖	8	6a	Net gain or (loss) from sale of	assets not on line 10			S MAD O	4 2017 6
	Revenue	þ	Gross sales price for all assets on line 6a				A """ *	- 4011
罗	ě	7	Capital gain net income (from	Part IV, line 2)	 	0		
SCANNED	4	8	Net short-term capital gai	ın	ļ		T AGE	: M-A11
K	{	9	Income modifications Gross sales less returns	1				
क	Ì	_	and allowances	 	- 	 	 	
	-		Less Cost of goods sold	L			 	
	1	11	Gross profit or (loss) Other income				 	
	ł	12	Total. Add lines 1 throug	nh 11	80220.	100	100.	
-		13	Compensation of officers, dire		0.	0		0.
	{	14	Other employee salaries a		-	<u> </u>	 	<u>-</u> -
	- {	15	Pension plans, employee			 	 	
	ses	16a	Legal fees			,		
	e l	b	Accounting fees	STMT 2	1785.	0	0.	1785.
	Ä	C	Other professional fees					
	<u>§</u>	17	Interest			} 	<u> </u>	
	tra	18	Taxes		ļ		<u> </u>	
	Operating and Administrative Expense	19	Depreciation and depletio	on	<u></u>	<u> </u>	 	
	통	20	Occupancy				}	<u></u>
	₹ b	21	Travel, conferences, and					
	듄	22	Printing and publications				 	
	Ë	23	Other expenses	.:			 	
	era	24	Total operating and adm expenses. Add lines 13 t		1785.	0.	0.	1705
	ဗ	25	Contributions, gifts, grant		75375.	ļ	·	1785. 75375.
	- 1	26	Total expenses and disb	•	7.5575.		 	13313.
	- {	_0	Add lines 24 and 25		77160.	0.	0.	77160.
-	_	27	Subtract line 26 from line	: 12:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	,,,100.
			Excess of revenue over expen		3060.			
	}		Net investment income (100		
	_}	C	Adjusted net income (if no				100.	
5 1	2350 1-24		LHA For Paperwork R		e instructions.			Form 990-PF (2015)
						1	GT 15	

523511 11-24-15

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

129013. Form **990-PF** (2015)

	cribe the kind(s) of property so arehouse; or common stock,			1, b	How acquired - Purchase - Donation	, ,,	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a				<u> </u>				
	NE			├-		-{		
<u>C</u>				├		+		
<u>d</u> e				 		-		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus (
<u> </u>								
				{				
	 							
Complete only for assets shown	ng gain in collimn (h) and owi	ned by the foundation	n on 12/31/69			//\ G	Cole (Col. (b) gain	minus
	(j) Adjusted basis		xcess of col. (1)			col. (F	iains (Col. (h) gain (), but not less thai	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	}		l	osses (from col. (h))
 -	}			\neg				
	L							
Capital gain net income or (net ca	apital loss) $ \begin{cases} $	o enter in Part I, line nter -0- in Part I, line	7 : 7	}	2			
Net short-term capital gain or (los	ss) as defined in sections 122	2(5) and (6):			}		•	
If gain, also enter in Part I, line 8,		· · · · · ·) [}			
If (loss), enter -0- in Part I, line 8 art V Qualification U	Inder Section 4940(e	V fam Dadwaa	. 	11	3			
s the foundation liable for the sec	lify under section 4940(e). Do	not complete this pa	ert.					Yes X
Enter the appropriate amount in (a)			tore making any e					(d)
Base period years Calendar year (or tax year beginni	ng in) Adjusted qualify	ing distributions	Net value of no	(c) nchar		sets	Distrib (col. (b) div	oution ratio rided by col. (c))
2014		18765.			1101			.1702
2013		0.				0.		.0000
2012		118209.	<u> </u>		1379			.8569
2011 2010		29694. 74439.			1249 1098		·	.2376
2010		74433.			1030	5/.		.6775
Total of line 1, column (d)							2	1.9425
Average distribution ratio for the	5-vear base period - divide the	total on line 2 by 5.	or by the number	of ve	ars			100110
the foundation has been in exister	•	- ,	•	•			3	.3885
Enter the net value of noncharitab	le-use assets for 2015 from F	art X, line 5					4	13124
							}	
Multiply line 4 by line 3							5	5098
							}	
Enter 1% of net investment incon	ne (1% of Part I, line 27b)					·	6	
Add lines E and C							} _ {	EAAA
Add lines 5 and 6	•						7	5098
Enter qualifying distributions fron	n Part XII. line 4						8	7716
If line 8 is equal to or greater than		// line thiand comm	lete that part using	10 פח	% tay rate	1		
See the Part VI instructions.	r, onoon allo box in l'art	,o 12, and 00mp	note that part using	gui	o lan lalo.			

THE CHRISTIAN EDUCATION FOUNDATION OF

Part VI Excise Tax Based on Investment Income (Section 4940(e), 4940(e), or 4948 - see instructions)	For	n 990-PF (2015) THE NORTHWEST		<u>319</u>			Page 4
Date of ruling or determination letter: Domestic foundations that meet the section 4940(e) requirements in Part V, check here X	Pi	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ctio	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ▼ and enter 1% of Part I, lime 27D c All other domestic Coundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cct. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 3 1 1. 4 Subtries A (mocne) lax (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 5 1 2. 6 Credistic Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exp and with applicanch for actions on of the line 3. If zero or less, enter -0- 5 1 . 6 Credistic Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exp and with applicanch for actions on of the line 16 (form 8868) 6 Basup withholding erronously withhold 7 Total cordists and payments. Add lines is a through 6d 8 Eriet any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 Tax dee. If the total of hiers 5 and 8 is more than line 7, sinder amount overpaid 11 Credit the total of hiers 5 and 8 is more than line 7, sinder amount overpaid 12 Overpayment. Illino 7's innor the line 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment Illino 7's innor than the total of lines 5 and 8, and the amount overpaid 11 Credit the amount of line 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment and 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 ov	1:	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ▼ and enter 1% of Part I, lime 27D c All other domestic Coundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cct. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 3 1 1. 4 Subtries A (mocne) lax (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 5 1 2. 6 Credistic Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exp and with applicanch for actions on of the line 3. If zero or less, enter -0- 5 1 . 6 Credistic Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exp and with applicanch for actions on of the line 16 (form 8868) 6 Basup withholding erronously withhold 7 Total cordists and payments. Add lines is a through 6d 8 Eriet any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 Tax dee. If the total of hiers 5 and 8 is more than line 7, sinder amount overpaid 11 Credit the total of hiers 5 and 8 is more than line 7, sinder amount overpaid 12 Overpayment. Illino 7's innor the line 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment Illino 7's innor than the total of lines 5 and 8, and the amount overpaid 11 Credit the amount of line 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment and 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment is 10 overpayment in 10 to be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 overpayment in 10 to 10 be Gradited to 2015 estimated tax. PRON 10 ov				1			
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here			-				;
8 Enter any peaalty for underpayment of estimated tax. Check here	_		٠,	1	•		n '
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11 Part VIII-A Statements Regarding Activities 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation make any changes, not previously reproted to the IRS? If "Yes," attach a detailed description of the activities 4 By language in the governing instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If "Yes," attach the statement required by General Instruction T. 4 Sy state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument,				 -			•
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	10	DID ANY PELSONS DECOME SUBSIGINAL COMMODITIES GUILING THE TAX YEAR' II "Yes," attach a schedule listing their names and addresses	2 T.W.T				(2015)

THE CHRISTIAN EDUCATION FOUNDATION OF

THE NORTHWEST 94-3196458 Form 990-PF (2015) Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified person had advisory privileges? If "Yes." attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of **GARY D. BOTIMER** Telephone no. $\triangleright 208 - 466 - 3341$ Located at ► 13753 LOCUST, NAMPA, ID ZIP+4 ▶83686 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N/A No 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, Yes securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 16 Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? X 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)); a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2015.) 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? Form 990-PF (2015)

THE CHRISTIAN EDUCATION	FOUNDATION OF	7		
Form 990-PF (2015) THE NORTHWEST Part VII-B Statements Regarding Activities for Which	Form 4700 May Po	Poguirod (<u>94-31964</u>	58 Page 6
5a During the year did the foundation pay or incur any amount to:	FOITH 4/20 Way be I	nequired (contin	uea)	
• (1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 1015(a)\2		es X No	
(2) Influence the outcome of any specific public election (see section 4955);	` ''		ES LEAL NO	
any voter registration drive?	or to carry on, uncomy or man		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?		es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠. س		
4945(d)(4)(A)? (see instructions)	on document in occupin	[] Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			1 1
the prevention of cruelty to children or animals?	,		es X No	} }
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru		Ť	N/A	5b
Organizations relying on a current notice regarding disaster assistance check I	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		;
expenditure responsibility for the grant?	Ŋ	I/A 🗀 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			} } ;
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y(es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		1_0	6b X
If "Yes" to 6b, file Form 8870.				.
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙	
b if "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	У	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
GARY D. BOTIMER	PRESIDENT			
13753 LOCUST LANE			!	
NAMPA, ID 83686	0.00	0.	0.	0.
JAQUELINE K. BOTIMER	SECRETARY			
13753 LOCUST LANE			i	
NAMPA, ID 83686	0.00	0.	0.	0.
		1	{	
			,	
		 		
		}	{	
		Ì	}	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
	r=	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position	 	compensation	allowalices
1101111		l	}	
	 	 		
		}	[
		1	[
			[
		1		
·	L	L	l	
Total number of other employees paid over \$50,000				0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highl Paid Employees, and Contractors (continued)	ly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of sen	vice (c) Compensati
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	
2	
3	
3	
4	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	rungan
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶ 000 PF 100
	Form 990-PF (20

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 133242. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 133242 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 3 1999. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 131243. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 6562. Part XI | Distributable Amount (see instructions) (Section 4942())(3) and (i)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 6562. Minimum investment return from Part X, line 6 2a Tax on investment income for 2015 from Part VI, line 5 b Income tax for 2015. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 6561. 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6561 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 77160. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3а b Cash distribution test (attach the required schedule) 3b 77160. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) - 2015
1 Distributable amount for 2015 from Part XI,				
line 7				6561.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010 68950.	·			
b From 2011 23447.	j			
c From 2012 111312.				
d From 2013 106243.				
e From 2014 13258.				
f Total of lines 3a through e	323210.			
4 Qualifying distributions for 2015 from	0202201			
Part XII, line 4: ► \$		·		
a Applied to 2014, but not more than line 2a		į	0.	
b Applied to undistributed income of prior			<u></u> _	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied-to 2015 distributable amount				6561.
e Remaining amount distributed out of corpus	70599.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	393809.			
b Prior years' undistributed income. Subtract	3,3007.			
line 4b from line 2b)	0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				,
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.	ł		0.	:
f Undistributed income for 2015. Subtract			`	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	68950.			
9 Excess distributions carryover to 2016.		ļ		
Subtract lines 7 and 8 from line 6a	324859.			
10 Analysis of line 9:				
a Excess from 2011 23447.				
b Excess from 2012 111312.		ļ		}
c Excess from 2013 106243.	}			
d Excess from 2014 13258.		}		
e Excess from 2015 70599.				Form 990-PF (2015)

THE CHRISTIAN EDUCATION FOUNDATION OF Form 990-PF (2015) THE NORTHWEST 94-3196458 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a-If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) 4942(j)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2015 (b) 2014 (d) 2012 income from Part I or the minimum (c) 2013(e) Total investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: _) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed; GARY D. BOTIMER

13753 LOCUST LANE, NAMPA, ID 83686

b The form in which applications should be submitted and information and materials they should include:

LETTER OF EXPLANATION REGARDING THE ORGANIZATION AND ITS REQUEST.

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

EDUCATIONAL INSTITUTIONS, MATERIALS & TEACHERS

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Part XV Supplementary Information (continued) 3 . Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GEM STATE ACADEMY 501(C)(3) FURTHER EDUCATIONAL 16115 S MONTANA AVE GOALS CALDWELL ID 83605 5000. LOMA LINDA UNIVERSITY SCHOOL OF 501(C)(3) FURTHER EDUCATIONAL MEDICINE - ORTHOPEDICS GOALS 11234 ANDERSON STREET LOMA LINDA, CA 92354 15075. NAMPA SDA COMMUNITY SERVICE CTR 501(C)(3) FURTHER EDUCATIONAL 307 W. IOWA AVE. GOALS NAMPA ID 83686 3300. PROMISE KEEPERS 501(C)(3) FURTHER EDUCATIONAL GOALS 2000. WALLA WALLA UNIVERSITY 501(C)(3) FURTHER EDUCATIONAL 204 SOUTH COLLEGE AVENUE GOALS COLLEGE PACE, WA 99324 50000. **▶** 3a Total 75375. b Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

					
Enter gross amounts unless otherwise indicated.	Unrelate (a) Business	d business income (b)	(C) Exclu-	ed by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a		<u> </u>			
b	-				
c	1 1				
d	1 1				
e					
†				1	
g Fees and contracts from government agencies	-				
2 Membership dues and assessments			777		
3 Interest on savings and temporary cash					
investments	1		14	100.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			7-1		
property	1		1 1	{	
7 Other investment income			7-7		
8 Gain or (loss) from sales of assets other			7-7		
than inventory)		1		
9 Net income or (loss) from special events			1 1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			} }		
b	1 1				
c	1 1				
	1 1				
·	_				
e			1_1		
· · · · · · · · · · · · · · · · · · ·		0	•	100.	0.
е		0			0. 100.
e		0	•		
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Acco	mplishment of E	Exempt	Purposes	100.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	Purposes	100.

Part XVI	I Information Ro Exempt Organ		s To and Transactions a	and Relationships With Non	charitable	
1 Did the			following with any other organization	on described in section 501(c) of		es No
		<u>=</u>	ction 527, relating to political organ	• •	-	55 110
	•	ation to a noncharitable ex	- · ·	nzationo.	1 1	
(1) Cas			····		1a(1)	x_
	er assets				1a(2)	X
b Other tra						
(1) Sal	es of assets to a noncharita	ible exempt organization			1b(1)	X
(2) Pur	chases of assets from a no	ncharitable exempt organiz	ration		1b(2)	X
(3) Rer	ntal of facilities, equipment,	or other assets			1b(3)	X
(4) Rei	mbursement arrangements	•			1b(4)	X
	ns or loan guarantees				1b(5)	<u> </u>
• •		embership or fundraising so			1b(6)	X_
		uling lists, other assets, or p			10	X_
				ways show the fair market value of the go		3,
		other assets, or services re		ue in any transaction or sharing arranger	nent, snow in	
(a) Line no	(b) Amount involved		naritable exempt organization	(d) Description of transfers, transaction	ne and charing arran	
(4) 2.110 110	(0)	 	I/A	(a) Description of Ballsters, Ballsaction	is, and sharing arain	gernerits
			.,,			
						
		ļ				
						
				<u> </u>		
			to, one or more tax-exempt organi	zations described	<u>,</u>	[37]
	• •	r than section 501(c)(3)) or	IN SECTION 52/7		Yes	X No
b it yes,	complete the following sch (a) Name of org		(b) Type of organization	(c) Description of rel	ationship	
	N/A	ganization	(b) Type of organization	(c) Description of ref	attoristilp	
	II/A					
		•				
Und	er penalties of perjury, I declare	that I have examined this return	, including accompanying schedules and	statements, and to the best of my knowledge	May the IRS disc	cuss this
Sign	belief, it is true, content, and con	inplete itteclaration of preparer (other than taxpayer) is based on all inform	nation of which preparer has any knowledge	return with the p	reparer
Here		m	3/5/17		X Yes	☐ No
Si	gnature of officer or trustee		Date	Title		
	Print/Type preparer's na	3	arer's signature		PTIN	
Deid	LOREN D. H	OSTEK,	/	3/3/2017 self- employed		
Paid	CPA		O. There		P009382	99
Preparer Use Only		EN D. HOSTEK	C, CPA	Firm's EIN		
USE OIN		00 01 00 3	TITO # 401			
		09 21ST AVE				٥٦
	SE	ATTLE, WA 98	777	Phone no. 20	6-623-93 Form 990-	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Name of the organization Employer identification number THE CHRISTIAN EDUCATION FOUNDATION OF NORTHWEST 94-3196458 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE NORTHWEST

Employer identification number

THE CHRISTIAN EDUCATION FOUNDATION OF

94-3196458

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY & JACQUELINE BOTIMER 13753 LOCUST LANE NAMPA, ID 83686	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CHRISTIAN EDUCATION FOUNDATION OF

art II	Noncash Property (see instructions) Use duplicate copies of Par		-3196458
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		 \$	

_	(Form 990, 990-EZ, or 990-PF) (2015) anization		Employer identification number						
	RISTIAN EDUCATION FOUR	DATION OF							
	RTHWEST	A-6	94-3196458						
art III	the year from any one contributor. Complete	columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 in the entry. For organizations						
	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or less	for the year (Enter this info once) > \$						
a) No. I	Use duplicate copies of Part III if addition	tal space is needed.							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I		 							
]		l ————————————————————————————————————	_						
		 	_						
		} 	_						
-		(e) Transfer of gift							
	Transferee's name, address, a	and 7 (D ± 4	Relationship of transferor to transferee						
<u> </u>	mansieree s name, address, a	110 237 7 4	netationship of transfer to transferee						
1									
a) No.			·						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-			-						
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L									
}	(e) Transfer of gift								
[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
} -									
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'									
a) No.	(b) Purpose of gift	(2) 1122 -6 -155	(a) Description of house sist is hold						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from									
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rom									
from		(a) Transfer of nift							
from Part I		(e) Transfer of gift							
from	Transferee's name, address, a	•	Relationship of transferor to transferee						
from		•	Relationship of transferor to transferee						
from		•	Relationship of transferor to transferee						
from		•	Relationship of transferor to transferee						
rom Part I		•	Relationship of transferor to transferee						
) No.		•	Relationship of transferor to transferee (d) Description of how gift is held						
Part I	Transferee's name, address, a	nd ZIP + 4							
from	Transferee's name, address, a	nd ZIP + 4							
a) No.	Transferee's name, address, a	nd ZIP + 4							
a) No.	Transferee's name, address, a	nd ZIP + 4 (c) Use of gift							
a) No.	Transferee's name, address, a	nd ZIP + 4							
) No.	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift							

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY	CASH IN	IVESTMENTS	STATEMENT	1
SOURCE	(A REVE PER B	NUE		(B) IVESTMENT ICOME	(C) ADJUSTEI NET INCOM	
WELLS FARGO		100.		100.	1	.00.
TOTAL TO PART I, LINE 3		100.		100.	1	.00.
FORM 990-PF	ACCOUNTI	NG FEES	3		STATEMENT	2
DESCRIPTION		NET IN	WEST-		(D) CHARITA ME PURPOS	
ACCOUNTING	1785.		0.		0. 17	85.
TO FORM 990-PF, PG 1, LN 16B	1785.		0.		0. 17	85.
	SUBSTANTIA ART VII-A,				STATEMENT	3
NAME OF CONTRIBUTOR	ADDR	ESS				
GARY & JACQUELINE BOTIMER		3 LOCUS A, ID 8				
THE BOTIMER FAMILY TRUST	NAMP	A, ID 8	3686			