efile GRAPHIC	orint - DO NOT PROCESS	As Filed Data -				DI	LN: 9	3493124009461
Form 990	Return of Org	- 4947(a)(1) of the Int	ternal Revenue Code	e (exce	pt priv	ate foundation	ons)	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		ial security numbers o		•	•			Open to Public Inspection
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated	C Name of organization NORTHWESTERN COLLEGE Doing business as		-			D Employer 42-06983	196	ification number
☐ Amended return ☐ Application pending	Number and street (or P.O. box if m 101 7th Street SW City or town, state or province, cou Orange City, IA 51041			Le		(712) 70		
	F Name and address of principal Kent Wiersema 101 7th Street SW Orange City, IA 51041	al officer:			subord	a group retu dinates? I subordinate		□Yes ☑No □Yes □No
I Tax-exempt status: J Website: ▶ www	▼ 501(c)(3)	(insert no.) 4947((a)(1) or	H(c)	If "No		•	e instructions) er ▶

196 e number 7-7121 eipts \$ 58,953,483 urn for □Yes **☑**No ☐ Yes ☐No st. (see instructions) number 🟲 L Year of formation: 1883 M State of legal domicile: IA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: Institution of Higher Education providing postsecondary educational services, including both graduate and undergraduate programs 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 28 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,217 6 Total number of volunteers (estimate if necessary) 120 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 4,976,684 6,519,219 38,971,163 40,589,609 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,217,983 4,015,084 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 223,656 253,866 52,389,486 51,377,778 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17,205,526 18,220,456 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,206,815 19,151,490 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,644,176 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 12,722,222 12,821,710 48,134,563 50,193,656 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,254,923 Revenue less expenses. Subtract line 18 from line 12 . 1,184,122 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . 148,670,180 150,007,512 21 Total liabilities (Part X, line 26) . 9,574,850 11,012,131 138,995,381 Net assets or fund balances. Subtract line 21 from line 20 139,095,330

Signature Block

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

Sign	Signature of o

2021-05-04 Cent Wiersema V.P. for Finance and Operation

Paid **Preparer** Use Only

Here

Activities & Governance

Ravenue

Expenses

Net Assets or Fund Balances

, pc	or prine name and acc					
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	Firm's name 🕨	Firm's EIN ▶				
	Firm's address ▶			Phone no.		

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat. No. 11282Y

Form 990 (2019)

☐ Yes ☐ No

Form	990 (2	019)					Page 2
Pa	rt III	Statement of	Program Service	e Accomplis	hments		
		Check if Schedul	e O contains a respo	nse or note to a	any line in this Part III		🗆
1	Briefly	describe the orga	anization's mission:				
			stian academic comi redeeming work in		g students in couraged	ous and faithful learning and living	g that empowers them to
2		-	, -		vices during the year	which were not listed on	☐ Yes ☑ No
	If "Yes	s," describe these	new services on Sch	iedule O.			
3	servic	es?	ase conducting, or m changes on Schedul		changes in how it con	ducts, any program	☐ Yes ☑ No
4	Sectio	n 501(c)(3) and 5		ns are required	to report the amount	e largest program services, as me of grants and allocations to other	
4a	(Code:	lditional Data) (Expenses \$	40,110,907	including grants of \$	18,220,456) (Revenue \$	44,578,245)
4b	(Code:	lditional Data) (Expenses \$	4,399,031	including grants of \$	0) (Revenue \$	6,799,533)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services	(Describe in Schedu	ule O.) uding grants of	\$	0) (Revenue \$	0)
	· ·	program service		44,509,9	·	, (+	- <i>i</i>
		g		,. 35,5			Form 990 (2019)

Form	990 (2019)			Page 3
Par	t 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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
202	Did the erganization energies one or more beguital facilities? If "Ves " complete Schodule U	ı I		

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

20a

20b

21

rm :	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No
ט	A family member of any individual described in line 20a: 11 Tes, complete Schedule L, Fait IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
ŀ	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
Ба	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		
5	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
	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
	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Ves	Nο

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

2,284

0

1c

Yes

01111	990 (2019)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
	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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

01111	550 (2015)						rage u
Pa	Part VI Governance, Management, and Disclosure For each "Yes 8a, 8b, or 10b below, describe the circumstances, processes, Check if Schedule O contains a response or note to any line in the contains a response or note to any line in the circumstances."	or changes in Schedu	ule O.		" respo	onse to i	lines 🔽
Se	Section A. Governing Body and Management						
_						Yes	No
la	1a Enter the number of voting members of the governing body at the	· · · · · · · · · · · · · · · · · · ·	1a	28			
	If there are material differences in voting rights among members o body, or if the governing body delegated broad authority to an exesimilar committee, explain in Schedule O.						
b	b Enter the number of voting members included in line 1a, above, wh	o are independent	1b	20			
2	2 Did any officer, director, trustee, or key employee have a family re officer, director, trustee, or key employee?	lationship or a busines	ss rela	tionship with any other	2	Yes	
3	3 Did the organization delegate control over management duties cust of officers, directors or trustees, or key employees to a management				3		No
4	4 Did the organization make any significant changes to its governing	documents since the	prior F	orm 990 was filed? .	4		No
5	5 Did the organization become aware during the year of a significant	diversion of the orgar	nizatio	n's assets? .	5		No
6	6 Did the organization have members or stockholders?				6		No
7a	7a Did the organization have members, stockholders, or other persons members of the governing body?	who had the power t	o elec	t or appoint one or more	7a		No
b	b Are any governance decisions of the organization reserved to (or supersons other than the governing body?	•		pers, stockholders, or	7b		No
8	8 Did the organization contemporaneously document the meetings he the following:	eld or written actions (undert	aken during the year by			
а	a The governing body?				8a	Yes	
b	b Each committee with authority to act on behalf of the governing bo	dy?			8 b	Yes	
9	9 Is there any officer, director, trustee, or key employee listed in Par organization's mailing address? <i>If "Yes," provide the names and ad</i>			be reached at the	9		No
Se	Section B. Policies (This Section B requests information about	ıt policies not requi	ired b	y the Internal Revenue	Code	e.)	
						Yes	No
	LOa Did the organization have local chapters, branches, or affiliates? .				10a		No
b	b If "Yes," did the organization have written policies and procedures and branches to ensure their operations are consistent with the organizations	governing the activitie anization's exempt pu	es of si urpose	uch chapters, affiliates, s?	10b		
	Has the organization provided a complete copy of this Form 990 to form?				11a	Yes	
	b Describe in Schedule O the process, if any, used by the organizatio						
	12a Did the organization have a written conflict of interest policy? If "No	. •			12a	Yes	
	b Were officers, directors, or trustees, and key employees required to conflicts?				12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce Schedule O how this was done		policy	? If "Yes," describe in	12c	Yes	
13			•		13	Yes	
14	-		• •		14	Yes	
15	persons, comparability data, and contemporaneous substantiation	of the deliberation and					
	a The organization's CEO, Executive Director, or top management off	icial			15a	Yes	
b	b Other officers or key employees of the organization				15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see						
	L6a Did the organization invest in, contribute assets to, or participate in taxable entity during the year?				16a		No
b	b If "Yes," did the organization follow a written policy or procedure re in joint venture arrangements under applicable federal tax law, and status with respect to such arrangements?	take steps to safegua	ard the	evaluate its participation e organization's exempt			
	<u> </u>				16b		
<u>Se</u> 17	Section C. Disclosure List the states with which a copy of this Form 990 is required to be	filed▶					
18	• • • • • • • • • • • • • • • • • • • •	024-A if applicable), 9	990, ar	nd 990-T (501(c)(3)s			
	☐ Own website ☑ Another's website ☐ Upon request ☐	_		<i>'</i>			
19		nade its governing dod		•			
20		possesses the organi	ization	's books and records:			
	- · · · · · · · · · · · · · · · · · · ·				F	orm 99 6	0 (2019)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation 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. Sie instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization org	year.		•						, ,		-	n's tax
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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n												
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

	ustee	Trustee	ee	npensated		
See Additional Data Table						

1b :	Sub-Total						>						
c ·	Total from continuation sheets to Pa	art VII, Section	Α.				▶						
d ·	Fotal (add lines 1b and 1c)						▶		927,648	3	0		0
2													
												Yes	No
3	Did the organization list any former	officer, director	or trust	ee, k	ey er	mplo	yee,	or hig	ghest compens	ated employee on			
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•		•		•			3	Yes	

1b 5	Sub-Total						>									_
сΊ	otal from continuation sheets to Pa	rt VII, Section	Α				▶									_
d Ţ	otal (add lines 1b and 1c)						▶			927,648			0		(5
2	Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove) wh	o rece	eived m	ore than	\$100,00	0				_
														Yes	No	-
3	Did the organization list any former of	officer, director	or trust	ee, k	ey er	mplo	yee,	or hig	ghest co	ompensa	ted empl	oyee on				

C	otal from continuation sneets to Part VII, Section A			
d.	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

	Total from continuation sheets to Part VII, Section A > Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	muvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marriada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	maxistar.	4	Yes	<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpens	ation	
	(A) (B)		(C	2)

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	individual	[4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual services rendered to the organization? If "Yes," complete Schedule J for such person		5		No		
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100, from the organization. Report compensation for the calendar year ending with or within the organization's tax		pens	ation			
	(A) (B)		(C)		
	Name and business address Description of	of services		Comper	sation		
РО В	Four-Way Contracting, PO Box 151 1601 Commercial Dr						
Alton	,IA 51003						

Alton, IA 51003	
2 Total number of independent contractors (including but not limited to those listed above) who received more than compensation from the organization ► 1	1 \$100,000 of
	Form 990 (2019)

		(2019)								Page 9
Part	VIII									
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1 a	Federated campa	aigns		1a	0		revenue		312 - 314
Grants mounts	b Membership dues 1b				1b	0				
Gra not	١,	c Fundraising even	its .		1c	0				
IS, (d Related organiza		Ļ	1d	0				
Gif		e Government grants		Ŀ	1e	790,506				
ıs,		F All other contribution		Ļ	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ution er S		and similar amount above	s not	included	1 f	5,728,713				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contribution lines 1a - 1f:\$	ns in	cluded in	1g	0				
Cor		h Total. Add lines	1a-1	f			6,519,219			
						Business Code				
_	2a	Tuition and Fees				611310	33,563,078	33,563,078	0	0
Program Service Revenue	b	Sales and Service				611310	301,001	301,001	0	0
9. 9.	С	Auxiliary Expenses				611310	6,725,530	6,725,530	0	0
Servic										
ram (d									
Prog	e									
	f	All other program	serv	ice revenue.			0	0	0	0
		Total. Add lines 2				40,589,609	_		1	Г
		Investment income similar amounts) .				nterest, and other	2,913,606	5 0	0	2,913,606
		4 Income from investment of tax-exempt bo			ond proceeds			0	0	
	5	Royalties			•	•			0	0
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a		87,524		0			
	b	Less: rental	6b		7,858					
	c	expenses Rental income			7,838	'				
		or (loss)	6с		79,666	1	0			
	d	Net rental income	or (79,666	5	0	79,666
				(i) Securi	ties	(ii) Other	_			
	7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7,313,923 0			0						
	С	Gain or (loss)	7c	1,1	.01,478	,	o			
		Net gain or (loss)					1,101,478	3	0	1,101,478
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte		0 of						
eve		See Part IV, line 18	٠		8a	0				
r R		Less: direct expen			8b	0				_
the	С	: Net income or (los	ss) fr	om fundraisi	ing eve	ents 🕨	7		0	0
	9a	Gross income from See Part IV, line 19			9a	0				
	h	Less: direct expen			9a 9b	0				
		: Net income or (los				es >)	0	0
	4 ^	Cross selection	nr!	nı lası						
	108	Gross sales of inve returns and allowa			10a	327,927				
	b	Less: cost of good	s sol	ld	10b	253,924	1			
	c	Net income or (los	s) fr	om sales of	invent	ory >	74,003	74,003	0	0
		Miscellaneo				Business Code				
	11	a Athletic Camps				71394	53,632	2 53,632	0	0
	b	Accounts Payable	Disc	ount		90009	9 14,415	14,415	0	0
	_	Others				90009	9 32,150	32,150	0	0
	C	Other Revenues				90009	32,150	32,150		
	d	All other revenue	•				() (0	0
		Total. Add lines 1				•	100,197	7		
	12	Total revenue. S	ee ir	nstructions .	•	• • • •	51,377,778	40,763,809	0	4,094,750

Forn	n 990 (2019)				Page 10
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	17,001,839	17,001,839		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,218,617	1,218,617		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	927,648	518,491	409,157	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	14,316,100	11,965,287	1,311,553	1,039,260
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	753,404	618,469	89,429	45,506
9	Other employee benefits	2,145,865	1,740,088	227,400	178,377
10	Payroll taxes	1,008,473	821,401	120,210	66,862
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	37,494	0	37,494	0
	Accounting	118,508	18,601	83,220	16,687
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
	Investment management fees	224,376	0	224,376	0
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	545,253	428,395	19,258	97,600
	Office expenses	782,174	572,933	167,979	41,262
	Information technology	247,240	219,044	19,876	8,320
	Royalties	0	0	0	0,320
		829,501	319,970	509,531	
	Occupancy	696,930	643,185		39,276
	Payments of travel or entertainment expenses for any federal, state, or local public officials	090,930	043,183	14,469	0
10	Conferences, conventions, and meetings	229,112	210,591	14,470	4,051
	·	89,016	0	89,016	
	Interest	89,018	0	09,010	
	Payments to affiliates	-	-	0	
	Depreciation, depletion, and amortization	3,579,701	3,579,701		0
	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.)	496,199	229,534	266,665	0
	a Activities	208,029	166,932	17,401	23,696
	b Outside Instruction	573,279	573,279	0	0
•	c Library Acquisitions	218,076	218,076	0	0
•	d Food Service	2,139,904	2,139,904	0	0
	e All other expenses	1,806,918	1,305,601	418,038	83,279
25	Total functional expenses. Add lines 1 through 24e	50,193,656	44,509,938	4,039,542	1,644,176
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).

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Investments-program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets . .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Part X Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part IX			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	764,000	1	2,372,776
2 Savings and temporary cash investments	4,329,869	2	3,759,488
3 Pledges and grants receivable, net	2,640,261	3	2,057,445
4 Accounts receivable, net	354,282	4	234,895

Page **11**

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0

3,716,984

3,533,232

1,267,140

1.925.000

1,950,000

1,612,099

11.012.131

82,938,861

56,056,520

138,995,381

150,007,512

Form 990 (2019)

724,660

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150,007,512

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0 22

337,207

148,670,180

2,926,774

1.263.380

2.100.000

1,000,000

2,284,696

9.574.850

85,849,816

53,245,514

139,095,330

148,670,180

	3	Pledges and grants receivable, net			2,640,261	3	2,05
	4	Accounts receivable, net	354,282	4	23		
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these person	0	5			
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in so	0	6			
S	7	Notes and loans receivable, net	1,938,501	7	1,61		
set	8	Inventories for sale or use			87,270	8	12
Assets	9	Prepaid expenses and deferred charges			56,545	9	8
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	130,043,306			
	b	Less: accumulated depreciation	10b	50,568,798	82,725,018	10 c	79,47
	11	Investments—publicly traded securities .			54,684,812	11	55,86

		entity or family member of any of these persons	5.				-
	6	Loans and other receivables from other disqualisection $4958(f)(1)$, and persons described in se	0	6	0		
S	7	Notes and loans receivable, net	1,938,501	7	1,616,893		
set	8	Inventories for sale or use	87,270	8	122,673		
AS	9	Prepaid expenses and deferred charges			56,545	9	83,011
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	130,043,306			
	b	Less: accumulated depreciation	10b	50,568,798	82,725,018	10c	79,474,508
	11	Investments—publicly traded securities .		54,684,812	11	55,867,918	
	12	Investments—other securities. See Part IV, line	752,415	12	700,921		

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009572

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Form 990 (2019)

Form 990, Part III, Line 4a: Higher Education: Providing educational opportunities & service to 1546 students, consisting of 1037 residential students and 509 online students, at less than the aggregated costs of those services. Making grants to faculty members to further their education and to students to defray tuition & fees and room & board costs.

Software Version: v1.00

Form 990, Part III, Line 4b: Higher Education: Providing sales & services of auxiliary enterprises (room & board) to 864 students. Providing textbooks & sundry supplies to 1546 students. Both are essential components of the primary purpose of providing educational service.

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

Jay Wielenga

Jennifer Feenstra

Legal Counsel

Anita Bomgaars

Board Member Albert Okine

Board Member

Faculty Representative

Brad De Jong - ex officio

Board Member, Treasurer Rev Timothy Breen

Vice President for Advancement

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Gregory Christy President	0.00			х				251,272	0	0
Mark Husbands VP of Academic Affairs	40						x	168,842	0	0
Christy Hanson PA Program Director	40					х		164,893	0	0

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69,359

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Mark Husbands	40				х	168,842	
VP of Academic Affairs	0				^	100,042	
Christy Hanson	40						
				l x		164,893	
PA Program Director	0					,	
Douglas Beukelman	40						
~			X		Х	157,885	
Vice President of Financial Affairs	0					157,000	
	40						

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	any hours	hours and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Carl Wynja Board Member,Chairman	3	Х						0	0	0	
Dr Steve Locker Board Member	0	х						0	0	0	
Tricia Vermeer Board Member, Vice Chairman	0	х						0	0	0	
Darla Arends	1	Х						0	0	0	

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Board Member Dr Rick Melmer

Board Member Randy Oostra

Board Member Drew Vogel

Board Member Bob Bouwer

Board Member Catherine Bloom

Board Member Rev Travis Else

Board Member

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Julie Henrich	1	X						0	0	0	
Board Member	0										
Gary Malenke	1	X						0	0	0	
Board Member	0	<u> </u>	 			!			Ŭ		
Wade Schut Board Member	0	Х						0	0	0	
Mike Hardoman	1	[

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Board Member	
Wade Schut	
Board Member	
Mike Hardeman	
Board Member	

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Rev Van Rathbun

Board Member Wavne Van Heuvelen

Board Member Mark Van Holland

Board Member Bill Westrate

Board Member Eddy Aleman

Board Member Sherrie Barber Willson

Board Member

and Independent Contractors

and Independent Contractors (D) (A) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless hours per compensation compensation amount of other

	week (list any hours	and a director/trustee)						from the organization	from related organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Lori Scott Board Member	0	х						0	0	(
Dave Dunkelberger Board Member	0	х						0	0	(
Josiah Dunlap Board Member	0	х						0	0	(

Darren Kleis Board Member

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SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019			
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	ormation.	Open to Public Inspection					
Nam	e of th	nue Service h e organiza ERN COLLEGE	tion				Employer identific	<u> </u>			
NOKI	1000310	EKN COLLEGE					42-0698196				
	rt I		for Public Charity State				See instructions.				
	rganız		a private foundation because	•	•		(A)(!)				
1		•	onvention of churches, or as								
2	✓		scribed in section 170(b)(,	, ,					
3		·	or a cooperative hospital serv	_			-				
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives ' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			· · · · · · · · · · · ·	-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(s).						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	nization in your governing document? led on lines above (see		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
Tota		l. P. '	tion Act Notice, see the I		Cat. No. 11285		8-1	 90 or 990-EZ) 2019			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its 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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for									
	(Complete only if you cl						er Part II. If			
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	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									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

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10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2					
	organization.						
S	ection C. Type II Supporting Organizations						
_			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
_							
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):					
	The organization satisfied the Activities Test. Complete line 2 below.						
	b						
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No			
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's						
	involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.						
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h					

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction	ns				
7	Total annual distributions. Add lines 1 through 6.					
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		

7 Total annual distributions. Add lines 1 through 6.				
sive (provide				
10 Line 8 amount divided by Line 9 amount				
(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
Underdistributions	Distributable			
-	ive (provide			

8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: 19009572
Software Version: v1.00

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493124009461

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

• S • S • S • S • S • S • S • S • S	Section 501(c) (other than section 5 Section 527 organizations: Complet a organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election under n Form 990, Part IV, Line 5 (Proxy Ta s), then	ts I-A and C below 990-EZ, Part VI, Ii section 501(h)): Counder section 501(h	ne 47 (Lobbying Activities omplete Part II-A. Do not co n)): Complete Part II-B. Do r	mplete Part II-B. not complete Part II-A.
	me of the organization			Employer iden	tification number
NOF	RTHWESTERN COLLEGE			42.000404	
Dar	t I-A Complete if the orga	nization is exempt under secti	on EO1(c) or ic	42-0698196	zation
1		ization's direct and indirect political ca			
2		litures (see instructions)		•	\$
3		aign activities (see instructions)			Ψ <u> </u>
		nization is exempt under secti			
1	<u> </u>	ex incurred by the organization under s			<u> </u>
2	•	ex incurred by the organization managers			\$ \$
3	•	tion 4955 tax, did it file Form 4720 for			
	_	,	•		☐ Yes ☐ No
4a					☐ Yes ☐ No
b Par	If "Yes," describe in Part IV. t I-C Complete if the organ	nization is exempt under secti	on 501(c), exc	ept section 501(c)(3)	•
1	Enter the amount directly expend	ed by the filing organization for section	n 527 exempt func	tion activities 🕨	\$
2		anization's funds contributed to other			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	, line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive ee (PAC). If additional space is needed	nount paid from the red to a separate p	e filing organization's funds. political organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					

Schedule C (Form 990 or 990-EZ) 2019 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Nο C Mailings to members, legislators, or the public? Yes Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? Νo Direct contact with legislators, their staffs, government officials, or a legislative body? Yes Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Nο Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-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 include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b h C Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation

On a limited number of occasions, the president of the College may contact the legislators or their staff to Schedule C, Part II-B, Line 1 discuss matters of interest to the College, or may visit them for a brief meeting as an incidental part of an unrelated business trip. Students are encouraged to write letters to legislators with concerns regarding

financial aid or higher education.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493124009461

OMB No. 1545-0047

2019

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

terna	al Revenue Service	1990 for instructions and the latest infor	mation.	In	spection
	me of the organization RTHWESTERN COLLEGE		Employer id	entification	number
			42-0698196		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		r Accounts.		
	Complete if the organization answered Te	(a) Donor advised funds	(b) Fund	ds and other	accounts
	Total number at end of year	(a) z onor dayless range	(=)::::::		
2	Aggregate value of contributions to (during year)				
1	Aggregate value of grants from (during year)				
ı.	Aggregate value at end of year				
•	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor ad	vised funds are	the	
	organization's property, subject to the organization's ex-				Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor				
	private benefit?				Yes 🗌 No
Pai	rt II Conservation Easements.				
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.			
•	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	\square Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically imp	ortant land	area
	Protection of natural habitat	Preservation of a c	ertified historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	m of a conserv	ation	
	easement on the last day of the tax year.			at the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	L	2b		
С	Number of conservation easements on a certified historic		2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by t	the organization	n during the	
ļ	Number of states where property subject to conservatio	n easement is located >			
;	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violations,		
	and enforcement of the conservation easements it holds			☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec •	ting, handling of violations, and enforcing co	nservation eas	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	vation easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 13	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		, =()(1)()	☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state			
ar	t III Organizations Maintaining Collections		er Similar A	ssets.	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.			
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in for			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publications as a second relationship.				
(following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$		
	ii)Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for finar		ide the	
а	Revenue included on Form 990, Part VIII, line 1	• •	▶\$		0
b	Assets included in Form 990, Part X		_		0

Cat. No. 52283D

Schedule D (Form 990) 2019

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

 ${f c}$ Leasehold improvements

 ${f d}$ Equipment .

e Other .

Sche	edule D (Form 990) 2019								Page 2
Par	t IIII Organizations Ma	aintaining Collections o	of Art, His	torical T	reası	ıres, or Othe	r Similar As	ssets (co	ntinued)
3	Using the organization's acquitems (check all that apply):	uisition, accession, and other	records, ch	eck any of	the fo	llowing that are	a significant ι	use of its c	ollection
а	✓ Public exhibition			d 🗆	Loan	or exchange pro	ograms		
b	Scholarly research			e 🗌	Othe	r			
С	✓ Preservation for future	generations							
4	Provide a description of the open Part XIII.	organization's collections and	explain hov	v they furt	her th	e organization's	exempt purpo	se in	
5	During the year, did the orga assets to be sold to raise fun			•				☐ Yes	☑ No
Pa		odial Arrangements. ganization answered "Yes	" on Form	990, Part	: IV, li	ne 9, or repor	ted an amou		
1a	Is the organization an agent, included on Form 990, Part X	•						☐ Yes	□ No
	TE "Van " averlain tha announce	manutic Doub VIII and assess						mount	
b c	If "Yes," explain the arrange	•		-		1c	A	mount	
d	Beginning balance					<u> </u>			
e	Additions during the year					· · · 			
f	Distributions during the year					' _ 			
•	Ending balance								
2a	Did the organization include	an amount on Form 990, Par	t X, line 21,	for escrov	v or cu	istodial account	liability?	∐ Yes	∐ No
b	If "Yes," explain the arrange	ment in Part XIII. Check here	e if the expla	anation ha	s been	provided in Part	XIII		
Pa	ert V Endowment Fund		u =		T) ():				
	Complete if the org	ganization answered "Yes (a) Currer		990, Part (b) Prior yea		ne 10. (c) Two years bac	(d) Three ve	ars back (e	e) Four years back
1 a	Beginning of year balance .		,662,773	53,73		49,413,2		166,107	46,731,119
	Contributions		998,356	2,60	7,989	927,04	19	375,413	481,090
С	Net investment earnings, gain	s, and losses	,179,222	2,23	9,908	4,670,93	88 6,	194,718	-1,455,388
	Grants or scholarships	·	,542,912	1,43	0,050	1,271,97	74 1,	323,022	1,292,164
	Other expenditures for facilities and programs	es	,000,000	49	4,303		0	0	298,550
f	Administrative expenses .		0		0		0	0	0
g	End of year balance	56	,297,439	56,66	2,773	53,739,22	29 49,	413,216	44,166,107
2	Provide the estimated percer	 ntage of the current vear enc	l balance (lir	ne 1a. colu	ımn (a)) held as:			-
а	Board designated or quasi-er	ndowment ► 7.98 %	·	3 ,		,,			
b	Permanent endowment >	47.02 %							
c	Temporarily restricted endow	vment ▶ 45 %							
·	The percentages on lines 2a,	***************************************	0%.						
3a	Are there endowment funds organization by:	,		that are h	eld an	d administered (or the		Yes No
	(i) unrelated organizations							3a(i	i) No
	(ii) related organizations .							3a(i	i) No
b	If "Yes" on 3a(ii), are the rel				₹? .			3b	
4	Describe in Part XIII the inte	nded uses of the organizatio	n's endowm	ent funds.					
Pa	rt VI Land, Buildings, a	and Equipment. ganization answered "Yes	" on Form	990, Part	: IV. li	ne 11a. See F	orm 990. Pa	rt X, line	10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or o						Book value
1a	Land	3,386,640		7.2	20,450				10,607,090
	Buildings	0		•	39,323		37,510,336		64,428,987

0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

16,348,426

1,148,467

4,290,462

147,969

12,057,964

1,000,498

	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV. line	11b.See Form 990 P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
(1) Financial d	derivatives			
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	•		
	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment	Part IV, line	11c. See Form 990, F	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX C	(b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line 1	▶ 11d. See Form 990, Par	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	Other Liabilities.		<u> </u>	<u> </u>
<u> </u>	Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability	art IV, line 1	11e or 11f.See Form	990, Part X, line 25. (b) Book
(1) Federal inc				value 0
(2) Student De				399,150
(3) Advance Pa (4) Miscellaneo	·			72,300 439,728
(5) Annuity Pa				700,921
(6)				
(8)				
(7) (8) (9)				
(8) (9) (10)	(b) must equal Form 990, Part X, col.(B) line 25.)			1,612,099

2

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

а

Schedule D (Form 990) 2019

Page 4

-19,606,552

51,407,326

-29,548

51,377,778

31,900,723

253,924

31,646,799

18,546,857

50.193.656

Schedule D (Form 990) 2019

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-1,386,096

224,376

-253,924

253,924

224,376

18,322,481

3

4c

2e

3

4c

5

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

e Amounts included on Form 990, Part VIII, line 12, but not on line 1:

3 4

Investment expenses not included on Form 990, Part VIII, line 7b . b

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . . .

C 5

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses and losses per audited financial statements

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572

Software Version: v1.00 **EIN:** 42-0698196

Name: NORTHWESTERN COLLEGE

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1	Collection items consist of art objects that are held for educational purposes. Each of the items is cataloged, preserved, and cared for, and kept unencumbered. Activities verifying their existence and assessing their condition are performed on a regular basis. Collection items acquired either through purchase or donation are not capitalized. Purchases of collection items are recorded as decreases in net assets without donor restrictions if purch assed with unrestricted assets and as decreases in net assets with donor restrictions if purchased with donor-restricted assets. Contributions of collection items are not recognized in the Statement of Activities. If collection items are sold, the proceeds from the sale are used to purchase additional collection items.

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part III, Line 4	The collection's holdings are composed primarily of etchings, engravings, lithographs and woodcuts. It also contains a few paintings and sculptures. The collection includes some se venty-five original works to be exhibited on campus to allow the campus, community and vis itors a chance to be exposed to original works of art on campus. This is one of the better ways to study the fine arts.	

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	Endowment funds are used to fund specific scholarships and grants to students and faculty along with funding specific building maintenance.

_ _ _

Supplemental Information		
Return Reference		Explanation
Schedule D, Part XI, Line 2d	Student Scholarships - \$18,220,456	

oplemental Information	
Return Reference	Explanation
nedule D, Part XI, Line 4b	Cost of Goods Sold - \$253,924

Sur

plemental Information	
Return Reference	Explanation
nedule D, Part XII, Line 2d	Cost of Goods Sold - \$253,924

Sup

Supplemental Information Return Reference Explanation Schedule D, Part XII, Line 4b Student Scholarships - \$18,220,456; Computer Equipment Capitalized - \$7261; Books and Other Equipment Capitalized - \$94,764

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124009461 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** NORTHWESTERN COLLEGE 42-0698196 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2							
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.							
Return Reference Explanation							
Schedule E, Part I, Line 3	Northwestern College publicizes its nondiscriminatory policy in local radio ads and in local employment ads in newspapers. The policy is also on Northwestern College's website, in the student handbook, faculty and staff handbook, college catalog, as well as in admissions pamphlets and applications. Northwestern College also publicizes its Vision for Diversity on its website.						
Schedule E, Part I, Line 6	Northwestern College receives Title IV funds for both undergraduate and graduate programs. Northwestern College has received Federal Health Care appropriation funds, lowa Curriculum Grant and lowa Teacher Quality Enhancement Grants. Northwestern College students also receive state funds, through the lowa Tuition Grant.						

Schedule E (Form 990 or 990-EZ) (2019)

SCHEDULE F	State	ement of A	Activities	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990)		lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, o ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public
Department of the Treasury nternal Revenue Service							Inspection
Name of the organization						Employer ider	ntification number
NORTHWESTERN COLLEGE						42-0698196	
General Inf Form 990, P			Outside the U	Jnited States. Comple	ete if the	organization a	inswered "Yes" on
1 For grantmakers.	Does the or	ganization mai	ntain records to	substantiate the amoun	t of its gra	ants and	
,	•	,	-	stance, and the selection	rcriteria ι 	used 	☑ Yes ☐ No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of its	s grants and ot	her assistance
3 Activites per Region.	(The followin	ng Part I, line 3 t	able can be dupli	icated if additional space is	needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total	n sheets to						
	nd 3b)	0	1 0		i		441,62

Cat. No. 50082W Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)		
		☐ Yes	✓ 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)	Yes	☑ 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).	Yes	☑ 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)	☐Yes	✓ 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 separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (Forr	n 990) 2019 Page 5
Pro an me an	pplemental Information ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information. See instructions. EF, Supplemental Information
Return Reference	Explanation
Schedule F, Part I, Line 2	International students may be awarded grants and scholarships to come to study. Grants and scholarships are awarded by the financial aid office and are monitored and applied to the student account in the business office. Funds are audited annually by independent auditors.

Additional Data

the United States)

Caribbean

Central America and the

Software ID: 19009572 **Software Version:** v1.00

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Cross Cultural Experience

9,679

Earm 990	Schedule F	Dart T -	Activities	Outside	The United	States
IFORIII 990	Schedule F	Part I -	ACUVIUES	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
North America (including Canada and Mexico, but not	0	0	Program Services	Cross Cultural Experience	17,963

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 0 | Program Services Cross Cultural Experience 64,674 Europe (including Iceland and 0 Program Services Cross Cultural Experience 303,499 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 Program Services Cross Cultural Experience 31,477 South Asia 0 Program Services Cross Cultural Experience 4,617

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 0 Program Services Cross Cultural Experience 9,711

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Various Grants, 32,175 Applied to Student Middle East Scholarships and lAccount land North Institutional Loans Africa Various Grants, 259.947 Applied to Student South America Scholarships and lAccount Institutional Loans

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Various Grants, 43,350 Applied to Student Central America Scholarships and Account and the Institutional Loans Caribbean Various Grants, 80.025 Applied to Student East Asia and Scholarships and Account the Pacific Institutional Loans

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S								
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
Various Grants, Scholarships and Institutional Loans	Sub-Saharan Africa	ω	,	Applied to Student Account	0				
Various Grants, Scholarships and Institutional Loans	Europe (including Iceland and Greenland)	9	,	Applied to Student Account	0				

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (b) Region (g) Description of (h) Method of (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 54,050 Applied to Student Various Grants, North America Scholarships and Account (including Institutional Loans Canada and Mexico, but not the United States)

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

Governments and Individuals in the United States

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493124009461

Open to Public Inspection

nternal Revenue Service							
ame of the organization ORTHWESTERN COLLEGE						Employer identific	ation number
						42-0698196	
Part I General Inforn	nation on Grants	and Assistance					
Does the organization ma the selection criteria used						ce, and	☑ Yes ☐ No
Describe in Part IV the organic	-	_	-				
Part II Grants and Other	Assistance to Don	nestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectEnter total number of other							

Schedule I

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

independent auditors.

(3) (4) (5)

(6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Schedule I. Part I. Line 2 Students qualify for federal, state and institutional scholarships, grants and loans based on their individual FAFSA application. Merit awards are based on levels of

achievement academically, musically, or artistically. Entitlement grants are given for students with a family connection to the College, denominational affiliation and travel grants for students traveling a long distance from campus. International students may be awarded grants and scholarships to come to study. Grants are awarded by the financial aid office following federal, state and institutional guidelines, which are also monitored and applied in the business office. Funds are audited annually by

Page 2

Additional Data

Academic Grants

Academic Grants

Activity Awards

Diversity Grants

Endowed Grants

Federal Grants

Software ID: 19009572 **Software Version:** v1.00

EIN: 42-0698196

Name: NORTHWESTERN COLLEGE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

946

876

219

250

946 10,565,341

10,565,341

3,994,063

268,159

554,499

185,029

orm 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.						
Gift Sponsored Grants	102	222,177	0			
Gift Sponsored Grants	102	222,177	0			
Institutional Grants	1104	2,399,713	0			
Faculty Research Fellowship	1	10,000	0			
Faculty Research Grant	8	21,475	0			

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19312	4009	461
Sch	nedule J	Co	mpensati	ion Information	00	1B No.	1545-0	0047
(Fori	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)
-	tment of the Treasury	► Go to <u>www.irs.gov</u>		to Form 990. instructions and the latest informa	tion.		to Pul	
	al Revenue Service ne of the organiz	ation		Fr	mployer identificat		ectio	
	RTHWESTERN COLLE						bci	
Pa	rt I Questi	ons Regarding Compensati	ion	42	2-0698196			
ı a	Questi	ons regarding compensati	1011				Yes	No
1a				the following to or for a person listed on the following to or for a person listed of the following these				
	First-class	or charter travel	\mathbf{Z}	Housing allowance or residence for per	rsonal use			
		companions		Payments for business use of personal				
		nification and gross-up payments	✓	Health or social club dues or initiation				
	☐ Discretion	nary spending account	ш	Personal services (e.g., maid, chauffer	ir, chef)			
b				follow a written policy regarding payme ve? If "No," complete Part III to explain		1 b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Line	la?			
3	organization's C	EO/Executive Director. Check all	that apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in F	Part III.			
	☐ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensatio	n committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filin	g organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b		No
c			'	nsation arrangement? . Dicable amounts for each item in Part II		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	1?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any				
а	The organization	1?				6a		No
b	, -			$\bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet $		6b		No
	· ·	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,	A, line 1a, did t " describe in Pa	the organization provide any nonfixed rt III		7	Yes	
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc		8		No
9				presumption procedure described in Re		9		
For F	Panerwork Redu	iction Act Notice, see the Insti	ructions for Fo	orm 990. Cat. No. 500	53T Schedule J	(Forn	990)	2019

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 on 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.

			: are not listed on Form 99 dividual must equal the to		Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.					
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
Douglas Beukelman Vice President of Financial	(i)	158,000	300	210	9,480	5,683	173,673	0		
Affairs	(ii)	0	0	0	0	0	0	0		
2 Christy Hanson PA Program Director	(i)	150,000	300	0	9,000	264	159,564	0		
TA Frogram Director	(ii)	0	0	0	0	0	0	0		
3 Gregory Christy President	(i)	235,000	30,300	2,185	14,100	17,683	299,268	0		
T CONCENTE	(ii)	0	0	0	0	0	0	0		
4 Jay Wielenga Vice President for	(i)	115,610	300	162	6,937	4,365	127,374	0		
Advancement	(ii)	0	0	0	0	0	0	0		
5 Jennifer Feenstra Faculty Representative	(i)	64,000	300	2,746	3,840	4,197	75,083	0		
	(ii)	0	0	0	0	0	0	0		
								_		
								_		
_										
					•		Schedule	J (Form 990) 2019		

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
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
Schedule J, Part I, Line 1a	Northwestern College provides a house for the president and pays a golf membership.
	In addition to the methods indicated on line 3, Northwestern College uses various market surveys for colleges and universities, along with local or regional data that is relevant. See Schedule O for more detailed explanation, Form 990, Part VI, Section B, Line 15.
Schedule J, Part I, Line 7	Based upon the president's compensation package, a bonus was paid during the year.

Schedule 1 (Form 990) 2019

DLN: 93493124009461 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** NORTHWESTERN COLLEGE 42-0698196 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No City of Orange City 42-6005071 11-15-2010 3,500,000 Student Housing Χ Χ Χ Part II **Proceeds** С D 1,575,000 2 3 3,500,000 5 6 7 8 9 10 3,500,000 11 12 13 2011 Yes Yes No Yes Yes No No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ **Private Business Use** Part 🏻 Δ В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

b

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Χ

Yes

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

No

Yes

Х

В

No

Yes

C

No

Yes

C

No

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC

requirements of section 148? . . .

	res	NO	res	NO	res
gross proceeds invested in a guaranteed investment contract		Х			

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

efile GRAPHIC p	rint - DO	NOT PROCES	S As F	iled Data -					DL	N: 93	4931	240	09461
Schedule L		Transactions with Interested Persons					10	1B No.	1545	5-0047			
	Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,						s. 🗀	20	11	$\overline{\mathbf{\Omega}}$			
			28b, or 2	8c, or Form 99	0-EZ, Part V	, line 38a or 4		, -	,	´	20		9
December of the Terrore		▶Go to <i>www.i</i>		ch to Form 99			forma	tion			pen	to P	ublic
Department of the Treasury Internal Revenue Service	′	PGO to <u>www.r</u>	is.gov/ro	1111990 101 111St	ruccions and	the latest iii	OHIIIa	itioii.			Inst		
Name of the organiz	zation						Eı	mplo	yer ide	ntifica			
NORTHWESTERN COLL	EGE								-				
	D C	• • • /	===	() ()	=======================================			2-069					
		Transactions (Inization answere		. , . , ,		,	, , ,	_		, ,	•		
		mization answere		Relationship be					escript		(4) Cor	rected?
1 (4) 111	unic or disc	qualifica person			organization	iiiica person ai	[']		ansacti			es	No
							+				+ •		110
							+						
2 Enter the amou	ınt of tax ir	ncurred by the or	ganization	managers or dis	qualified perso	ons during the	year ι	ınder	section	1	•		
4958									▶ 9				
3 Enter the amou	int of tax, i	f any, on line 2, a	above, reim	bursed by the c	organization .		•	•	. •	\$			
Part II Loans	to and/	or From Inter	ested De	reone									
		ganization answe			, Part V, line 3	8a, or Form 99	90, Pa	rt IV.	line 26	; or if	he ord	aniza	ation
		nt on Form 990,			, ,		-,	,		,			
		hip (c) Purpose			(e) Original			In .	(H			i) Wr	
interested person wit	th organiza	tion of loan	orga	anization?	principal amount	due	defa	ault?	Approv		ag	reem	nent?
					amount				comm				
			То	From	1		Yes	No	Yes	No	Yes		No
Total)	\$								
Part IIII Grants	or Assis	stance Benefit	ting Inte	rested Perso	ns.								
Comple	ete if the	organization an	swered "\	es" on Form 9	990, Part IV,	line 27.							
(a) Name of interest	ed person	(b) Relationship	between	(c) Amount	of assistance	(d) Type (of assi	istand	:e ((e) Pui	pose o	of ass	istance
		interested perso											
(4) G GI : I		organizat	ion		12.000	1							
(1) Gregory Christy President				Housing				esiden					
(2) Not Required Not Required			<u> </u>	Academic Sch				udent					
(3) Not Required		Not Required				Institutional (•		udent			
(4) Not Required		Not Required				Activity Awar		Student Financial Aid Student Financial Aid					
(5) Not Required		Not Required			9,550	Endowed Sch	oıarsh	iips	St	udent	rınancı	iai Ai	3
For Paperwork Reduct	ion Act Noti	se see the Instru	ctions for F	orm 990 or 990-1	F7 C:	at. No. 50056A		C-l		/Ear	000 -	. 000	-F7) 2019

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Return Reference

DLN: 93493124009461 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** NORTHWESTERN COLLEGE 42-0698196 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Χ 567 Appraisal 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 280,225 Stock Quotes 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ (______) Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 14 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2				
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2019)				

Additional Data

Software ID: 19009572

Software Version: v1.00 **EIN:** 42-0698196

Name: NORTHWESTERN COLLEGE

I.	L	in	es	2	5

Other ▶ (

Other ▶ (

Other ▶ (

Other ▶ (

Travel)

Meals)

Clock)

Gift Cards) Other ▶ (

Vinyl Lettering)

Part I, Lines 25-28				
	(a)	(b)	(c)	
	Check if	Number of contributions or	Noncash contribution	M
	applicable	items contributed	amounts reported on	nonc
			Form 990, Part VIII, line	
			1g	

1,268 Invoice

777 Invoice

500 Invoice

250 Invoice

75 Invoice

(d) Method of determining cash contribution amounts

Χ

Χ

Χ

Χ

Χ

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493124009461
SCHEDUL (Form 990 or EZ) Department of the T	990- Complete to pro	ovide information for or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 990 or 990 or 990 or 990 or 990-EZ.		OMB No. 1545-0047 2019 Open to Public Inspection
vame! & the of g NORTHWESTERN C 990 Schedule		n		mployer identif 2-0698196	fication number
Return Reference			Explanation		
Form 990, Part VI, Section A, Line 2	Drew Vogel (Board Member) serve mber) has a business relationship w dent. Carl Wynja (Chairman) has be ew Vogel (Board Member) has a intices to Northwestern College in exc wner of Tetrad Property Group, whis around \$20,000.00.	vith the bank where Ca unking relationships wi erest in. Brad DeJong ess of \$10,000. Lori So	rl Wynja (Board Chairman) is presi th various Vogel companies that Dr (Legal Counsel) provides legal sen cott, spouse David Scott, is co-o	i v	

Return Explanation

Form 990,
Part VI,
Section B,
Line 11b

The Form 990 is prepared by the Accountant, reviewed by the Comptroller, Vice President fo
r Finance and Operations and the President. The form is then made available to the Finance
Committee. Once the Finance Committee approves the Form 990, it is made available to the
Board of Trustees for their review prior to submission of the Form 990 to the IRS.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	Detailed conflict of interest questionnaires are provided annually to the trustees, office
Part VI,	rs and key employees. The questionnaires are then reviewed by the Finance Committee of the
Section B,	Board for any possible conflicts. The procedure requires specific areas to be addressed a
Line 12c	t a minimum, the specific concerns to be addressed individually and acted upon. Minutes ar
	e required of the Finance Committee for any and all actions with regard to any conflict of

interest proceedings.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The Director of Human Resources does market surveys, uses data for college and universitie s from CUPA, CCCU, IAICU, and uses local or regional data that is relevant. The Director o f Human Resources prepares a summary showing current salary, prior salary, market survey d ata, current pay range and market comparisons to current pay and pay range. The summary is reviewed by the Executive Committee, which functions as the compensation committee of the Board of Trustees. Based on the above data the Executive committee establishes reasonable compensation for officers, trustees and highly compensated employees.

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, None Part VI, Section C,

Line 17

Return Reference	Explanation
Part VI, Section C, Line 19	The governing documents and bylaws are available on the lowa Secretary of State website. T he conflict of interest policy is in the trustee handbook along with the faculty and staff handbooks and are available upon request. The financial statements are made available to the community through a published and annual report and the Form 990 is made available on the web at Guide Star website as well as upon request.

Return Explanation

Reference	
Form 990, Part XI, Line	Computer Equipment Capitalized of \$7,261, plus Books Capitalized of \$24,884, plus Other Funds Capitalized of \$69,880.

Return Reference	Explanation
Form 990,	Effective with the comparative statements for years ended June 30, 2020 and 2019 the Colle
Part XI Line	ge adopted Accounting Standard Undate (ASU) No. 2014-09 - Revenue from Contract with Custo

ge adopted Accounting Standard Update (ASÚ) No. 2014-09 - Revenue from Contract with Custo
mers (Topic 606). Tuition, room and board, and related fees received in advance of service
s to be rendered in the amount of \$381,190 are recorded as deferred revenue as of June 30,
2019 as a result of adopting ASU 2014-09.