# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

| <u>A</u>            | For the                    | e 2023 calendar year, or tax year beginning and   | ending        |                              |                               |
|---------------------|----------------------------|---|---------------|------------------------------|-------------------------------|
| В                   | Check if<br>applicable     | C Name of organization  |               | D Employer identifi          | cation number                 |
|                     | Addres                     | NORTH CASCADES INSTITUTE  |               |                              |                               |
|                     | Name<br>change             |   |               | 91-13277                     | 75                            |
|                     | Initial return             | 810 STATE BOITTE 20   | Room/suite    | E Telephone numbe (360) 85   |                               |
| _                   | ⊥return/<br>termin<br>ated |   |               | G Gross receipts \$          | 5,749,715.                    |
|                     | Ameno<br>return            | ded CEDDO WOOTTEX WA 00204 1220   |               | H(a) Is this a group re      |                               |
| F                   | Applic tion                |   |               | for subordinates             |                               |
|                     | pendir                     | SAME AS C ABOVE   |               | H(b) Are all subordinates in | —                             |
| $\overline{\Gamma}$ | Tax-exe                    | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c   | or 527        | 7                            | list. See instructions        |
|                     | Websit                     |   | J UZ.         | H(c) Group exemption         |                               |
|                     |                            | organization: X Corporation Trust Association Other   | <b>L</b> Year |                              | M State of legal domicile: WA |
|                     | art I                      | Summary   |               |                              | v                             |
|                     | 1                          | Briefly describe the organization's mission or most significant activities: INSP  | IRE EN        | VIRONMENTAL                  |                               |
| Governance          |                            | STEWARDSHIP THROUGH TRANSFORMATIVE LEARNI   | NG EXI        | PERIENCES IN                 | NATURE.                       |
| rna                 | 2                          | Check this box if the organization discontinued its operations or dispos  | ed of more    | than 25% of its net as:      | sets.                         |
| ove                 | 3                          | Number of voting members of the governing body (Part VI, line 1a)   |               | 3                            | 18                            |
| Ğ                   | 4                          | Number of independent voting members of the governing body (Part VI, line 1b)   |               |                              | 18                            |
| es &                | 5                          | Total number of individuals employed in calendar year 2023 (Part V, line 2a)  |               |                              | 76                            |
| Ϋ́                  | 6                          | Total number of volunteers (estimate if necessary)  |               |                              | 23                            |
| Activities &        | 7 a                        | Total unrelated business revenue from Part VIII, column (C), line 12  |               |                              | 0.                            |
| _                   | b                          | Net unrelated business taxable income from Form 990-T, Part I, line 11  | ······        |                              | 0.                            |
|                     |                            |   |               | Prior Year                   | Current Year                  |
| ē                   | 8                          | Contributions and grants (Part VIII, line 1h)   |               | 1,735,101.                   | 2,282,468.                    |
| Ju e                | 9                          | Program service revenue (Part VIII, line 2g)  |               | 1,132,036.                   | 1,284,503.                    |
| Revenue             | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |               | 353,747.<br>552,617.         | 247,232.                      |
|                     | 11                         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |               | 3,773,501.                   | 894,660.<br>4,708,863.        |
| _                   | 1                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |               | 509,963.                     | 468,911.                      |
|                     | 1                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |               | 0.                           | 0.                            |
|                     | 1                          | Benefits paid to or for members (Part IX, column (A), line 4)   |               | 2,670,249.                   | 2,833,877.                    |
| ses                 | 15                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) |               | 0.                           | 0.                            |
| Expenses            | h                          | Total fundraising expenses (Part IX, column (A), line 25) 348, 92   | <u> </u>      |                              | 0.                            |
| ă                   | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |               | 892,701.                     | 1,209,237.                    |
|                     |                            | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |               | 4,072,913.                   | 4,512,025.                    |
|                     |                            | Revenue less expenses. Subtract line 18 from line 12  |               | -299,412.                    | 196,838.                      |
|                     | 3                          | Trevende 1633 expenses. Oubtract line 16 from line 12   | Be            | eginning of Current Year     | End of Year                   |
| Net Assets or       | 20                         | Total assets (Part X, line 16)  |               | 8,007,979.                   | 8,910,640.                    |
| ASS                 | 21                         | Total liabilities (Part X, line 26)   |               | 456,966.                     | 472,142.                      |
| Net                 | 22                         | Net assets or fund balances. Subtract line 21 from line 20  |               | 7,551,013.                   | 8,438,498.                    |
| Pi                  | art II                     | Signature Block   |               | •                            |                               |
| Und                 | er pena                    | lties of perjury, I declare that I have examined this return, including accompanying schedules  | and statem    | ents, and to the best of my  | / knowledge and belief, it is |
| true                | , correc                   | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh  | ich preparer  | has any knowledge.           |                               |
|                     |                            |   |               |                              |                               |
| Sig                 | n                          | Signature of officer  |               | Date                         |                               |
| Hei                 | ·e                         | BEC DETRICH, EXECUTIVE DIRECTOR   |               |                              |                               |
|                     |                            | Type or print name and title  |               |                              |                               |
|                     |                            | Print/Type preparer's name Preparer's signature   |               | Date Check                   | PTIN                          |
| Pai                 |                            | ZOE JOENS, CPA ZOE JOENS, CPA   | C             | 07/03/24 self-employ         |                               |
|                     | parer                      | Firm's name JACOBSON JARVIS & CO, PLLC  |               | Firm's EIN 9                 | 1-2011386                     |
| Use                 | Only                       | Firm's address 200 1ST AVE W, SUITE 200   |               |                              |                               |
|                     |                            | SEATTLE, WA 98119   |               | Phone no. 20                 | 6-628-8990                    |
| Ma                  | y the IF                   | RS discuss this return with the preparer shown above? See instructions  |               |                              | X Yes No                      |

| Form | 990 (2023) NORTH CASCADES INSTITUTE 91-1327775 Page  | 2        |
|------|--|----------|
| Pa   |  | _        |
|      | Check if Schedule O contains a response or note to any line in this Part III   | <u> </u> |
| 1    | Briefly describe the organization's mission:   |          |
|      | THE INSTITUTE'S MISSION IS TO INSPIRE ENVIRONMENTAL STEWARDSHIP  |          |
|      | THROUGH TRANSFORMATIVE LEARNING EXPERIENCES IN NATURE.   |          |
|      |  | _        |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                                 | _        |
|      | orior Form 990 or 990-EZ?  | О        |
|      | f "Yes," describe these new services on Schedule O.  |          |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 | О        |
|      | f "Yes," describe these changes on Schedule O.   |          |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |          |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |          |
|      | revenue, if any, for each program service reported.  |          |
| 4a   | Code:) (Expenses \$944,228. including grants of \$247,713. ) (Revenue \$328,376.   | _ )      |
|      | MOUNTAIN SCHOOL - THIS PROGRAM IS AN IMMERSIVE ENVIRONMENTAL EDUCATION   |          |
|      | PROGRAM FOR 5TH GRADE CLASSES THAT HAS BEEN SERVING REGIONAL SCHOOLS   |          |
|      | SINCE 1990. THROUGH HANDS-ON INTERDISCIPLINARY ACTIVITIES, STUDENTS ARE  |          |
|      | CONNECTED TO THE NATURAL AND CULTURAL HISTORY OF OUR REGION, FORM  |          |
|      | CONNECTIONS WITH THEIR CLASSMATES AND THE ENVIRONMENT, AND SHARPEN   |          |
|      | THEIR UNDERSTANDING OF THEIR OWN IDENTITIES.   |          |
|      | IN SPRING 2023, THE INSTITUTE MODIFIED THE SCHEDULE TO SERVE STUDENTS  | _        |
|      | WHO HAD THEIR PROGRAMS CANCELED IN FALL 2022 DUE TO SMOKE FROM TWO   | _        |
|      | NEARBY WILDFIRES, WHICH RESULTED IN SERVING STUDENTS FROM 15 SCHOOLS   | _        |
|      | WITH SHORTER PROGRAMS. THE INSTITUTE ALSO DEBUTED A NEW CURRICULUM,  | _        |
|      | "NORTH CASCADES CONNECTIONS," WHICH PRESENTS A THEME OF INTERCONNECTION  | _        |
| 4b   | Code: ) (Expenses \$ 1,034,092. including grants of \$ ) (Revenue \$ 359,628.  |          |
|      | CONNECTIONS - THIS PROGRAM PROVIDES WHATCOM COUNTY STUDENTS  | - ′      |
|      | OPPORTUNITIES TO EXPLORE, LEARN, AND CONNECT WITH EACH OTHER OUTDOORS  |          |
|      | NEAR THEIR SCHOOL. CONNECTIONS STARTED DURING THE SCHOOL CLOSURES IN   |          |
|      | 2020 WHEN NONPROFITS BANDED TOGETHER TO ADDRESS ACADEMIC INEQUITIES  |          |
|      | MAGNIFIED BY THE PANDEMIC, AND CONTINUES TO ADDRESS COMMUNITY NEEDS AS   |          |
|      | IN-PERSON LEARNING RETURNS. THROUGH PROVIDING LOCALLY-FOCUSED OUTDOOR  |          |
|      | EDUCATION FOR ALL K-6 STUDENTS IN THE RURAL MOUNT BAKER AND BLAINE   |          |
|      | SCHOOL DISTRICTS, CONNECTIONS FOSTERS ENVIRONMENTAL STEWARDSHIP AND  |          |
|      | JOYFUL HABITS OF OUTDOOR EXPLORATION THAT ARE STRONGLY LINKED TO   |          |
|      | ACADEMIC AND SOCIAL EMOTIONAL LEARNING.  |          |
|      |  |          |
|      |  | _        |
| 4c   | Code: ) (Expenses \$ 441,418. including grants of \$ 219,044. ) (Revenue \$ 153,513.   | _ )      |

THIS PROGRAM ENGAGES LOCAL TEENS IN 9-DAY YOUTH LEADERSHIP BACKPACKING AND CANOE CAMPING TRIPS IN NORTH CASCADES NATIONAL PARK. ADDITION TO OUTDOOR SKILLS, YLA FOCUSES ON LEADERSHIP SKILLS, BUILDING, AND CLIMATE CHANGE SOLUTIONS, GIVING STUDENTS THE KNOWLEDGE AND TOOLS THEY NEED TO BECOME STEWARDS OF THE NATURAL WORLD AND ENGAGE IN COMMUNITY ADVOCACY. OPPORTUNITIES FOR ENGAGEMENT AFTER THE SUMMER INCLUDE YOUTH FOR PEOPLE AND THE ENVIRONMENT (YEP!) IN PARTNERSHIP WITH RESOURCES. IN 2023, THE INSTITUTE OFFERED TWO CANOE-CAMPING TRIPS FOR 17 PARTICIPANTS (A PLANNED THIRD TRIP WAS CANCELED DUE TO THE SOURDOUGH FIRE) AND 9 STUDENTS PARTICIPATED IN YEP! ACTIVITIES REPRESENTING 200 LEARNER DAYS.

Other program services (Describe on Schedule O.)

1 , 273 ,  $78\underline{4}$  . including grants of \$

2,154.) (Revenue \$

442,986.)

Total program service expenses

3,693,522.

Form 990 (2023) NORTH CASCADES INSTITUTE
Part IV Checklist of Required Schedules

|         |   |     | Yes | No   |
|---------|---|-----|-----|--|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                               |     |     |  |
|         | If "Yes," complete Schedule A   | 1   | Х   |  |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2   | Х   |  |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |  |
|         | public office? If "Yes," complete Schedule C, Part I  | 3   |     | X  |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |  |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | X  |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | <u> </u>   |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         |     |     |  |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I      | 6   |     | X  |
| 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   |     | <u> </u>   |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |     |     |  |
|         | Schedule D, Part III  | 8   |     | X  |
| 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   |     | X  |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      |     |     |  |
|         | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  | X   |  |
| 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.  |     |     |  |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,       |     |     |  |
|         | Part VI   | 11a | X   |  |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total      |     |     | l  |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | X  |
| С       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       |     |     | l  |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | X  |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in     |     |     |  |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d | 77  | X  |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 11e | X   |  |
| 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 |     | X  |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |     | 37  |  |
|         | Schedule D, Parts XI and XII  | 12a | Х   |  |
| 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 | 37  | X  |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13  | Х   | 37   |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a |     | X  |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |     |     |  |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |     |     | <sub>v</sub>                                     |
| 45      | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | X  |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any         | 4-  |     | x  |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     |  |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to          | 4.  |     | x  |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     |  |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           | 4-7 |     | x  |
| 10      | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |     | ├^   |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      | 40  |     | X  |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     |  |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"            | 4.  |     | v  |
| 00-     | complete Schedule G, Part III   | 19  |     | X  |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a |     | ├^   |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b |     | <del>                                     </del> |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |     | Х   |  |
|         | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II                                 | 21  | Λ   |  |

Form 990 (2023) NORTH CASCADES INSTITUTE
Part IV Checklist of Required Schedules (continued)

|     |   |      | Yes | No           |
|-----|---|------|-----|--------------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |      | 163 | NO           |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   | Х   |              |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |      |     |              |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |      |     |              |
|     | Schedule J  | 23   |     | X            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |     |              |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |      |     |              |
|     | Schedule K. If "No," go to line 25a   | 24a  |     | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |              |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |      |     |              |
|     | any tax-exempt bonds?   | 24c  |     |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |              |
| 25a | Section 501(c)(3), 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  |     | X            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |      |     |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |      |     |              |
|     | Schedule L, Part I  | 25b  |     | X            |
| 26  | 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%   |      |     | <sub>v</sub> |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | X            |
| 27  | 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   |      |     | x            |
| 00  | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     |              |
| 28  | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,   |      |     |              |
| _   | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If |      |     |              |
| а   | "Yes," complete Schedule L, Part IV   | 28a  |     | X            |
| h   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b  |     | X            |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  | 200  |     | <del></del>  |
| _   | "Yes," complete Schedule L, Part IV   | 28c  |     | X            |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29   |     | Х            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |      |     |              |
|     | contributions? If "Yes," complete Schedule M  | 30   |     | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31   |     | Х            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |      |     |              |
|     | Schedule N, Part II   | 32   |     | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |     |              |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | X            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |      |     |              |
|     | Part V, line 1  | 34   |     | X            |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X            |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |      |     |              |
| •   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     | -            |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |      |     | - v          |
| 0.7 | If "Yes," complete Schedule R, Part V, line 2   | 36   |     | X            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     | x            |
| 20  | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>  | 37   |     |              |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O                   | 38   | Х   |              |
| Pa  | Note: All Form 990 filers are required to complete Schedule O   | _ 55 |     |              |
|     | Check if Schedule O contains a response or note to any line in this Part V  |      |     |              |
|     |   |      | Yes | No           |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |      |     |              |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  |      |     |              |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |              |
|     | (gambling) winnings to prize winners?   | 1c   | Х   |              |

Page 5

NORTH CASCADES INSTITUTE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| 22 Enter the number of employees reported on Form W-3, Transmittation Wage and Tax Statements, itself of the caceland year ending with or within the year encewed by this return.  23 To be it at least one is reported on line 2a, did the organization file all required federal employment tax returns?  34 Did the organization have unrealised business gross is concerned 51,000 or more during the year?  35 Us the stransmission have unrealised business gross is concerned 51,000 or more during the year?  36 Was the filed a Form 900-T for this year? if 'No' to line 3b, provide an explanation on Schedule O.  36 Us the stransmission of the foreign country flow is a base in a country flow of the provided of the organization have an interest in, or a signature or other authority over, a financial accountry in a foreign country.  37 If 'Yes,' drive the name of the foreign country such as a basin account, and the financial accounts (FBAR).  38 Was the organization business are such as a country of the stransmission of the foreign country such as a basin as a provided the such as a country of the stransmission of the foreign country of the stransmission of the foreign country of the stransmission of the such as a country of the stransmission of the such as a country of the stransmission of the such as a country of the stransmission of the such as a country of the stransmission of the such as a country of the organization to the such as a country of the organization organiza       |     |  |               |                      |     | Yes | No |  |  |  |  |  |
|--|-----|--|---------------|----------------------|-----|-----|----|--|--|--|--|--|
| bit it all least one is reported on line 2a, did the organization file all required federal employment tax returns?  20 Did the organization have unrelated business gross income of \$1,000 or more during the year?  21 A 25 Did the organization have unrelated business gross income of \$1,000 or more during the year?  22 A 3 A 24 A 24 Tyme 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 hancial account)?  23 B 17 Yes, enter the name of the foreign country  24 S II Yes, enter the name of the foreign country  25 See instructions for filing requirements for FinCF Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  26 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  26 Did any taxable party nority the organization file Form 8888 7?  27 If Yes, did the organization file Form 8888 7?  28 Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions.  29 If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  30 If the organization receive a payment in excess of \$5 made party as a contribution at party for goods and services provided?  30 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  31 If Yes, did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  32 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file regardization, during the year, pay premiume, directly or indirectly, to pay premium on a personal benefit contract?  33 If the organization sell, exchange, or other   | 2a  |  |               | <b>5</b> 6           |     |     |    |  |  |  |  |  |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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 lead has a bank account, securities account, or other financial accounts (FBAR).  5b If Yea," entire the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization party to a prohibited tax shelter transaction?  5c Was the organization party to a prohibited tax shelter transaction?  5c Was the organization party to a prohibited tax shelter transaction?  5c Was the organization take a requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization party to a prohibited tax shelter transaction?  5c Was the organization shelt are organization that it was or is a party to a prohibited tax shelter transaction?  5c Was the organization shelt are organization that it was or is a party to a prohibited tax shelter transaction?  5c Was the organization shelt are organization that the was or its packet than \$100,000, and did the organization societ any contributions that were not tax deductible as cheritable contributions or grits were not tax deductible or with every solicitation an express statement that such contributions or grits were not tax deductible and with every solicitation an express statement that such contributions or grits were not tax deductible and the organization neceded account of the denor of the value of the goods or services provided?  7 Organization that may receive deductible contributions under section 170(c).  8 If Yes, indicate the number of forms 8282 fleed during the year  9 If Yes, indicate the number of forms 8282 fleed during the year  10 If the organization received a contribution of a qualified intellectual property, did the organization flee Form 1098-02  10 If the organizat     |     |  |               |                      |     | 37  |    |  |  |  |  |  |
| b if Yes, * last filled a Form 90.7 for this year? if Yeb 1 of inc 3b, provide an explanation on Schedule 0  4 At any time during the calendary 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 accounts?   5 If Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 Was the organization or party to a prohibitot tax shefter transaction at any time during the tax year?  5 Was the organization aparty to a prohibitot tax was or is a party to a prohibitot tax shefter transaction?  5 Was the organization and great seeples that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 Organization that may receive deductible contributions under section \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 Organization that may receive deductible contributions under section \$100,000, and did the organization solicit were not tax deductible?  7 Organization that may receive deductible contributions under section \$100,000, and as services provided to the payor?  8 If Yes, * did the organization nictive with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 If Yes, * did the organization nictive in a contribution is under section \$100,000, and sale services provided?  9 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the form \$282? tiled during the year?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization manufaction, during the year, pay premiums, circetly or indirectly, to pay premiums on a personal benefit contract?  7 To If Yes, * did the organization make a dishibutions, circ |     |  | າຣ?           |                      |     | _X_ | 37 |  |  |  |  |  |
| 44 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 accounts (FBAR).  55 Was the organization aperty to a prohibited tax shelfer transaction at any time during the tax year?  56 Was the organization aperty to a prohibited tax shelfer transaction at any time during the tax year?  57 Was the organization have amoust gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or charable contributions?  58 If "Yes" to line the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charable contributions?  59 If "Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charable contribution and express statement that such contributions or gifts were not tax deductibles a charable contribution and partly for goods and services provided to the payor?  50 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  50 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  50 If the organization received a contribution of the value of the goods or services provided?  51 If "Yes," indicate the number of Forms \$2822 filed during the year  52 If the organization received a contribution of indirectly, to pay premiums on a personal benefit contract?  53 If the organization received a contribution of undirectly, or paymenums on a personal benefit contract?  54 If the organization received a contribution of undirectly, to pay premiums on a personal benefit contract?  55 If the organization received a contribution of undirectly, to paymenums of the organizati   |     |  |               |                      |     |     | Λ  |  |  |  |  |  |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a   |     |  |               |                      | 36  |     |    |  |  |  |  |  |
| b if Y'es, 'enter the name of the foreign country  See instructions to filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Was the organization that organization that it was or is a party to a prohibited tax shefter transaction?  5c 16 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductibles can be calerable contributions?  6c 2 X  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible as charitable contributions?  6c 3 X  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible as charitable contributions and party for goods and services provided to the payor?  7c 17 A X  1f If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible or the value of the goods or services provided?  7c 2 X  1f If 'Yes,' did the organization ority the donor of the value of the goods or services provided?  7d 2 X  1f If 'Yes,' indicate the number of Forms 8282 filed during the year  6d 1f 'Yes,' indicate the number of Forms 8282 filed during the year  7d 1f 'Yes,' indicate the number of Forms 8282 filed during the year  8d Did the organization crecived a contribution of qualified intellectual property, did the organization file of Form 1988 or required?  9d Did the organization serviced a contribution of qualified intellectual property, did the organization file of Form 1988 or required?  1f If the organization received a contribution of a year of the property of the propartization file of Form 1988 or required?  1g Yes, 'If the organization is maintaining donor advised funds. Did adonor advised fund maintained by the spo      | 4a  |  |               | •                    | 4-  |     | y  |  |  |  |  |  |
| See instructions for filing requirements for FiricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5b Was the organization appray to a prohibited tax shetter transaction at any time during the tax year?  5c If "Yee" to line 5a or 5b, did the organization file Form 8886-17  6a 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization stat may receive deductible contributions under section 170c).  8 Did the organization receive applyment in excess of \$75 made party is a contribution and party for goods and services provided?  7 Organization stat may receive deductible contributions under section 170c).  8 Did the organization eceive applyment in excess of \$75 made party is a contribution and party for goods and services provided?  7 Did the organization eceive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  7 Did the organization eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization eceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-07  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-07  7 Did the organization and the analysis of the party taxable distributions under section 496e?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have a distribution to a donor, donor advised funds.  10 Did the sponsoring organizations. Enter:  10 In the organization in learning that the party taxable distributions     | h   |  | ccouri        | .)?                  | 4a  |     |    |  |  |  |  |  |
| 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  57 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  58 Did any taxable party notify the organization tile form 888617?  58 Did any taxable party notify the organization file form 888617?  59 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  59 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  50 Toganizations that may receive deductible contributions under section 170(c).  50 If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  50 Toganizations that may receive deductible contributions under section 170(c).  51 If "Yes," indicate the number of forms 8887 fix made partly as contribution and partly for goods and services provided to the payor?  52 Toganization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 88892.  52 Toganization sell, exchange, or otherwise dispose provided?  53 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  54 Toganization received a contribution of qualified intellectual property, did the organization file Form 8898 secquired?  53 Did the organization make a contribution of cares, bods, significancy, or indirectly, on a personal benefit contract?  55 Toganization received a contribution of cares, bods, as indirectly, on a personal benefit contract?  56 Toganization received a contribution of cares, bods, as indirectly, on a personal benefit contract?  57 Toganization received any contribution of cares, bods, as indirectly, on a personal benefit contract?  57 Toganization received any contribution of cares, bods      | D   | ,  | count         |                      |     |     |    |  |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50   | 52  |  |               | ` '                  | 52  |     | x  |  |  |  |  |  |
| c If "ves" to line 5a or 5b, did the organization file Form 8886-T? 6a 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 deductibles as charitable contributions? 6b If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bit the organization that may receive deductible contributions under section 170(c). 8d bit the organization state that may receive deductible contributions under section 170(c). 8d bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282. Filed during the year of the goods or services provided? 8d If "ves," inclicate the number of Forms 8282 filed during the year of the goods or services provided to the payor? 9d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9d If the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? 17d If If the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization flee Form 1098-07 17d If If the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization flee Form 1098-07 17d If If the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization flee Form 1098-07 17d If If the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization flee Form 1098-07 17d If Ves, organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization flee Form 1098-07 17d If Ves, organization received a contribution of cares, boats, airplanes, or other vehicles, did the organizat      |     |  |               |                      |     |     |    |  |  |  |  |  |
| 6a   X   b   i*Yes,* did 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   X   b   i*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   If Yes,* did the organization neceive a payment in excess of \$15 made partly as a contribution and partly for goods and services provided to the payor?  7   Organizations that may receive deductible contributions under section 170(c).  8   If Yes,* did the organization neceive a gayment in excess of \$15 made partly as a contribution on about 70 groups and services provided?  8   If Yes,* did the organization neceive any through the donor of the value of the goods or services provided?  9   Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9   If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9   If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  9   Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization marks any taxable distributions under section 4966?  9   Section 501(c)(17) organizations marks any taxable distributions under section 4966?  9   Section 501(c)(17) organizations. Enter:  1   Titla   Section 4947(c)(1) organizations. Enter:  1   Titla   Section 4947(c)(1) organizations. Enter:  1   Titla   Section 4947(c)(1) organizations. Enter:  1   Titla   Section 501(c)(12) organizations. Enter:  1   Titla   Section 501(c)(12) qualified nonprofit health insurance issuers.  1   Titla   Section 4947(c)(1) organizations included on payment for indoor tanning services during the year   12a   12a   12    |     |  |               |                      |     |     |    |  |  |  |  |  |
| any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a symmetri excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7 a X Y  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 flied during the year  7 c If yes, "Indicate the number of Forms 8282 flied during the year  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received as contribution of qualified intellectual property, did the organization flie Form 8898 as required?  1 If the organization received a contribution of qualified intellectual property, did the organization flie Form 8898 as required?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any attribution to a donor, donor advisor, or related person?  9 Section 501(c)(72) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Gross received from them.)  12 Section 4947(a)(1) non-exempt charitable funds. Is the organization fliing Form 990 in lieu of Form 1041?  12a Section 501(c)(129) qualified nonprofit health insurance issuers.  1 Section 501(c)(129) qualified nonprofit health insurance issuers.  1 Section 501(c)(29) qualified nonprofit health insurance issuers.  1 Section 501(c)(29) qualified nonprofit health plans in more than one st      |     |  |               |                      |     |     |    |  |  |  |  |  |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 D  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D  8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 If the organization received a contribution of cars, boasts, airplanes, or other vehicles, did the organization file a Form 1098-07  11 Sponsoring organizations maintaining donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667  12 Section 501(c)(17) organizations. Enter:  13 Initiation fees and capital contributions included on Part VIII, line 12  14 Gorss received from them.)  15 Section 501(c)(12) organizations. Enter:  16 Gross income from members or shareholders  17 Initiation fees and capital contributions included on Part VIII, line 12  18 Section 4947(a)(1) non-examption from 900 part VIII, line 12  19 Gross received from them.)  19 Sections 501(c)(12) organizations. Enter:  10 Gross income from there sweets the organization in more than one state?  10 Fores: incended on form 900 part VIII, line 12       |     |  |               |                      |     |     |    |  |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c) a 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? 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   | b   |  |               |                      |     |     |    |  |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," idd the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   |     | were not tax deductible?   |               |                      | 6b  |     |    |  |  |  |  |  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Id If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premilums, directly, or a personal benefit contract?  7   | 7   |  |               |                      |     |     |    |  |  |  |  |  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c   | а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribut | vices pr      | ovided to the payor? | 7a  |     | X  |  |  |  |  |  |
| to file Form 8282?  d If Yes,* indicate the number of Forms 8282 filed during the year  plot the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8889 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7 h  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a substitution and the sponsoring organization make a my taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  inhitation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12c Section 501(c)(12) organizations. Enter:  a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12c Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization is required to maintain by the states i       | b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |               |                      | 7b  |     |    |  |  |  |  |  |
| d 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?   Tid   X   Tid   Tid   Tid   Tid   X   Tid   Tid   X   Tid   Tid   Tid   Tid   X   Tid       | С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | s requ        | ired                 |     |     |    |  |  |  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  B Gross income from members or shareholders  B Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b Section 501(c)(12) organizations.  Section 501(c)(12) organization included from the fact in the section 4961 to the sources against amounts due or received from them.)  12b If Yes,* enter the amount of tax-exempt interest received or accrued during the year  12b If Yes,* enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  B En       |     |  | i             |                      | 7с  |     | X  |  |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  100  105  106  117  128  129  120  120  120  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  120  120  121  121  | d   |  |               |                      |     |     | 77 |  |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distributions to a donor, donor advisor, or related person?  9 Did the sponsoring organization security on Part VIII, line 12  10 Did Gross receipts, included on Form 990, Part VIII, line 12  11 Did Gross income from members or shareholders  11 Did Gross income from members or shareholders  11 Did Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  11 Did Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(2)9 qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  13 Did the organization is dicensed to issue       | _   |  |               | ?                    |     |     |    |  |  |  |  |  |
| If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?  9 Sponsoring organization makinatining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4961?  9b Did the sponsoring organization make any taxable distributions under section 4961 the additional information the organization flore sources against any outside the organization is leaded to the section 4960 tax on payments for indoor tanning services during the tax year?  13a Did the sponsoring organization subject to the section 4960 tax on payments, of more than \$1,000,000 in remuneration or excess parachute payments for indoor tanning services during the tax year?  14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4968 excise tax on net investment income?  15 X If "Yes," see the instructions       |     |  |               |                      |     |     |    |  |  |  |  |  |
| 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 Jection 501(c)(7) organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions under section 4966?  9c Did the sponsoring organization make any taxable distributions under section 4966?  9c Did the sponsoring organization make any taxable distributions under section 4966?  9c Did the sponsoring organization make any taxable distributions under section 4966?  9c Did the sponsoring organization make any taxable distributions under section 4966?  9c Did the sponsoring organization in make any taxable distributions under section 4968 excise tax on net investment income?  10c Did the sponsoring organization in the imposition of an excise tax under section 4951, 4952 or 4953?  10c Did the sponsoring organization in the imposition of an excise tax under section 4951, 4952 or 4953?  10c Did the sponsoring organization in the imposition of an excise tax under section 4951, 4952 or 4953?  10c Did the organization the imposition of an excise tax under section 4951, 4952 or 4953?  10c Did the organization the imposition of an excise tax under section 4952 or 4953?  10c Did the imposition of an excise tax under section 4952 or 4953?  10c Did the imposition of an excise tax under section 4952 or 4953?  10c Did the imposition of an excise tax under section 4952 or 4953?  10c Did the organization the imposition of an excise tax under section 4952 or 4953?  10c Did the organization that imposition of an excise tax under section 4952 or 4953?  10c Did the organization the imposition of an excise tax under section 4952        | -   |  |               |                      |     |     |    |  |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  B Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b   |     |  |               |                      | 711 |     |    |  |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 10 Did   | 0   | an appropriate avalantation have evered business holdings at any time during the year?   |               |                      | 8   |     |    |  |  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  Did the organization receive any payments for indoor tanning services during the tax year?  Is the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the impos       | 9   |  |               |                      |     |     |    |  |  |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  |     |  |               |                      |     |     |    |  |  |  |  |  |
| Initiation 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 10b 11c) 15cetion 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b 15 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 X  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | b   |  |               |                      |     |     |    |  |  |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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 X  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |     |  |               |                      |     |     |    |  |  |  |  |  |
| Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  lith organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 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 X  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | а   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a           |                      |     |     |    |  |  |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a 2   | b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b           |                      |     |     |    |  |  |  |  |  |
| b 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?  13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  | 11  | Section 501(c)(12) organizations. Enter:   |               |                      |     |     |    |  |  |  |  |  |
| 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?  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  16 Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  16 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  17 Enter the amount of reserves on hand  18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  18 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?  18 If "Yes," see the instructions and file Form 4720, Schedule N.  19 If "Yes," see the instructions and file Form 4720, Schedule N.  10 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  19 If "Yes," complete Form 4720, Schedule O.  10 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |     |  | 11a           |                      |     |     |    |  |  |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a 15c  | b   | ,  |               |                      |     |     |    |  |  |  |  |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  |     |  |               |                      | 40  |     |    |  |  |  |  |  |
| Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  |     |  | I             |                      | 12a |     |    |  |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  |     |  | IZU           |                      |     |     |    |  |  |  |  |  |
| Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  |     |  |               |                      | 13a |     |    |  |  |  |  |  |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  | _   | •  |               |                      |     |     |    |  |  |  |  |  |
| c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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?  16 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | b   |  |               |                      |     |     |    |  |  |  |  |  |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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 X  16 "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |     | organization is licensed to issue qualified health plans   | 13b           |                      |     |     |    |  |  |  |  |  |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 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 X  16 "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | С   | Enter the amount of reserves on hand   | 13c           |                      |     |     |    |  |  |  |  |  |
| 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?  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17   | 14a | Did the organization receive any payments for indoor tanning services during the tax year?   |               |                      | 14a |     | X  |  |  |  |  |  |
| excess parachute payment(s) during the year?  If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," see the instructions and file Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule O.  If "Yes," complete Form 4720, Schedule O.  If "Yes," any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | b   |  |               |                      | 14b |     |    |  |  |  |  |  |
| If "Yes," see the 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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17   | 15  |  |               |                      |     |     |    |  |  |  |  |  |
| Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  16   |     |  |               |                      |     |     |    |  |  |  |  |  |
| If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  |     |  |               |                      |     |     | 77 |  |  |  |  |  |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 16  | •  | incom         | e?                   | 16  |     | X  |  |  |  |  |  |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17  |  | .i., /i±: ~ - |                      |     |     |    |  |  |  |  |  |
|  | 17  |  |               |                      | 17  |     |    |  |  |  |  |  |
|  |     |  |               |                      | 17  |     |    |  |  |  |  |  |

Form 990 (2023) NORTH CASCADES INSTITUTE 91-1327775 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|          | Check if Schedule O contains a response or note to any line in this Part VI  |        |         | X   |
|----------|--|--------|---------|-----|
| Sec      | tion A. Governing Body and Management  |        |         |     |
|          |  |        | Yes     | No  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  |        |         |     |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |        |         |     |
|          | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |        |         |     |
| b        | Enter the number of voting members included on line 1a, above, who are independent 1b 18   |        |         |     |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |        |         |     |
|          | officer, director, trustee, or key employee?   | 2      |         | X   |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |        |         |     |
|          | of officers, directors, trustees, or key employees to a management company or other person?  | 3      |         | Х   |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4      |         | X   |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5      |         | X   |
| 6        | Did the organization have members or stockholders?   | 6      |         | X   |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |        |         |     |
|          | more members of the governing body?  | 7a     |         | X   |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |        |         |     |
|          | persons other than the governing body?   | 7b     |         | X   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |         |     |
| а        | The governing body?  | 8a     | X       |     |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b     |         | X   |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |        |         |     |
|          | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9      |         | X   |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |        |         |     |
|          |  |        | Yes     | No  |
|          | Did the organization have local chapters, branches, or affiliates?   | 10a    |         | X   |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 40.    |         |     |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b    | Х       |     |
|          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    |         |     |
|          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  | 10-    | Х       |     |
|          | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    | X       |     |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    | Λ       |     |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 12c    | Х       |     |
| 13       | on Schedule O how this was done  | 13     | X       |     |
| 13<br>14 | Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  | 14     | X       |     |
| 15       | Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent | 14     | 21      |     |
| IJ       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |        |         |     |
| a        | The organization's CEO, Executive Director, or top management official   | 15a    | Х       |     |
|          | Other officers or key employees of the organization  | 15b    | X       |     |
| ~        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   | .55    |         |     |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |        |         |     |
|          | taxable entity during the year?  | 16a    |         | Х   |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |        |         |     |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |        |         |     |
|          | exempt status with respect to such arrangements?   | 16b    |         |     |
| Sec      | tion C. Disclosure   |        |         |     |
| 17       | List the states with which a copy of this Form 990 is required to be filed WA  |        |         |     |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s   | only)  | availat | ole |
|          | for public inspection. Indicate how you made these available. Check all that apply   |        |         |     |
|          | X Own website Another's website X Upon request Other (explain on Schedule O)   |        |         |     |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | financ | cial    |     |
|          | statements available to the public during the tax year.  |        |         |     |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records   |        |         |     |
|          | JASON RUVELSON - (360) 854-2599  |        |         |     |
|          | 810 STATE ROUTE 20, SEDRO-WOOLLEY, WA 98284  |        |         |     |

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

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

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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)  | (B)               |                                |                       | (0      | C)   |                                 |        | (D)                             | (E)                          | (F)                      |  |  |
| Name and title   | Average           | (do                            |                       | Posi    |  |                                 | one    | Reportable                      | Reportable                   | Estimated                |  |  |
|  | hours per         | box                            | , unles               | ss per  | more than one<br>erson is both an<br>director/trustee) |                                 |        | compensation                    | compensation                 | amount of                |  |  |
|  | week              |                                | cer an                | a a a   | recto  | ior/irustee                     |        | from                            | from related                 | other                    |  |  |
|  | (list any         | irecto                         |                       |         |  |                                 |        | the                             | organizations                | compensation             |  |  |
|  | hours for related | e or d                         | tee                   |         |  | sated                           |        | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization |  |  |
|  | organizations     | ruste                          | al trus               |         | yee  | m pen                           |        | 1099-NEC)                       | 1000 NEO)                    | and related              |  |  |
|  | below             | Individual trustee or director | Institutional trustee | J.      | Key employee   | Highest compensated<br>employee | er     |                                 |                              | organizations            |  |  |
|  | line)             | Indiv                          | Instit                | Officer | Key e  | Highe                           | Former |                                 |                              | _                        |  |  |
| (1) BEC DETRICH  | 40.00             |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| EXECUTIVE DIRECTOR   |                   |                                |                       | Х       |  |                                 |        | 130,220.                        | 0.                           | 12,887.                  |  |  |
| (2) STERLING CLARREN   | 3.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| PAST BOARD CHAIR   |                   | Х                              |                       | Х       |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (3) BRAD TUININGA  | 3.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD CHAIR  |                   | Х                              |                       | Х       |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (4) CARTER MCBRIDE   | 3.00              |                                |                       |         |  |                                 |        | _                               | _                            | _                        |  |  |
| VICE BOARD CHAIR   |                   | Х                              |                       | Х       |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (5) GEORGE SANDERS   | 3.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| TREASURER  |                   | Х                              |                       | Х       |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (6) MONA WEST  | 3.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| SECRETARY  |                   | Х                              |                       | Х       |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (7) ZIMMIE CANER   | 2.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD MEMBER   |                   | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (8) GERRY COOK   | 2.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD MEMBER   |                   | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (9) DUNHAM GOODING   | 2.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD MEMBER   |                   | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (10) MICHAEL LIANG   | 2.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD MEMBER   |                   | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (11) BEAU MACGREGOR  | 2.00              |                                |                       |         |  |                                 |        |                                 |                              |                          |  |  |
| BOARD MEMBER   |                   | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (12) NAN MCKAY   | 2.00              |                                |                       |         |  |                                 |        |                                 | •                            | •                        |  |  |
| BOARD MEMBER   | 2 00              | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (13) COLLEEN MCSHANE   | 2.00              | .,                             |                       |         |  |                                 |        |                                 |                              | •                        |  |  |
| BOARD MEMBER   | 2 00              | Х                              |                       |         |  | _                               |        | 0.                              | 0.                           | 0.                       |  |  |
| (14) MARTIN MEHALCHIN  | 2.00              | 3,7                            |                       |         |  |                                 |        |                                 | 0                            | •                        |  |  |
| BOARD MEMBER   | 2 00              | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (15) PRIYA NANJAPPA  | 2.00              | 37                             |                       |         |  |                                 |        |                                 | _                            | •                        |  |  |
| BOARD MEMBER   | 2 00              | Х                              | $\vdash$              |         |  |                                 |        | 0.                              | 0.                           | 0.                       |  |  |
| (16) BYRON RICKS   | 2.00              | v                              |                       |         |  |                                 |        |                                 | _                            | 0                        |  |  |
| BOARD MEMBER (17) DENICE ROCHELLE  | 2.00              | Х                              |                       |         |  | -                               |        | 0.                              | 0.                           | 0.                       |  |  |
| BOARD MEMBER   | 4.00              | Х                              |                       |         |  |                                 |        | 0.                              | 0.                           | 0                        |  |  |
| DOMAN MEMDEK   | <u> </u>          | Λ                              |                       |         |  |                                 | l      | <u> </u>                        | U •                          | 0.                       |  |  |

332007 12-21-23 Form **990** (2023)

| Form 990 (2023) NORTH CAS  | SCADES I              | NS                            | TI                    | TU                | ΤE           | l<br>I                          |        |                                | 91-13                        | 327   | 775                   | Pag               | ge <b>8</b> |
|--|-----------------------|-------------------------------|-----------------------|-------------------|--------------|---------------------------------|--------|--------------------------------|------------------------------|-------|-----------------------|-------------------|-------------|
| Part VII Section A. Officers, Directors, Trus  |                       | oloy                          | ees,                  |                   |              | ghes                            | t C    | ompensated Employee            | s (continued)                |       |                       |                   |             |
| (A)  | (B)                   |                               |                       | (C                |              |                                 |        | (D)                            | (E)                          |       |                       | (F)               |             |
| Name and title   | Average<br>hours per  |                               | not c                 | Posi<br>heck r    | more         | than c                          |        | Reportable                     | Reportable                   |       |                       | imated            |             |
|  | week                  |                               |                       | ss per<br>nd a di |              |                                 |        | compensation<br>from           | compensation<br>from related | - 1   |                       | ount o<br>other   | T           |
|  | (list any             | ctor                          |                       |                   |              |                                 |        | the                            | organizations                | - 1   |                       | ensati            | on          |
|  | hours for             | or dire                       | 92                    |                   |              | ated                            |        | organization                   | (W-2/1099-MIS                | C/    |                       | m the             |             |
|  | related organizations | ustee                         | truste                |                   | e e          | npens                           |        | (W-2/1099-MISC/<br>1099-NEC)   | 1099-NEC)                    |       | _                     | nizatio<br>relate |             |
|  | below                 | ndividual trustee or director | Institutional trustee | _                 | Key employee | Highest compensated<br>employee | ъ      | 1099-1120)                     |                              |       |                       | nizatio           |             |
|  | line)                 | Indivi                        | Instit                | Officer           | Key er       | Highe<br>emplo                  | Former |                                |                              |       | 3                     |                   |             |
| (18) MAUREEN RYAN  | 2.00                  |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
| BOARD MEMBER   |                       | Х                             |                       |                   |              |                                 |        | 0.                             |                              | 0.    |                       |                   | 0.          |
| (19) NINA SMITH  | 2.00                  |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   | ^           |
| BOARD MEMBER   |                       | Х                             |                       |                   |              |                                 |        | 0.                             |                              | 0.    |                       |                   | 0.          |
|  |                       | -                             |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
| 1b Subtotal  |                       |                               |                       |                   |              |                                 |        | 130,220.                       |                              | 0.    | 12                    | 88,1              | 7.          |
| c Total from continuation sheets to Part VI  |                       |                               |                       |                   |              |                                 |        | 0.                             |                              | 0.    |                       |                   | 0.          |
| d Total (add lines 1b and 1c)  |                       |                               |                       |                   |              |                                 |        | 130,220.                       |                              | 0.    | 12                    | ,88               | 7.          |
| 2 Total number of individuals (including but n   |                       |                               |                       |                   |              |                                 | o re   | eceived more than \$100,       | 000 of reportable            |       |                       |                   |             |
| compensation from the organization   |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   | 1           |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              | ſ     |                       | Yes               | No          |
| 3 Did the organization list any <b>former</b> officer,   | •                     |                               | •                     | •                 | •            |                                 | _      | •                              | •                            |       |                       |                   | 37          |
| line 1a? If "Yes," complete Schedule J for si  |                       |                               |                       |                   |              |                                 |        |                                |                              |       | 3                     |                   | X           |
| 4 For any individual listed on line 1a, is the su  |                       |                               |                       |                   |              |                                 |        |                                |                              |       | 4                     |                   | Х           |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> |                       |                               |                       |                   |              |                                 |        |                                |                              | ····  | 4                     |                   |             |
| rendered to the organization? If "Yes," com  |                       |                               |                       |                   |              |                                 |        |                                |                              |       | 5                     |                   | Х           |
| Section B. Independent Contractors   | proto correctan       | J U 10                        | <i>31 00</i>          | , OII ,           | 2010.        | <u> </u>                        |        |                                |                              |       |                       |                   |             |
| 1 Complete this table for your five highest con  | mpensated inc         | lepe                          | nder                  | nt co             | ontra        | actor                           | s th   | nat received more than \$      | 100,000 of comp              | ensat | ion fro               | m                 |             |
| the organization. Report compensation for t  | the calendar ye       | ear e                         | ndir                  | ng wi             | ith c        | r wit                           | hin    | the organization's tax y       | ear.                         |       |                       |                   |             |
| <b>(A)</b><br>Name and business  | address               | NC                            | ONE                   | 3                 |              |                                 |        | <b>(B)</b><br>Description of s | ervices                      | С     | ( <b>C</b> )<br>ompen |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
|  |                       |                               |                       |                   |              |                                 |        |                                |                              |       |                       |                   |             |
| 2 Total number of independent contractors (in  | •                     | ot lin                        | nited                 | d to t            | _            |                                 | ted    | above) who received mo         | ore than                     |       |                       |                   |             |
| \$100,000 of compensation from the organization  | zation                |                               |                       |                   | C            | )                               |        |                                |                              |       |                       |                   |             |

91-1327775

Form 990 (2023) NORTH CASCADES INSTITUTE
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains                  | a response i | or note to any lin    | e in this Part VIII |                   |                  |                                      |
|--|------|---|--------------|-----------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |      | Officer if deficable o contains               | s a response | or riote to arry iiir | (A)                 | (B)               | (C)              | (D)                                  |
|  |      |   |              |                       | Total revenue       | Related or exempt | Unrelated        | Revenue excluded                     |
|  |      |   |              |                       |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
|  |      | <u> </u>                                      |              |                       |                     |                   |                  | 300010113 0 12 0 14                  |
| nts  |      | Federated campaigns                           |              |                       |                     |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts |      | Membership dues                               |              |                       |                     |                   |                  |                                      |
| s, (<br>An   |      | Fundraising events                            |              |                       |                     |                   |                  |                                      |
| a Gif  | d    | Related organizations                         | 1d           |                       |                     |                   |                  |                                      |
| imi  |      | Government grants (contributions              |              | 926,975.              |                     |                   |                  |                                      |
| rio<br>S   | f    | All other contributions, gifts, grants, a     | nd           |                       |                     |                   |                  |                                      |
| ig the   |      | similar amounts not included above .          | 1f           | 1,355,493.            |                     |                   |                  |                                      |
| dat  | g    | Noncash contributions included in lines 1a-1f | 1g \$        | 7,208.                |                     |                   |                  |                                      |
| a<br>C<br>a  | h    | Total. Add lines 1a-1f                        |              |                       | 2,282,468.          |                   |                  |                                      |
|  |      |   |              | Business Code         |                     |                   |                  |                                      |
| ø  | 2 a  | TUITION AND CONTRACTS                         |              | 611600                | 1,284,503.          | 1,284,503.        |                  |                                      |
| , kic  | b    | ,   |              |                       |                     |                   |                  |                                      |
| Ser  | С    |   |              |                       |                     |                   |                  |                                      |
| m<br>Ver   | d    |   |              |                       |                     |                   |                  |                                      |
| gra<br>Re  | ۵    |   |              |                       |                     |                   |                  |                                      |
| Program Service<br>Revenue                             | £    | All other program service revenue             |              |                       |                     |                   |                  |                                      |
| -  |      | Total. Add lines 2a-2f                        |              |                       | 1,284,503.          |                   |                  |                                      |
| -  |      |   |              |                       | 1,201,303.          |                   |                  |                                      |
|  | 3    | Investment income (including divi             |              |                       | 145,838.            |                   |                  | 145,838.                             |
|  |      | other similar amounts)                        |              |                       | 143,030.            |                   |                  | 143,838.                             |
|  | 4    | Income from investment of tax-ex              |              |                       |                     |                   |                  |                                      |
|  | 5    | Royalties                                     |              |                       |                     |                   |                  |                                      |
|  |      | -   | (i) Real     | (ii) Personal         |                     |                   |                  |                                      |
|  | 6 a  | Gross rents6a                                 | 58,038.      |                       |                     |                   |                  |                                      |
|  | b    | Less: rental expenses 6b                      | 0.           |                       |                     |                   |                  |                                      |
|  | С    | Rental income or (loss) 6c                    | 58,038.      |                       |                     |                   |                  |                                      |
|  | d    | Net rental income or (loss)                   |              |                       | 58,038.             |                   |                  | 58,038.                              |
|  | 7 a  | Gross amount from sales of (i                 | ) Securities | (ii) Other            |                     |                   |                  |                                      |
|  |      | assets other than inventory 7a                | 547,100.     | 1,300.                |                     |                   |                  |                                      |
|  | b    | Less: cost or other basis                     |              |                       |                     |                   |                  |                                      |
| ē  |      | and sales expenses                            | 447,006.     | 0.                    |                     |                   |                  |                                      |
| Revenue  | С    | Gain or (loss) 7c                             | 100,094.     | 1,300.                |                     |                   |                  |                                      |
| 3e   |      | Net gain or (loss)                            |              |                       | 101,394.            |                   |                  | 101,394.                             |
| e  |      | Gross income from fundraising events          |              |                       |                     |                   |                  | ·                                    |
| G.F  | -    | including \$                                  | of           |                       |                     |                   |                  |                                      |
|  |      | contributions reported on line 1c)            |              |                       |                     |                   |                  |                                      |
|  |      | Part IV, line 18                              |              |                       |                     |                   |                  |                                      |
|  | h    |   |              |                       |                     |                   |                  |                                      |
|  |      | Less: direct expenses                         |              |                       |                     |                   |                  |                                      |
|  |      | Net income or (loss) from fundrais            |              |                       |                     |                   |                  |                                      |
|  | э а  | Gross income from gaming activit              |              |                       |                     |                   |                  |                                      |
|  |      | Part IV, line 19                              |              |                       |                     |                   |                  |                                      |
|  |      | Less: direct expenses                         |              |                       |                     |                   |                  |                                      |
|  |      | Net income or (loss) from gaming              |              | <br>T                 |                     |                   |                  |                                      |
|  | 10 a | Gross sales of inventory, less retu           |              |                       |                     |                   |                  |                                      |
|  |      | and allowances                                | 10a          |                       |                     |                   |                  |                                      |
|  | b    | Less: cost of goods sold                      | 10b          | 593,846.              |                     |                   |                  |                                      |
|  | С    | Net income or (loss) from sales of            | inventory    |                       | 551,730.            |                   |                  | 551,730.                             |
| <sub>ω</sub>   |      |   |              | Business Code         |                     |                   |                  |                                      |
| Miscellaneous<br>Revenue                               | 11 a | INSURANCE CLAIM                               |              | 900099                | 284,892.            |                   |                  | 284,892.                             |
| ane<br>Tuti  | b    |   |              |                       |                     |                   |                  |                                      |
| elk<br>eve   | С    |   |              |                       |                     |                   |                  |                                      |
| lsc<br>B   | d    | All other revenue                             |              |                       |                     |                   |                  |                                      |
| 2  |      | Total. Add lines 11a-11d                      |              |                       | 284,892.            |                   |                  |                                      |
|  | 12   | Total revenue See instructions                |              |                       | 4 708 863.          | 1 284 503.        | 0.               | 1141892.                             |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 247,713. 247,713. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 221,198. 221,198. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 71,554. 143,108. 35,777. 35,777. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,173,894. 1,749,575. 209,840. 214,479. 7 Pension plan accruals and contributions (include 88,770. 69,914. 9,339. 9,517. section 401(k) and 403(b) employer contributions) 155,428. 18,400. 18,814. 192,642. Other employee benefits 9 235,463. 185,447. 24,771. 25,245. 10 Payroll taxes 11 Fees for services (nonemployees): Management 10,226. 919. 20,606. 9,461. Legal 38,735. 1,728. 17,785. 19,222. Accounting Lobbying Professional fundraising services. See Part IV, line 17 47,000. 47,000. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 99,775. 45,811. 49,513. 4,451. column (A), amount, list line 11g expenses on Sch O.) 51,366. 34,142. 4,134. 13,090. Advertising and promotion 12 237,756. 227,224. 5,103. 5,429. 13 Office expenses Information technology 14 Royalties 15 477,421. 456,346. 8,707. 12,368. 16 Occupancy 89,735. 74,111. 9,473. 6,151. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 10,653. 106,812. 95,205. 954. Depreciation, depletion, and amortization ..... 22 32,823. 25,400. 7,423. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 7,208. 7,208. IN KIND SUPPLIES All other expenses 4,512,025. 3,693,522. 469,581. 348,922. Total functional expenses. Add lines 1 through 24e 25 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 (2023)

Part X | Balance Sheet

| Pai                         | rt X | Balance Sheet  |            |                     |                                 |          |                           |
|-----------------------------|------|--|------------|---------------------|---------------------------------|----------|---------------------------|
|                             |      | Check if Schedule O contains a response or not       | e to any   | line in this Part X |                                 |          |                           |
|                             |      |  |            |                     | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                          |            |                     | 325,913.                        | 1        | 184,094.                  |
|                             | 2    | Savings and temporary cash investments               |            |                     | 247,496.                        | 2        | 248,159.                  |
|                             | 3    | Pledges and grants receivable, net                   |            |                     | 2,947.                          | 3        | 1,910.                    |
|                             | 4    | Accounts receivable, net                             |            |                     | 81,934.                         | 4        | 482,710.                  |
|                             | 5    | Loans and other receivables from any current or      |            |                     |                                 |          |                           |
|                             |      | trustee, key employee, creator or founder, subst     |            |                     |                                 |          |                           |
|                             |      | controlled entity or family member of any of thes    |            |                     |                                 | 5        |                           |
|                             | 6    | Loans and other receivables from other disquali      |            |                     |                                 |          |                           |
|                             |      | under section 4958(f)(1)), and persons described     | -          |                     |                                 | 6        |                           |
| v                           | 7    | Notes and loans receivable, net                      |            | 7                   |                                 |          |                           |
| Assets                      | 8    | Inventories for sale or use                          |            | 140,983.            | 8                               | 257,959. |                           |
| As                          | 9    |  |            |                     | 55,092.                         | 9        | 257,959.<br>72,343.       |
|                             | 10a  | Land, buildings, and equipment: cost or other        |            |                     |                                 |          |                           |
|                             |      | basis. Complete Part VI of Schedule D                | 10a        | 2,203,460.          |                                 |          |                           |
|                             | b    | Less: accumulated depreciation                       | 10b        | 1,549,438.          | 728,510.                        | 10c      | 654,022.                  |
|                             | 11   | Investments - publicly traded securities             |            |                     | 6,212,316.                      | 11       | 6,854,688.                |
|                             | 12   | Investments - other securities. See Part IV, line 1  |            |                     |                                 | 12       |                           |
|                             | 13   | Investments - program-related. See Part IV, line     |            |                     | 13                              |          |                           |
|                             | 14   | Intangible assets                                    |            | 14                  |                                 |          |                           |
|                             | 15   | Other assets. See Part IV, line 11                   |            | 212,788.            | 15                              | 154,755. |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ       | al line 3  | 3)                  | 8,007,979.                      | 16       | 8,910,640.                |
|                             | 17   | Accounts payable and accrued expenses                |            |                     | 181,153.                        | 17       | 237,718.                  |
|                             | 18   | Grants payable                                       |            | 18                  |                                 |          |                           |
|                             | 19   | Deferred revenue                                     |            | 60,190.             | 19                              | 75,539.  |                           |
|                             | 20   | Tax-exempt bond liabilities                          |            |                     | 20                              |          |                           |
|                             | 21   | Escrow or custodial account liability. Complete      | Part IV c  | of Schedule D       |                                 | 21       |                           |
| S                           | 22   | Loans and other payables to any current or form      | ner office | er, director,       |                                 |          |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, subst     | antial co  | ontributor, or 35%  |                                 |          |                           |
| iabi                        |      | controlled entity or family member of any of thes    | se perso   | ns                  |                                 | 22       |                           |
| _                           | 23   | Secured mortgages and notes payable to unrela        |            |                     |                                 | 23       |                           |
|                             | 24   | Unsecured notes and loans payable to unrelated       | d third p  | arties              |                                 | 24       |                           |
|                             | 25   | Other liabilities (including federal income tax, pa  |            |                     |                                 |          |                           |
|                             |      | parties, and other liabilities not included on lines | 3 17-24).  | Complete Part X     | 045 600                         |          | 150 005                   |
|                             |      | of Schedule D  |            | ·····               | 215,623.                        | 25       | 158,885.                  |
|                             | 26   | Total liabilities. Add lines 17 through 25           |            | 77                  | 456,966.                        | 26       | 472,142.                  |
| G                           |      | Organizations that follow FASB ASC 958, che          | ck here    | X                   |                                 |          |                           |
| ဥ                           |      | and complete lines 27, 28, 32, and 33.               |            |                     | 6 567 700                       |          | 7 104 270                 |
| ala r                       | 27   |  |            |                     | 6,567,702.<br>983,311.          | 27       | 7,184,278.                |
| ä                           | 28   |  |            | <u> </u>            | 903,311.                        | 28       | 1,254,220.                |
| Ĕ                           |      | Organizations that do not follow FASB ASC 9          | 58, che    | ck here             |                                 |          |                           |
| F                           |      | and complete lines 29 through 33.                    |            |                     |                                 |          |                           |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current funds   |            |                     |                                 | 29       |                           |
| SSe                         | 30   | Paid-in or capital surplus, or land, building, or ed |            |                     |                                 | 30       |                           |
| řΑ                          | 31   | Retained earnings, endowment, accumulated in         |            |                     | 7 551 012                       | 31       | 0 120 100                 |
| ž                           | 32   |  |            |                     | 7,551,013.                      | 32       | 8,438,498.                |
|                             | 33   | Total liabilities and net assets/fund balances .     |            |                     | 8,007,979.                      | 33       | 8,910,640.                |

| Pa  | rt XI Reconciliation of Net Assets   |         |         |     |     | <u> </u> |  |  |  |
|---|--|---------|---------|-----|-----|----------|--|--|--|
|   | Check if Schedule O contains a response or note to any line in this Part XI  |         | <u></u> |     |     |          |  |  |  |
|   |  |         |         |     |     |          |  |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 4       | ,70 | 8,8 | 63.      |  |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 4       | ,51 | 2,0 | 25.      |  |  |  |
| 3   | 3 Revenue less expenses. Subtract line 2 from line 1   |         |         |     |     |          |  |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4       | 7       | ,55 | 1,0 | 13.      |  |  |  |
| 5   | Net unrealized gains (losses) on investments   |         |         |     |     |          |  |  |  |
| 6   | Donated services and use of facilities   | 6       |         |     | 1,3 | 20.      |  |  |  |
| 7   | Investment expenses  | 7       |         |     |     |          |  |  |  |
| 8   | Prior period adjustments   | 8       |         |     |     |          |  |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)   | 9       |         |     |     | 0.       |  |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |         |         |     |     |          |  |  |  |
|   | column (B))  | 8       | ,43     | 8,4 | 98. |          |  |  |  |
| Pa  | rt XII Financial Statements and Reporting  |         |         |     |     |          |  |  |  |
|   | Check if Schedule O contains a response or note to any line in this Part XII                                       |         |         |     |     |          |  |  |  |
|   |  |         |         |     | Yes | No       |  |  |  |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |         |         |     |     |          |  |  |  |
|   | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | Ο.      |         |     |     |          |  |  |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |         |         | 2a  |     | X        |  |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a    |         |     |     |          |  |  |  |
|   | separate basis, consolidated basis, or both:   |         |         |     |     |          |  |  |  |
|   | Separate basis Consolidated basis Both consolidated and separate basis   |         |         |     |     |          |  |  |  |
| b   | Were the organization's financial statements audited by an independent accountant?                                 |         |         | 2b  | X   |          |  |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | basis,  |         |     |     |          |  |  |  |
|   | consolidated basis, or both:   |         |         |     |     |          |  |  |  |
|   | X Separate basis Consolidated basis Both consolidated and separate basis   |         |         |     |     |          |  |  |  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, |  |         |         |     |     |          |  |  |  |
| review, or compilation of its financial statements and selection of an independent accountant?                              |  |         |         |     |     |          |  |  |  |
|   | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule C | ).      |     |     |          |  |  |  |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |         |         |     |     |          |  |  |  |
|   | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |         |         | 3a  |     | X        |  |  |  |
|   |  |         |         |     |     |          |  |  |  |

**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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

**ZUZ**3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORTH CASCADES INSTITUTE

Employer identification number 91 – 1327775

| Pa   | art I |   | Charity Status.              |   | omplete th         | nis nart ) S                     |                                 | 1 152///5                  |  |  |  |  |  |
|------|-------|---|------------------------------|---|--------------------|----------------------------------|---------------------------------|----------------------------|--|--|--|--|--|
|      |       | Reason for Public Charity Status. (All organizations must complete this part.) See instructions.  zation is not a private foundation because it is: (For lines 1 through 12, check only one box.) |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 1116 | Organ | A church, convention of ch  | •                            | • .   | •                  | ,                                | IV A V:\                        |                            |  |  |  |  |  |
|      | X     |   |                              |   |                    | 11 170(0)(1                      | I)(A)(I).                       |                            |  |  |  |  |  |
| 2    |       | A school described in <b>sect</b> i   |                              |   |                    | /I. \/ <b>4</b> \/ <b>A</b> \/** | •1                              |                            |  |  |  |  |  |
| 3    | Н     | A hospital or a cooperative   |                              |   |                    |                                  | •                               | Alan Ianna ikalin mama     |  |  |  |  |  |
| 4    |       | A medical research organiza   | ation operated in cor        | njunction with a nospital                           | aescribea          | in sectio                        | n 1/0(b)(1)(A)(III). Enter      | the nospital's name,       |  |  |  |  |  |
|      |       | city, and state:  |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 5    |       | An organization operated for  |                              | llege or university owned                           | or operate         | ed by a go                       | vernmental unit describe        | ea in                      |  |  |  |  |  |
|      |       | section 170(b)(1)(A)(iv).   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 6    | Н     | A federal, state, or local gov  | •                            |   |                    |                                  | • •                             |                            |  |  |  |  |  |
| 7    |       | An organization that norma  | •                            | ntial part of its support fr                        | om a gove          | ernmental                        | unit or from the general إ      | oublic described in        |  |  |  |  |  |
|      |       | section 170(b)(1)(A)(vi). (Complete Part II.)   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 8    | Ш     | A community trust describe  | ed in <b>section 170(b)(</b> | (1)(A)(vi). (Complete Part                          | : II.)             |                                  |                                 |                            |  |  |  |  |  |
| 9    |       | An agricultural research org  | anization described          | in section 170(b)(1)(A)(i                           | x) operate         | ed in conju                      | inction with a land-grant       | college                    |  |  |  |  |  |
|      |       | or university or a non-land-g   | rant college of agric        | ulture (see instructions).                          | Enter the i        | name, city                       | , and state of the college      | or                         |  |  |  |  |  |
|      |       | university:   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 10   |       | An organization that norma  | Ily receives (1) more        | than 33 1/3% of its supp                            | ort from c         | ontributior                      | ns, membership fees, and        | d gross receipts from      |  |  |  |  |  |
|      |       | activities related to its exem  | npt functions, subjec        | t to certain exceptions; a                          | and (2) no         | more than                        | 33 1/3% of its support f        | rom gross investment       |  |  |  |  |  |
|      |       | income and unrelated busing   | ness taxable income          | (less section 511 tax) fro                          | m busines          | ses acqui                        | red by the organization a       | ifter June 30, 1975.       |  |  |  |  |  |
|      |       | See section 509(a)(2). (Cor   | mplete Part III.)            |   |                    |                                  |                                 |                            |  |  |  |  |  |
| 11   |       | An organization organized a   | and operated exclusi         | vely to test for public saf                         | ety. See           | section 50                       | )9(a)(4).                       |                            |  |  |  |  |  |
| 12   |       | An organization organized a   | and operated exclusi         | vely for the benefit of, to                         | perform tl         | ne function                      | ns of, or to carry out the      | purposes of one or         |  |  |  |  |  |
|      |       | more publicly supported org   | ganizations describe         | d in <b>section 509(a)(1)</b> o                     | r <b>section</b> ( | 509(a)(2).                       | See <b>section 509(a)(3).</b> ( | Check the box on           |  |  |  |  |  |
|      |       | lines 12a through 12d that  | describes the type of        | f supporting organizatior                           | and com            | plete lines                      | 12e, 12f, and 12g.              |                            |  |  |  |  |  |
| a    | ı 🗀   | Type I. A supporting orga   | anization operated, s        | upervised, or controlled                            | by its supp        | orted org                        | anization(s), typically by      | giving                     |  |  |  |  |  |
|      |       | the supported organization  | on(s) the power to req       | gularly appoint or elect a                          | majority o         | f the direc                      | tors or trustees of the su      | pporting                   |  |  |  |  |  |
|      |       | organization. You must o  | omplete Part IV, Se          | ections A and B.                                    |                    |                                  |                                 |                            |  |  |  |  |  |
| k    | , [   | Type II. A supporting org   | anization supervised         | or controlled in connect                            | ion with its       | s supporte                       | d organization(s), by hav       | ring                       |  |  |  |  |  |
|      |       | control or management o   | f the supporting orga        | anization vested in the sa                          | ame perso          | ns that co                       | ntrol or manage the supp        | oorted                     |  |  |  |  |  |
|      |       | organization(s). You mus  | t complete Part IV,          | Sections A and C.                                   |                    |                                  |                                 |                            |  |  |  |  |  |
| c    | ;     | Type III functionally inte  | grated. A supporting         | g organization operated                             | in connect         | ion with, a                      | and functionally integrate      | ed with,                   |  |  |  |  |  |
|      |       | its supported organization  | n(s) (see instructions)      | ). You must complete F                              | Part IV, Se        | ctions A,                        | D, and E.                       |                            |  |  |  |  |  |
| c    | i 🗌   | Type III non-functionally   | integrated. A supp           | orting organization oper                            | ated in cor        | nnection w                       | rith its supported organiz      | zation(s)                  |  |  |  |  |  |
|      |       | that is not functionally int  | egrated. The organiz         | ation generally must sati                           | sfy a distr        | ibution rec                      | uirement and an attentiv        | /eness                     |  |  |  |  |  |
|      |       | requirement (see instructi  | ions). <b>You must con</b>   | nplete Part IV, Sections                            | A and D,           | and Part                         | V.                              |                            |  |  |  |  |  |
| e    | ,     | Check this box if the orga  | anization received a v       | written determination from                          | m the IRS          | that it is a                     | Type I, Type II, Type III       |                            |  |  |  |  |  |
|      |       | functionally integrated, or   | Type III non-function        | nally integrated supportir                          | ng organiz         | ation.                           |                                 |                            |  |  |  |  |  |
| f    | Ente  | er the number of supported o  | organizations                |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       | vide the following information  |                              |   | (i) In the area    | aiastiaa listad                  |                                 | T (84 ) (44)               |  |  |  |  |  |
|      | (     | (i) Name of supported   | (ii) EIN                     | (iii) Type of organization (described on lines 1-10 | in your governi    | inization listed<br>ng document? | (v) Amount of monetary          | (vi) Amount of other       |  |  |  |  |  |
|      |       | organization  |                              | above (see instructions))                           | Yes                | No                               | support (see instructions)      | support (see instructions) |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
|      |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| _    |       |   |                              |   |                    |                                  |                                 |                            |  |  |  |  |  |
| Tot  | al    |   |                              |   |                    |                                  |                                 | I                          |  |  |  |  |  |

332021 12-21-23

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

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

| Sec        | ction A. Public Support  |          |                 |             |          |                     |                 |
|------------|--|----------|-----------------|-------------|----------|---------------------|-----------------|
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2019 | <b>(b)</b> 2020 | (c) 2021    | (d) 2022 | (e) 2023            | (f) Total       |
| 1          | Gifts, grants, contributions, and  |          |                 |             |          |                     |                 |
|            | membership fees received. (Do not  |          |                 |             |          |                     |                 |
|            | include any "unusual grants.")   |          |                 |             |          |                     |                 |
| 2          | Tax revenues levied for the organ-   |          |                 |             |          |                     |                 |
|            | ization's benefit and either paid to   |          |                 |             |          |                     |                 |
|            | or expended on its behalf  |          |                 |             |          |                     |                 |
| 3          | The value of services or facilities  |          |                 |             |          |                     |                 |
|            | furnished by a governmental unit to  |          |                 |             |          |                     |                 |
|            | the organization without charge  |          |                 |             |          |                     |                 |
| 4          | Total. Add lines 1 through 3   |          |                 |             |          |                     |                 |
| 5          | The portion of total contributions   |          |                 |             |          |                     |                 |
|            | by each person (other than a   |          |                 |             |          |                     |                 |
|            | governmental unit or publicly  |          |                 |             |          |                     |                 |
|            | supported organization) included   |          |                 |             |          |                     |                 |
|            | on line 1 that exceeds 2% of the   |          |                 |             |          |                     |                 |
|            | amount shown on line 11,   |          |                 |             |          |                     |                 |
|            | column (f)   |          |                 |             |          |                     |                 |
|            | Public support. Subtract line 5 from line 4.   |          |                 |             |          |                     |                 |
| Sec        | ction B. Total Support   |          | T               |             | T        | _                   | Г               |
|            | ndar year (or fiscal year beginning in)  | (a) 2019 | <b>(b)</b> 2020 | (c) 2021    | (d) 2022 | (e) 2023            | (f) Total       |
|            | 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   |          |                 |             |          |                     |                 |
|            | business is regularly carried on   |          |                 |             |          |                     |                 |
| 10         | Other income. Do not include gain  |          |                 |             |          |                     |                 |
|            | or loss from the sale of capital   |          |                 |             |          |                     |                 |
|            | assets (Explain in Part VI.)   |          |                 |             |          |                     |                 |
|            | <b>Total support.</b> Add lines 7 through 10   |          | ,               |             |          |                     |                 |
|            | Gross receipts from related activities,  | •        |                 |             |          | 12                  |                 |
| 13         | First 5 years. If the Form 990 is for the  |          |                 | •           | •        | . , , ,             |                 |
| Sec        | organization, check this box and stop<br>ction C. Computation of Publi   |          |                 |             |          |                     | <u>-</u>        |
|            | -  |          |                 | column (fl) |          | 14                  |                 |
|            | Public support percentage for 2023 (I  |          |                 |             |          | 15                  | <u>%</u>        |
|            |  |          |                 |             |          |                     |                 |
| 100        | 6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |          |                 |             |          |                     |                 |
| h          | stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |          |                 |             |          |                     |                 |
| ~          |  |          |                 |             |          |                     |                 |
| 17a        | and stop here. The organization qualifies as a publicly supported organization   |          |                 |             |          |                     |                 |
|            | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization  |          |                 |             |          |                     |                 |
|            | meets the facts-and-circumstances te   |          | •               | -           | •        |                     |                 |
| b          | 10% -facts-and-circumstances test  | -        | -               | *           | -        | 17a, and line 15 is | 10% or          |
|            | more, and if the organization meets the  | -        |                 |             |          |                     |                 |
|            | organization meets the facts-and-circu   |          |                 |             | -        |                     |                 |
| <u> 18</u> | <b>Private foundation.</b> If the organization   |          | -               |             |          |                     | <u> </u>        |
|            |  |          |                 |             |          |                     | (Farm 000) 0002 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se   | ction A. Public Support  |                    | ,                   |                     |                     |            |           |
|------|--|--------------------|---------------------|---------------------|---------------------|------------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020     | (c) 2021            | (d) 2022            | (e) 2023   | (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 per-  |                    |                     |                     |                     |            |           |
|      | formed, 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 bus-   |                    |                     |                     |                     |            |           |
|      | iness under section 513  |                    |                     |                     |                     |            |           |
| 4    | Tax revenues levied for the organ-   |                    |                     |                     |                     |            |           |
|      | ization's benefit and either paid to   |                    |                     |                     |                     |            |           |
|      | or expended on its behalf  |                    |                     |                     |                     |            |           |
| 5    | The value of services or facilities  |                    |                     |                     |                     |            |           |
|      | furnished by a governmental unit to  |                    |                     |                     |                     |            |           |
|      | the organization without charge  |                    |                     |                     |                     |            |           |
| 6    | Total. Add lines 1 through 5   |                    |                     |                     |                     |            |           |
| 78   | Amounts included on lines 1, 2, and  |                    |                     |                     |                     |            |           |
|      | 3 received from disqualified persons   |                    |                     |                     |                     |            |           |
| k    | Amounts included on lines 2 and 3 received   |                    |                     |                     |                     |            |           |
|      | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                    |                     |                     |                     |            |           |
|      | amount on line 13 for the year   |                    |                     |                     |                     |            |           |
| (    | Add lines 7a and 7b  |                    |                     |                     |                     |            |           |
| 8    | Public support. (Subtract line 7c from line 6.)                                      |                    |                     |                     |                     |            |           |
| Se   | ction B. Total Support   | ,                  | ,                   | T                   | _                   |            |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020     | (c) 2021            | (d) 2022            | (e) 2023   | (f) Total |
|      | Amounts from line 6  |                    |                     |                     |                     |            |           |
| 10a  | Gross income from interest, dividends, payments received on                          |                    |                     |                     |                     |            |           |
|      | securities loans, rents, royalties,  |                    |                     |                     |                     |            |           |
|      | and income from similar sources  |                    |                     |                     |                     |            |           |
| k    | Unrelated business taxable income  |                    |                     |                     |                     |            |           |
|      | (less section 511 taxes) from businesses   |                    |                     |                     |                     |            |           |
|      | acquired after June 30, 1975   |                    |                     |                     |                     |            |           |
|      | Add lines 10a and 10b  |                    |                     |                     |                     |            |           |
| 11   | Net income from unrelated business activities not included on line 10b,              |                    |                     |                     |                     |            |           |
|      | whether or not the business is   |                    |                     |                     |                     |            |           |
|      | regularly carried on   |                    |                     |                     |                     |            |           |
| 12   | Other income. Do not include gain or loss from the sale of capital                   |                    |                     |                     |                     |            |           |
|      | assets (Explain in Part VI.)   |                    |                     |                     |                     |            |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                    |                     |                     |                     |            |           |
| 14   | First 5 years. If the Form 990 is for the  | -                  |                     |                     | •                   |            |           |
| 0-   | check this box and stop here   |                    |                     |                     |                     |            |           |
|      | ction C. Computation of Publi  |                    |                     | . (5)               |                     | T .= T     |           |
|      | Public support percentage for 2023 (I  | , (,,              |                     | (//                 |                     | 15         | %         |
|      | Public support percentage from 2022 ction D. Computation of Inves                    |                    |                     |                     |                     | 16         | %         |
|      |  |                    |                     | 10 l (f)            |                     | 47         |           |
|      | Investment income percentage for 20  |                    |                     |                     |                     | 17         | <u>%</u>  |
|      | Investment income percentage from  |                    |                     |                     |                     | 18         | %         |
| 198  | a 33 1/3% support tests - 2023. If the   |                    |                     |                     |                     |            |           |
|      | more than 33 1/3%, check this box ar   |                    |                     |                     |                     |            |           |
| k    | 33 1/3% support tests - 2022. If the   |                    |                     |                     |                     |            |           |
| 00   | line 18 is not more than 33 1/3%, che  |                    |                     |                     |                     |            |           |
| 20   | Private foundation. If the organization  | ni dia not check a | box on line 14, 19a | a, or 190, check th | iis box and see ins | structions |           |

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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 supervised by or in connection with its supported organizations.
- c 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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 amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|      | Yes | No |
|------|-----|----|
|      |     |    |
| 4    |     |    |
| 1    |     |    |
|      |     |    |
| 2    |     |    |
|      |     |    |
| 3a   |     |    |
|      |     |    |
| 3b   |     |    |
| - OD |     |    |
| 3с   |     |    |
|      |     |    |
| 4a   |     |    |
|      |     |    |
| 4b   |     |    |
|      |     |    |
| 4c   |     |    |
|      |     |    |
| 5a   |     |    |
|      |     |    |
| 5b   |     |    |
| 5c   |     |    |
|      |     |    |
| 6    |     |    |
|      |     |    |
| 7    |     |    |
|      |     |    |
| 8    |     |    |
|      |     |    |
| 9a   |     |    |
|      |     |    |
| 9b   |     |    |
| 9с   |     |    |
|      |     |    |
|      |     |    |
| 10a  |     |    |
| 40.  |     |    |
| 10b  |     |    |

| Par | t IV            | Supporting Organizations (continued)  |            |          |      |
|-----|-----------------|---|------------|----------|------|
|     |                 | •   |            | Yes      | No   |
| 11  | Has th          | he organization accepted a gift or contribution from any of the following persons?  |            |          |      |
| а   |                 | son who directly or indirectly controls, either alone or together with persons described on lines 11b and                     |            |          |      |
|     | -               | elow, the governing body of a supported organization?   | 11a        |          |      |
| b   |                 | illy member of a person described on line 11a above?  | 11b        |          |      |
|     |                 | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                | 1.2        |          |      |
| ·   |                 | in Part VI.   | 11c        |          |      |
| Sec | tion E          | 3. Type I Supporting Organizations  |            |          |      |
|     |                 | 71 11 0 0   |            | Yes      | No   |
| 1   | Did th          | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or         |            | 103      | 140  |
| •   |                 | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,      |            |          |      |
|     |                 | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)             |            |          |      |
|     |                 | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported      |            |          |      |
|     |                 | ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the           | 1          |          |      |
| 2   |                 | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                  |            |          |      |
| 2   |                 | ne organization operate for the benefit of any supported organization other than the supported                                |            |          |      |
|     |                 | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                         |            |          |      |
|     |                 | how providing such benefit carried out the purposes of the supported organization(s) that operated,                           | _          |          |      |
| Sec | super<br>tion ( | vised, or controlled the supporting organization.  C. Type II Supporting Organizations  | 2          |          |      |
|     |                 | 5. Type it capporating organizations  |            | <b>V</b> | NI - |
| _   | 14/             |   |            | Yes      | No   |
| 1   |                 | a majority of the organization's directors or trustees during the tax year also a majority of the directors                   |            |          |      |
|     |                 | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                       |            |          |      |
|     |                 | nagement of the supporting organization was vested in the same persons that controlled or managed                             |            |          |      |
| 202 | the su          | upported organization(s).  D. All Type III Supporting Organizations   | 1          |          |      |
| 366 | LIOII L         | 5. All Type III Supporting Organizations  |            |          |      |
|     |                 |   |            | Yes      | No   |
| 1   |                 | ne organization provide to each of its supported organizations, by the last day of the fifth month of the                     |            |          |      |
|     | -               | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax              |            |          |      |
|     | •               | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the              |            |          |      |
|     | -               | ization'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                   |            |          |      |
|     | organ           | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                 |            |          |      |
|     | ,               | ganization maintained a close and continuous working relationship with the supported organization(s).                         | 2          |          |      |
| 3   | By rea          | ason of the relationship described on line 2, above, did the organization's supported organizations have a                    |            |          |      |
|     | •               | cant voice in the organization's investment policies and in directing the use of the organization's                           |            |          |      |
|     | incom           | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                      |            |          |      |
|     | suppo           | orted organizations played in this regard.  | 3          |          |      |
| Sec | tion E          | E. Type III Functionally Integrated Supporting Organizations  |            |          |      |
| 1   | Check           | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |            |          |      |
| а   | Щ               | The organization satisfied the Activities Test. Complete line 2 below.  |            |          |      |
| b   |                 | The organization is the parent of each of its supported organizations. Complete line 3 below.                                 |            |          |      |
| С   | Ш               | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins        | truction   | s).      |      |
| 2   | Activit         | ties Test. <b>Answer lines 2a and 2b below.</b>   |            | Yes      | No   |
| а   | Did su          | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of                 |            |          |      |
|     | the su          | upported 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 t           | he organization was responsive to those supported organizations, and how the organization determined                          |            |          |      |
|     | that th         | nese activities constituted substantially all of its activities.  | 2a         |          |      |
| b   | Did th          | ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,                |            |          |      |
|     | one o           | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in                       |            |          |      |
|     | Part \          | the reasons for the organization's position that its supported organization(s) would have engaged in                          |            |          |      |
|     |                 | activities but for the organization's involvement.  | <b>2</b> b |          |      |
| 3   |                 | t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |            |          |      |
| а   | Did th          | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or                        |            |          |      |
|     |                 | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                       | За         |          |      |
| b   |                 | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each                |            |          |      |
|     |                 | supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.                    | 3b         |          |      |

| Sche                             | dule A (Form 990) 2023 NORTH CASCADES INSTITU                                | TE             | 9                         | 91-1327775 Page 6              |
|----------------------------------|--|----------------|---------------------------|--------------------------------|
| Pai                              |  | ng Organi      | zations                   |                                |
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | ov. 20, 1970 ( explain in | Part VI). See instructions.    |
|                                  | All other Type III non-functionally integrated supporting organizations mu   | st complete S  | Sections A through E.     |                                |
| Sect                             | ion A - Adjusted Net Income  |                | (A) Prior Year            | (B) Current Year<br>(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 Year<br>(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):            |                |                           |                                |
| a                                | Average monthly value of securities  | 1a             |                           |                                |
| b                                | Average monthly cash balances  | 1b             |                           |                                |
| c                                | Fair market value of other non-exempt-use assets                             | 1c             |                           |                                |
| d                                | Total (add lines 1a, 1b, and 1c)   | 1d             |                           |                                |
| е                                | 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 0.015 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 0.035.  | 6              |                           |                                |
| _7_                              | Recoveries of prior-year distributions                                       | 7              |                           |                                |
| 8                                | Minimum Asset Amount (add line 7 to line 6)                                  | 8              |                           |                                |
| Sect                             | ion C - Distributable Amount   |                |                           | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)        | 1              |                           |                                |
| 2                                | Enter 0.85 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              |                           |                                |

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5

Income tax imposed in prior year

instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount

| 10         | Line 8 amount divided by line 9 amount                        |                             | 10                                     |   |
|------------|---|-----------------------------|--|---|
| Sect       | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
| 1          | Distributable amount for 2023 from Section C, line 6          |                             |  |   |
| 2          | Underdistributions, if any, for years prior to 2023 (reason-  |                             |  |   |
|            | able cause required - explain in Part VI). See instructions.  |                             |  |   |
| 3          | Excess distributions carryover, if any, to 2023               |                             |  |   |
| a          | From 2018   |                             |  |   |
| b          | From 2019   |                             |  |   |
| c          | From 2020   |                             |  |   |
| d          | From 2021   |                             |  |   |
| е          | From 2022   |                             |  |   |
| f          | Total of lines 3a through 3e                                  |                             |  |   |
| g          | Applied to underdistributions of prior years                  |                             |  |   |
| h          | Applied to 2023 distributable amount                          |                             |  |   |
| i_         | Carryover from 2018 not applied (see instructions)            |                             |  |   |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |  |   |
| 4          | Distributions for 2023 from Section D,                        |                             |  |   |
|            | line 7: \$  |                             |  |   |
| a          | Applied to underdistributions of prior years                  |                             |  |   |
| b          | Applied to 2023 distributable amount                          |                             |  |   |
| c          | Remainder. Subtract lines 4a and 4b from line 4.              |                             |  |   |
| 5          | Remaining underdistributions for years prior to 2023, if      |                             |  |   |
|            | any. Subtract lines 3g and 4a from line 2. For result greater |                             |  |   |
|            | than zero, explain in Part VI. See instructions.              |                             |  |   |
| 6          | Remaining underdistributions for 2023. Subtract lines 3h      |                             |  |   |
|            | and 4b from line 1. For result greater than zero, explain in  |                             |  |   |
|            | Part VI. See instructions.                                    |                             |  |   |
| 7          | Excess distributions carryover to 2024. Add lines 3j          |                             |  |   |
|            | and 4c.   |                             |  |   |
| 8          | Breakdown of line 7:  |                             |  |   |
| а          | Excess from 2019  |                             |  |   |
| b          | Excess from 2020  |                             |  |   |
| С          | Excess from 2021  |                             |  |   |
| d          | Excess from 2022  |                             |  |   |
|            | Excess from 2023  |                             |  |   |

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization Employer identification number

NORTH CASCADES INSTITUTE 91-1327775

| Organization type (cneck one):   |  |  |  |  |  |
|--|--|--|--|--|--|
| Filers of  | :  | Section:   |  |  |  |
| Form 99  | 0 or 990-EZ  | X 501(c)( 3 ) (enter number) organization  |  |  |  |
|  |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |
|  |  | 527 political organization   |  |  |  |
| Form 99  | 0-PF   | 501(c)(3) exempt private foundation  |  |  |  |
|  |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |
|  |  | 501(c)(3) taxable private foundation   |  |  |  |
|  | nly a section 501(c)(  | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |
| X  | X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |
| Special  | Rules  |  |  |  |  |
|  | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |  |  |  |  |
|  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.                                  |  |  |  |  |
|  | year, contributions<br>is checked, enter he<br>purpose. Don't com  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \$ |  |  |  |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

# NORTH CASCADES INSTITUTE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 1          |   | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$63,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 3          |   | \$345,000.                 | Person X Payroll   |
| (a)        | (b)   | (c)                        | (d)  |
| No. 4      | Name, address, and ZIP + 4  | \$ 30,000.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 5          |   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 6          |   | \$\$                       | Person X Payroll   |

# NORTH CASCADES INSTITUTE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |   | \$\$                       | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          |   | \$\$                       | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 9          |   | \$50,000.                  | Person X Payroll   |
| (a)        | (b)   | (c)                        | (d)  |
| No.<br>10  | Name, address, and ZIP + 4  | \$ 50,627.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 11         |   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 12         |   | \$60,000.                  | Person X Payroll   |

# NORTH CASCADES INSTITUTE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                             |
|------------|---|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution |
| 13         |   | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution |
| 14         |   | \$361,370.                 | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution    |
| 15         |   | \$389,537.                 | Person X Payroll            |
| (a)        | (b)   | (c)                        | (d)                         |
| No. 16     | Name, address, and ZIP + 4  | \$ 61,250.                 | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution    |
| 17         |   | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution    |
| 18         |   | \$5,000.                   | Person X Payroll            |

# NORTH CASCADES INSTITUTE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed.            |  |
|------------|---|--------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions     | (d) Type of contribution   |
| 19         |   | \$15,000 <b>.</b>              | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 20         |   | \$5,000.                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions        | (d) Type of contribution   |
| 21         |   | \$5,000.                       | Person X Payroll   |
| (a)        | (b)   | (c)                            | (d)  |
| No. 22     | Name, address, and ZIP + 4  | Total contributions  \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions        | (d) Type of contribution   |
| 23         |   | \$5,000.                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions     | (d) Type of contribution   |
| 24         |   | \$ <u>14,000.</u>              | Person X Payroll   |

# NORTH CASCADES INSTITUTE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 25         |   | \$10,000.                  | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |

# NORTH CASCADES INSTITUTE

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                 | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |

Page 4 Schedule B (Form 990) (2023) Employer identification number Name of organization NORTH CASCADES INSTITUTE 91-1327775 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

NORTH CASCADES INSTITUTE

**Employer identification number** 91-1327775

|                       |   | (a) Donor advised   | d funds  | (b) Fund   | s and other accou                                       | ınts    |
|-----------------------|---|---|--|--|---|---------|
| 1                     | Total number at end of year   |   |  | . ,  |   |         |
| 2                     | Aggregate value of contributions to (during year)   |   |  |  |   |         |
| 3                     | Aggregate value of grants from (during year)  |   |  |  |   |         |
| 4                     | Aggregate value at end of year  |   |  |  |   |         |
| 5                     | Did the organization inform all donors and donor advisors in  |   | ld in donor advised fu   | ınds   |   |         |
| _                     | are the organization's property, subject to the organization's  | -   |  |  | Yes   | □ No    |
| 6                     | Did the organization inform all grantees, donors, and donor a   |   |  |  |   |         |
| •                     | for charitable purposes and not for the benefit of the donor o  |   |  |  |   |         |
|                       | impermissible private benefit?  | ·   |  | ū  | Yes   | ☐ No    |
| Pa                    | rt II Conservation Easements. Complete if the org   |   |  |  |   |         |
| 1                     | Purpose(s) of conservation easements held by the organization   |   |  | ,  |   |         |
|                       | Preservation of land for public use (for example, recrea  |   | Preservation of a hi   | storically in  | mportant land are                                       | a       |
|                       | Protection of natural habitat   |   | Preservation of a ce   | -  | · ·   | •       |
|                       | Preservation of open space  |   | j i reservation er a ee  | i ilioa ilioa  | ono otraotare   |         |
| 2                     | Complete lines 2a through 2d if the organization held a qualif  | fied conservation contribu  | ition in the form of a   | conservatio  | on easement on th                                       | ne last |
| _                     | day of the tax year.  |   |  |  | leld at the End of th                                   |         |
| а                     |   |   |  | 2a   |   |         |
| b                     |   |   |  | <u> </u>   |   |         |
| c                     | Number of conservation easements on a certified historic stru   |   |  |  |   |         |
|                       | Number of conservation easements included on line 2c acqu   |   |  | .  |   |         |
| u                     | on a historic structure listed in the National Register   | • • • •   |  | 2d   |   |         |
| 3                     | Number of conservation easements modified, transferred, rel   |   |  |  | uring the tay   |         |
| ٠                     | year  | casca, extinguished, or to  | Similated by the orga  | inization di   | uning the tax   |         |
| 4                     | Number of states where property subject to conservation eas   | sement is located   |  |  |   |         |
| 5                     | Does the organization have a written policy regarding the per   |   | ion handling of  |  |   |         |
| Ū                     | violations, and enforcement of the conservation easements it  | •   |  |  | Yes   | □ No    |
| 6                     | Staff and volunteer hours devoted to monitoring, inspecting,  |   |  |  |   |         |
| •                     | g, mapacing,  | Than is a second of the   | a omeremy concenta   |  | g   | -       |
|                       |   |   |  |  |   |         |
| 7                     | Amount of expenses incurred in monitoring inspecting hand   | lling of violations, and enf  | orcina conservation  | easements  | during the year   |         |
| 7                     | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enf  | forcing conservation   | easements  | during the year   |         |
|                       |   |   |  |  | during the year   |         |
| 7<br>8                | Does each conservation easement reported on line 2d above   | satisfy the requirements  | of section 170(h)(4)(E   | B)(i)  |   | □ No    |
| 8                     | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?   | satisfy the requirements  | of section 170(h)(4)(E   | s)(i)  | during the year   | ☐ No    |
|                       | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation   | e satisfy the requirements<br>on easements in its reven   | of section 170(h)(4)(E   | s)(i)<br>ement and   | Yes   | ☐ No    |
| 8                     | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr  | e satisfy the requirements<br>on easements in its reven   | of section 170(h)(4)(E   | s)(i)<br>ement and   | Yes   | ☐ No    |
| 8<br>9                | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.   | e satisfy the requirements<br>on easements in its reven<br>note to the organization's   | of section 170(h)(4)(E<br>ue and expense state<br>financial statements   | s)(i)<br>ement and<br>that descri  | Yes   | ☐ No    |
| 8<br>9                | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.   | on easements in its revenuente to the organization's  | of section 170(h)(4)(E<br>ue and expense state<br>financial statements   | s)(i)<br>ement and<br>that descri  | Yes   | □ No    |
| 8<br>9<br><b>Pa</b> i | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  | on easements in its reven<br>note to the organization's<br>f Art, Historical Trea<br>1990, Part IV, line 8.   | of section 170(h)(4)(E<br>ue and expense state<br>financial statements<br>asures, or Other   | ement and<br>that descri   | bes the  Assets.  | □ No    |
| 8<br>9<br><b>Pa</b> i | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95  | e satisfy the requirements<br>on easements in its reven<br>note to the organization's<br>f Art, Historical Trea<br>1990, Part IV, line 8.   | of section 170(h)(4)(E<br>ue and expense state<br>financial statements<br>asures, or Other   | ement and<br>that descri<br>Similar  | bes the  Assets.  | □ No    |
| 8<br>9<br><b>Pa</b> i | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  † III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for publications.  | e satisfy the requirements<br>on easements in its reven<br>note to the organization's<br><b>F Art, Historical Trea</b><br>1990, Part IV, line 8.<br>18, not to report in its revenulic exhibition, education,   | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further   | ement and<br>that descri<br>Similar  | bes the  Assets.  | □ No    |
| 9 Pa                  | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar  | e satisfy the requirements on easements in its reven note to the organization's <b>F Art, Historical Trea</b> 1990, Part IV, line 8.  18, not to report in its revenulation, education, incial statements that descriptions.  | of section 170(h)(4)(E<br>ue and expense state<br>financial statements<br>asures, or Other<br>enue statement and b<br>or research in further<br>cribes these items.  | ement and<br>that descri<br>Similar<br>alance she<br>rance of pu   | bes the  Assets.  et works  ublic                       | □ No    |
| 8<br>9<br><b>Pa</b> i | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95  | e satisfy the requirements on easements in its reven note to the organization's fart, Historical Treat 1990, Part IV, line 8.  18, not to report in its revenue is statements that description, recial statements that descriptions.  | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items.   | ement and<br>that descri<br>Similar<br>alance she<br>rance of pu   | bes the  Assets.  eet works ablic  vorks of             | □ No    |
| 9 Pa                  | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public  | e satisfy the requirements on easements in its reven note to the organization's fart, Historical Treat 1990, Part IV, line 8.  18, not to report in its revenue is statements that description, recial statements that descriptions.  | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items.   | ement and<br>that descri<br>Similar<br>alance she<br>rance of pu   | bes the  Assets.  eet works ablic  vorks of             | □ No    |
| 8<br>9<br>Par<br>1a   | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.   | e satisfy the requirements on easements in its reven note to the organization's fart, Historical Treat 1990, Part IV, line 8.  18, not to report in its reverblic exhibition, education, incial statements that describes to report in its revenue to exhibition, education, or exhibition, education, or   | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items. estatement and balan research in furtheran                                  | ement and<br>that descri<br>Similar<br>alance she<br>rance of pu<br>ce sheet w<br>ce of publi  | bes the  Assets.  eet works ablic  vorks of             | □ No    |
| 8<br>9<br>Par<br>1a   | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1   | e satisfy the requirements on easements in its reven note to the organization's fart, Historical Treat 1990, Part IV, line 8. 188, not to report in its reverblic exhibition, education, incial statements that descriptions are exhibition, education, or exhibition, education, or  | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items. estatement and balan research in furtheran                                  | ement and that descrision alance she cance of putce sheet we ce of public sheet with the control of the control | bes the  Assets.  eet works ublic  vorks of ic service, | □ No    |
| 8 9 Par 1a b          | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | e satisfy the requirements on easements in its revenue to the organization's fart, Historical Treat 1990, Part IV, line 8.  188, not to report in its reverblic exhibition, education, incial statements that descriptions are exhibition, education, or exhibition, education, or  | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items. statement and balan research in furtheran                                   | ement and that descrision alance she rance of put ce sheet with ce of public sheet with the ce of public sheet wit | bes the  Assets.  eet works ablic  vorks of             | □ No    |
| 8 9 Pa                | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pubservice, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.  | e satisfy the requirements on easements in its reven note to the organization's <b>FArt, Historical Trea</b> 1990, Part IV, line 8.  18, not to report in its reverblic exhibition, education, incial statements that describes to report in its revenue exhibition, education, or exhibition, education, or assures, or other similar assures, or other similar assures, | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items. estatement and balan research in furtheran                                  | ement and that descrision alance she rance of put ce sheet with ce of public sheet with the ce of public sheet wit | bes the  Assets.  eet works ublic  vorks of ic service, | No.     |
| 8 9 Pal 1a b          | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treather of the following amounts required to be reported under FASB ASC 95 and 150 per | e satisfy the requirements on easements in its reven note to the organization's FArt, Historical Treat 1990, Part IV, line 8.  18, not to report in its revenue exhibition, education, incial statements that describes to report in its revenue exhibition, education, or exhibition, education, or assures, or other similar as is SC 958 relating to these             | of section 170(h)(4)(E) ue and expense state financial statements asures, or Other enue statement and b or research in further cribes these items. estatement and balan research in furtheran essets for financial gair items: | ement and that description alance she rance of publicutes of publicutes and publi | bes the  Assets.  eet works ublic  vorks of ic service, | No.     |

| Sche         |  | ASCADES INS   |   |                   |              |                    | 27775           | Page 2    |
|--------------|--|---|---|-------------------|--------------|--------------------|-----------------|-----------|
| Pa           | rt III   Organizations Maintaining C   | ollections of Art   | , Historical Tre  | asures, or        | Other Si     | imilar Assets      | (continu        | ed)       |
| 3            | Using the organization's acquisition, accessi  | on, and other records   | s, check any of the f                                       | ollowing that r   | nake signit  | ficant use of its  |                 |           |
|              | collection items (check all that apply).   |   |   |                   |              |                    |                 |           |
| a            | Public exhibition  | d   |   | hange progran     | n            |                    |                 |           |
| b            | Scholarly research   | е   | Other   |                   |              |                    |                 |           |
| С            | Preservation for future generations  |   |   |                   |              |                    |                 |           |
| 4            | Provide a description of the organization's co   | •   | •   | •                 | •            |                    | XIII.           |           |
| 5            | During the year, did the organization solicit of   |   | ·   | •                 |              |                    | ٦.,             |           |
| Da           | to be sold to raise funds rather than to be m  |   |   |                   |              |                    | _ Yes           | No        |
| Pa           | t IV Escrow and Custodial Arran  |   | e if the organization                                       | answered "Ye      | es" on For   | m 990, Part IV, li | ne 9, or        |           |
| _            | reported an amount on Form 990, Pa   |   |   |                   |              |                    |                 |           |
| 1a           | Is the organization an agent, trustee, custod  |   | -   |                   |              | _                  | ٦.,             | <b></b>   |
|              | on Form 990, Part X?   |   |   |                   |              | L                  | <b>⊻</b> Yes    | ∟ No      |
| b            | If "Yes," explain the arrangement in Part XIII   | and complete the foll   | owing table:  |                   |              |                    | Amount          |           |
|              |  |   |   |                   |              |                    | Amount          |           |
|              | Beginning balance  |   |   |                   |              | 1c                 |                 |           |
|              | Additions during the year  |   |   |                   |              | 1d                 |                 |           |
| _            | Distributions during the year  |   |   |                   |              | 1e                 |                 |           |
| f            | Ending balance   |   |   |                   |              |                    | 7 v             |           |
|              | Did the organization include an amount on F  |   |   |                   | -            |                    | <b>」Yes</b>     | No        |
| Pa           | If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete it   |   |   |                   |              |                    |                 |           |
|              | Zirasimient i arias Complete ii  | (a) Current year  | (b) Prior year  | (c) Two years     |              | Three years back   | (e) Four y      | ears hack |
| 4.           | Deginning of year belongs  | 3,234,210.  | 4,248,024.  | · · · · ·         |              | 3,159,828.         | · · ·           | 79,480.   |
|              | Beginning of year balance  | 114,341.  | 36,668.   | · · · · ·         | 948.         | 22,781.            | 2,,             | 62,325.   |
|              | Contributions  | 432,106.  | -931,298.   | · · · · · · · · · | 611.         | 357,019.           | 4               | 47,577.   |
|              | Net investment earnings, gains, and losses   | 432,100.  | 331,230.  | 111,              | 011.         | 337,013.           | -               | 11,577.   |
|              | Grants or scholarships Other expenditures for facilities   |   |   |                   |              |                    |                 |           |
| -            |  | 9,317.  |   |                   |              | 11,564.            |                 | 26,890.   |
| f            | and programs Administrative expenses   | 162,123.  | 119,184.  | 148               | 654.         | 137,945.           | 1               | 02,664.   |
|              | End of year balance  | 3,609,217.  | 3,234,210.  | · · · · · · · · · |              | 3,390,119.         |                 | .59,828.  |
| 2            | Provide the estimated percentage of the curr   |   | · · · · · ·   | · · ·             |              | .,,====            | , , ,           | , , , , , |
|              | Board designated or quasi-endowment  | 72.4500   | %   | y ricid as.       |              |                    |                 |           |
|              | Permanent endowment 27.2500  | %   | _′°   |                   |              |                    |                 |           |
|              |  |   |   |                   |              |                    |                 |           |
| C            | Term endowment .3000   | <del></del>   |   |                   |              |                    |                 |           |
| С            |  | %   |   |                   |              |                    |                 |           |
|              | The percentages on lines 2a, 2b, and 2c sho  | %<br>uld equal 100%.  | tion that are held ar                                       | nd administere    | d for the    |                    |                 |           |
|              | The percentages on lines 2a, 2b, and 2c sho<br>Are there endowment funds not in the posses   | %<br>uld equal 100%.  | tion that are held ar                                       | nd administered   | d for the    |                    | Ŋ               | es No     |
|              | The percentages on lines 2a, 2b, and 2c sho<br>Are there endowment funds not in the posse<br>organization by:  | % uld equal 100%. ession of the organizat   |   |                   |              |                    |                 |           |
|              | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:  (i) Unrelated organizations?  | %<br>uld equal 100%.<br>ession of the organizat   |   |                   |              |                    | 3a(i)           | X         |
| За           | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:  (i) Unrelated organizations?  (ii) Related organizations?   | %<br>uld equal 100%.<br>ession of the organizat   |   |                   |              |                    | 3a(i)<br>3a(ii) |           |
| 3a<br>b      | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:  (i) Unrelated organizations?  (ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations?  | % uld equal 100%. ssion of the organizat  | ed on Schedule R?   |                   |              |                    | 3a(i)           | X         |
| 3a<br>b<br>4 | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:  (i) Unrelated organizations?  (ii) Related organizations?   | wild equal 100%.  Session of the organizations listed as require a organization's endov   | ed on Schedule R?   |                   |              |                    | 3a(i)<br>3a(ii) | X         |
| 3a<br>b<br>4 | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:  (i) Unrelated organizations?  (ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations organizations.  | % uld equal 100%. ession of the organizations listed as require organization's endoverent | ed on Schedule R?<br>vment funds.                           |                   |              |                    | 3a(i)<br>3a(ii) | Х         |
| 3a<br>b<br>4 | The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by:  (i) Unrelated organizations?  (ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations or the possession of the | % uld equal 100%. ession of the organizations listed as require organization's endoverent | ed on Schedule R?<br>vment funds.<br>, Part IV, line 11a. S |                   | Part X, line |                    | 3a(i)<br>3a(ii) | X         |

| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |  |  |  |  |  |  |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|--|--|
| 1a Land   |                                      | 112,807.                        |                              | 112,807.       |  |  |  |  |  |  |
| <b>b</b> Buildings                                    |                                      | 870,384.                        | 354,447.                     | 515,937.       |  |  |  |  |  |  |
| c Leasehold improvements                              |                                      | 136,994.                        | 132,126.                     | 4,868.         |  |  |  |  |  |  |
| <b>d</b> Equipment                                    |                                      | 844,818.                        | 834,171.                     | 10,647.        |  |  |  |  |  |  |
| e Other   |                                      | 238,457.                        | 228,694.                     | 9,763.         |  |  |  |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must equa | 654,022.                             |                                 |                              |                |  |  |  |  |  |  |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 NORTH CASCA Part VII Investments - Other Securities         | ADES INSTITUTE             | 91  | 1327775 <sub> </sub>  | Page |
|--|----------------------------|---|-----------------------|------|
| Complete if the organization answered "Yes"  | on Form 990 Part IV line   | 11h See Form 990 Part V line 12           |                       |      |
| (a) Description of security or category (including name of security)                   | (b) Book value             | (c) Method of valuation: Cost or en       | d-of-vear market valu | ue   |
| (1) Financial derivatives  |                            | (0)                                       | a er year marner ran  |      |
| (2) Closely held equity interests  |                            |   |                       |      |
| (3) Other  |                            |   |                       |      |
| (A)  |                            |   |                       |      |
| (B)  |                            |   |                       |      |
| (C)  |                            |   |                       |      |
| (D)  |                            |   |                       |      |
| (E)  |                            |   |                       |      |
| (F)  |                            |   |                       |      |
| (G)  |                            |   |                       |      |
| (H)  |                            |   |                       |      |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))                       |                            |   |                       |      |
| Part VIII Investments - Program Related.   |                            |   |                       |      |
| Complete if the organization answered "Yes'  |                            |   |                       |      |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or en       | d-of-year market valu | ue   |
| (1)  |                            |   |                       |      |
| (2)  |                            |   |                       |      |
| (3)  |                            |   |                       |      |
| (4)  |                            |   |                       |      |
| (5)  |                            |   |                       |      |
| (6)  |                            |   |                       |      |
| (7)  |                            |   |                       |      |
| (8)  |                            |   |                       |      |
| (9)  |                            |   |                       |      |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets |                            |   |                       |      |
| Complete if the organization answered "Yes"  | on Form 990 Part IV line   | 11d See Form 990 Part Y line 15           |                       |      |
|  | ) Description              | Tra. Geo Form Goo, Fare A, mile To.       | (b) Book valu         |      |
| (1)  | , Becompain                |   | (b) Book valu         |      |
| (2)  |                            |   |                       |      |
| (3)  |                            |   |                       |      |
| (4)  |                            |   |                       |      |
| (5)  |                            |   |                       |      |
| (6)  |                            |   |                       |      |
| (7)  |                            |   |                       |      |
| (8)  |                            |   |                       |      |
| (9)  |                            |   |                       |      |
| Total. (Column (b) must equal Form 990, Part X, line 15, co                            | ol. (B))                   |   |                       |      |
| Part X Other Liabilities   | ()/                        |   | •                     |      |
| Complete if the organization answered "Yes'  | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 5.                    |      |
| 1. (a) Description of liability  |                            |   | (b) Book valu         | ie   |
| (1) Federal income taxes   |                            |   |                       |      |
| (2) OPERATING LEASE LIABILITY  | •                          |   | 158,8                 | 385  |
| (3)  |                            |   |                       |      |

(4) (5) (6) (7) (8) (9) 158,885. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

|       | edule D (Form 990) 2023 NORTH CASCADES INSTITUTE   |   |                     |           | 1327775 <sub>Page</sub> 4 |
|-------|--|---|---------------------|-----------|---------------------------|
| Pa    | t XI Reconciliation of Revenue per Audited Financial Stater  | nents With I                            | Revenue per Re      | eturn     |                           |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 12a.                                    |                     |           |                           |
| 1     | Total revenue, gains, and other support per audited financial statements   |   |                     | 1         | 4,962,826.                |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |   |                     |           |                           |
| а     | Net unrealized gains (losses) on investments   |   | 689,327.<br>80,547. |           |                           |
| b     | Donated services and use of facilities   |   | 80,547.             | -         |                           |
| С     | Recoveries of prior year grants  |   |                     |           |                           |
| d     | Other (Describe in Part XIII.)   | 2d                                      |                     |           | 760 074                   |
| е     | Add lines 2a through 2d  |   |                     | 2e        | 769,874.<br>4,192,952.    |
| 3     | Subtract line 2e from line 1   |   |                     | 3         | 4,192,952.                |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1 1                                     | 45 000              |           |                           |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                                      | 47,000.<br>468,911. | -         |                           |
| b     | Other (Describe in Part XIII.)   | 4b                                      | 468,911.            |           | E4 E 044                  |
| С     | Add lines 4a and 4b  |   |                     | 4c        | 515,911.<br>4,708,863.    |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State |   |                     | 5         | 4,708,863.                |
| Pa    |  |   | Expenses per i      | Returr    | 1                         |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   |   |                     |           | 4 075 241                 |
| 1     | Total expenses and losses per audited financial statements   |   |                     | 1         | 4,075,341.                |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1                                     | 70 007              |           |                           |
| а     | Donated services and use of facilities   | l l                                     | 79,227.             | -         |                           |
| b     | Prior year adjustments   |   |                     | -         |                           |
| С     | Other losses   |   |                     | -         |                           |
| d     | Other (Describe in Part XIII.)   | 2d                                      |                     |           | 70 227                    |
| е     | Add lines 2a through 2d  |   |                     | 2e        | 79,227.<br>3,996,114.     |
| 3     | Subtract line 2e from line 1   |   |                     | 3         | 3,996,114.                |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 . 1                                   | 47 000              |           |                           |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                                      | 47,000.<br>468,911. | -         |                           |
| b     | Other (Describe in Part XIII.)   | 4b                                      | 468,911.            | _         | F1F 011                   |
| _C    | Add lines 4a and 4b  |   |                     | 4c        | 515,911.                  |
|       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information                                |   |                     | 5         | 4,512,025.                |
|       |  | N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 101 5 11/1          | 4.5       |                           |
|       | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  |   |                     | 1; Part X | t, line 2; Part XI,       |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a   | additional inform                       | nation.             |           |                           |
|       |  |   |                     |           |                           |
| DΔI   | RT V, LINE 4:  |   |                     |           |                           |
| 1 711 | (I V, DIME I.  |   |                     |           |                           |
| गान   | NDS FROM THE ENDOWMENT ARE USED FOR GENER  | AL OPERA                                | TTONS AND           | SCHO      | OLARSHIPS.                |
|       | ADD I INOIT IIID DINDONIIDINI IIND ODDD I ON ODDINI  | TIL OI LIG                              | IIIOND IIIO         | D 0110    | <u> </u>                  |
|       |  |   |                     |           |                           |
|       |  |   |                     |           |                           |
| PAI   | RT XI, LINE 4B - OTHER ADJUSTMENTS:  |   |                     |           |                           |
|       | ·  |   |                     |           |                           |
| SCI   | HOLARSHIPS NETTED TO INCOME  |   |                     |           | 468,911.                  |
|       |  |   |                     |           | •                         |
|       |  |   |                     |           |                           |
|       |  |   |                     |           |                           |
| PAI   | RT XII, LINE 4B - OTHER ADJUSTMENTS:   |   |                     |           |                           |
|       |  |   |                     |           | <del></del>               |
| SCI   | HOLARSHIPS NETTED TO INCOME  |   |                     |           | 468,911.                  |
|       |  |   |                     |           |                           |
|       |  |   |                     |           |                           |
|       |  |   |                     |           |                           |
|       |  |   |                     |           |                           |

# SCHEDULE E (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Schools**

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

2023

Open to Public Inspection

Name of the organization

NORTH CASCADES INSTITUTE

 $\begin{array}{c} \textbf{Employer identification number} \\ 91-1327775 \end{array}$ 

| Pa                         | rtI   |  |          | _  |
|----------------------------|---|--|----------|----|
|                            |   |  | YES      | N  |
| 1                          | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,   |  |          |    |
|                            | bylaws, other governing instrument, or in a resolution of its governing body?   | 1  | X        |    |
| 2                          | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,  |  |          | ١, |
|                            | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   | 2  |          | 2  |
| 3                          | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet   |  |          |    |
|                            | homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the  |  |          |    |
|                            | homepage, or 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   | 3  | Х        |    |
|                            | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II  NORTH CASCADES INSTITUTE'S RACIALLY NONDISCRIMINATION POLICY  | 3  | Λ        |    |
|                            | IS INCLUDED IN BELLINGHAM AND SEATTLE NEWSPAPERS, HIGHLIGHTED   |  |          |    |
|                            | ON THE INSTITUTE'S WEBSITE (WWW.NCASCADES.ORG) AND INCLUDED   |  |          |    |
|                            | IN MARKETING MATERIALS.   |  |          |    |
|                            | III IIIIIII IIII  |  |          |    |
|                            | Does the organization maintain the following?   |  |          |    |
|                            | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 4a   | Х        | Г  |
| b                          |   | 4b   | X        | T  |
|                            | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing  |  | <u> </u> | T  |
| _                          | with student admissions, programs, and scholarships?  | 4c   | Х        |    |
|                            |   | _  |          |    |
| d                          | Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | 4d   | X        |    |
| d                          |   | 4d   | X        |    |
|                            |   | 4d   | X        |    |
| а                          | 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:  Students' rights or privileges?   | 4d<br>5a                                     | X        |    |
| а                          | 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: Students' rights or privileges? Admissions policies?   |  | X        |    |
| a<br>b<br>c                | 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:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?   | 5a<br>5b<br>5c                               | X        |    |
| a<br>b<br>c                | 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:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  | 5a<br>5b<br>5c<br>5d                         | X        |    |
| a<br>b<br>c<br>d           | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?  | 5a<br>5b<br>5c<br>5d<br>5e                   | X        |    |
| a<br>b<br>c<br>d<br>e<br>f | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?   | 5a<br>5b<br>5c<br>5d<br>5e<br>5f             | X        |    |
| a b c d e f g              | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g       | X        |    |
| a<br>b<br>c<br>d<br>e<br>f | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f             | X        |    |
| a<br>b<br>c<br>d<br>e<br>f | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g       | X        |    |
| a<br>b<br>c<br>d<br>e<br>f | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g       | X        |    |
| a b c d e f g              | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |          |    |
| a b c d e f g h            | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h | X        |    |
| a b c d e f g h            | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |          |    |
| a b c d e f g h            | 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:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" on either line 6a or line 6b, explain on Part II. | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |          |    |
| a b c d e f g h            | 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?  | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |          |    |

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

Schedule E (Form 990) 2023

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, 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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| NORTH CAS  | CADES INS            | TITUTE                             |                          |                                  |  |                                       | 91-1327775                            |
|--|----------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|
| Part I General Information on Grants a             | nd Assistance        |                                    |                          |                                  |  |                                       |                                       |
| 1 Does the organization maintain records t         | to substantiate the  | amount of the grants               | or assistance, the       | grantees' eligibility            | y for the grants or ass  | istance, and the selecti              |                                       |
| criteria used to award the grants or assis         | stance?              |                                    |                          |                                  |  |                                       | No                                    |
| 2 Describe in Part IV the organization's pro       |                      |                                    |                          |                                  |  |                                       |                                       |
| Part II Grants and Other Assistance to             |                      |                                    |                          |                                  | anization answered "   | Yes" on Form 990, Part                | IV, line 21, for any                  |
| recipient that received more than \$               | \$5,000. Part II can | be duplicated if addit             | ional space is need      | ed.                              | (6) Mathead of   |                                       |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN       | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| BIRCHWOOD ELEMENTARY SCHOOL                        |                      |                                    |                          |                                  |  |                                       |                                       |
| 3200 PINEWOOD AVENUE                               |                      |                                    |                          |                                  |  |                                       | SCHOLARSHIPS FOR 45                   |
| BELLINGHAM, WA 98226                               | 91-6001648           | GOVERNMENT                         | 0.                       | 5,670.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
|  |                      |                                    |                          | , -                              |  |                                       |                                       |
| CORDATA ELEMENTARY SCHOOL                          |                      |                                    |                          |                                  |  |                                       |                                       |
| 4420 ALDRICH ROAD                                  |                      |                                    |                          |                                  |  |                                       | SCHOLARSHIPS FOR 61                   |
| BELLINGHAM, WA 98226                               | 91-6001648           | GOVERNMENT                         | 0.                       | 7,830.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
| animi  |                      |                                    |                          |                                  |  |                                       |                                       |
| GENEVA ELEMENTARY SCHOOL                           |                      |                                    |                          |                                  |  |                                       | GGUOLARGUIRG FOR 92                   |
| 1401 GENEVA STREET                                 | 91-6001648           | COMEDNMENT                         | 0.                       | 8,690.                           | EM7  | SCHOLARSHIPS                          | SCHOLARSHIPS FOR 82<br>STUDENTS       |
| BELLINGHAM, WA 98229                               | 91-0001040           | GOVERNMENT                         | 0.                       | 0,090.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
| HAPPY VALLEY ELEMENTARY SCHOOL                     |                      |                                    |                          |                                  |  |                                       |                                       |
| 1041 24TH STREET                                   |                      |                                    |                          |                                  |  |                                       | SCHOLARSHIPS FOR 82                   |
| BELLINGHAM, WA 98226                               | 91-6001648           | GOVERNMENT                         | 0.                       | 8,580.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
| <u> </u>   |                      |                                    |                          | ·                                |  |                                       |                                       |
| LOWELL ELEMENTARY SCHOOL                           |                      |                                    |                          |                                  |  |                                       |                                       |
| 935 14TH STREET                                    |                      |                                    |                          |                                  |  |                                       | SCHOLARSHIPS FOR 61                   |
| BELLINGHAM, WA 98225                               | 91-6001648           | GOVERNMENT                         | 0.                       | 6,380.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
|  |                      |                                    |                          |                                  |  |                                       |                                       |
| NORTHERN HEIGHTS ELEMENTARY SCHOOL                 |                      |                                    |                          |                                  |  |                                       | _                                     |
| 4000 MAGRATH ROAD                                  |                      |                                    |                          |                                  |  |                                       | SCHOLARSHIPS FOR 67                   |
| BELLINGHAM, WA 98225                               | 91-6001648           | GOVERNMENT                         | 0.                       | 7,150.                           | FMV  | SCHOLARSHIPS                          | STUDENTS                              |
| 2 Enter total number of section 501(c)(3) a        | nd government org    | ganizations listed in th           | e line 1 table           |                                  |  |                                       | 24.                                   |

3 Enter total number of other organizations listed in the line 1 table

| Part II Continuation of Grants and Other           | Assistance to Doi | mestic Organizations          | and Domestic Go          | vernments (Sch                          | edule I (Form 990), Pa   | art II.)                               |                                       |
|--|-------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN           | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance        | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| PARKVIEW ELEMENTARY SCHOOL                         |                   |                               |                          |   |  |  |                                       |
| 3033 COOLIDGE DRIVE                                |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 72                   |
| BELLINGHAM, WA 98225                               | 91-6001648        | GOVERNMENT                    | 0.                       | 9,315.                                  | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
| , : : : : : : : : : : : : : : : : :                |                   |                               |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |                                       |
| ROOSEVELT ELEMENTARY SCHOOL                        |                   |                               |                          |   |  |  |                                       |
| 2900 YEW STREET                                    |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 54                   |
| BELLINGHAM, WA 98226                               | 91-6001648        | GOVERNMENT                    | 0.                       | 6,750.                                  | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
| ·  |                   |                               |                          | ,                                       |  |  |                                       |
| SILVER BEACH ELEMENTARY SCHOOL                     |                   |                               |                          |   |  |  |                                       |
| 4101 ACADEMY STREET                                |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 72                   |
| BELLINGHAM, WA 98226                               | 91-6001648        | GOVERNMENT                    | 0.                       | 5,865.                                  | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
|  |                   |                               |                          |   |  |  |                                       |
| SUNNYLAND ELEMENTARY SCHOOL                        |                   |                               |                          |   |  |  |                                       |
| 2800 JAMES STREET                                  |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 63                   |
| BELLINGHAM, WA 98225                               | 91-6001648        | GOVERNMENT                    | 0.                       | 6,600.                                  | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
|  |                   |                               |                          |   |  |  |                                       |
| WADE KING ELEMENTARY SCHOOL                        |                   |                               |                          |   |  |  |                                       |
| 2155 YEW STREET                                    |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 65                   |
| BELLINGHAM, WA 98229                               | 91-6001648        | GOVERNMENT                    | 0.                       | 5,270.                                  | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
|  |                   |                               |                          |   |  |  |                                       |
| CONWAY ELEMENTARY SCHOOL                           |                   |                               |                          |   |  |  | GGUOT ADGUTDG FOD FA                  |
| 19710 STATE ROUTE 534                              | 01 1042006        | COLUMN                        |                          | 6 620                                   | E167   | aguot angutna                          | SCHOLARSHIPS FOR 54                   |
| MOUNT VERNON, WA 98274                             | 91-1042906        | GOVERNMENT                    | 0.                       | 6,630.                                  | F.W.V  | SCHOLARSHIPS                           | STUDENTS                              |
| CENTENNIAL ELEMENTARY SCHOOL                       |                   |                               |                          |   |  |  |                                       |
| 3100 E. MARTIN ROAD                                |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 71                   |
| MOUNT VERNON, WA 98273                             | 91-6014653        | GOVERNMENT                    | 0.                       | 13,600.                                 | EW/  | SCHOLARSHIPS                           | STUDENTS                              |
| TOTAL TERROIT, NEL 20273                           | 31 0014033        | O T DIMITHIA                  | · ·                      | 13,000.                                 | F 7  | JOHO MINDITED                          | 510551115                             |
| HARRIET ROWLEY SCHOOL                              |                   |                               |                          |   |  |  |                                       |
| 400 53RD STREET                                    |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 75                   |
| MOUNT VERNON, WA 98273                             | 91-6014653        | GOVERNMENT                    | 0.                       | 14,400.                                 | FMV  | SCHOLARSHIPS                           | STUDENTS                              |
| 200,000  |                   |                               | †                        |   |  |  |                                       |
| LITTLE MOUNTAIN ELEMENTARY SCHOOL                  |                   |                               |                          |   |  |  |                                       |
| 1514 S LAVENTURE ROAD                              |                   |                               |                          |   |  |  | SCHOLARSHIPS FOR 63                   |
| MOUNT VERNON, WA 98274                             | 91-6014653        | GOVERNMENT                    | 0.                       | 12,200.                                 | FMV  | SCHOLARSHIPS                           | STUDENTS                              |

| Part II Continuation of Grants and Oth             | er Assistance to Dor | nestic Organizations          | and Domestic Go          | overnments (Sch                  | edule I (Form 990), Pa   | rt II.)                                | 1                                  |
|--|----------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN       | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MADISON ELEMENTARY SCHOOL                          |                      |                               |                          |                                  |  |  |                                    |
| 907 E FIR STREET                                   |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 94                |
| MOUNT VERNON, WA 98273                             | 91-6014653           | GOVERNMENT                    | 0.                       | 18,000.                          | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
| ,  |                      |                               |                          | ,                                |  |  |                                    |
| WASHINGTON ELEMENTARY SCHOOL                       |                      |                               |                          |                                  |  |  |                                    |
| 1020 MCLEAN ROAD                                   |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 70                |
| MOUNT VERNON, WA 98273                             | 91-6014653           | GOVERNMENT                    | 0.                       | 13,200.                          | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
| CENTRAL ELEMENTARY SCHOOL                          |                      |                               |                          |                                  |  |  |                                    |
| 601 TALCOTT STREET                                 |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 88                |
| SEDRO-WOOLLEY, WA 98284                            | 91-6016044           | COVEDNMENT                    | 0.                       | 17,098.                          | EMT/   | SCHOLARSHIPS                           | STUDENTS                           |
| BEDRO WOODLET, WA 30204                            | J1 0010044           | GOVERNMENT                    | · · ·                    | 17,050.                          | r m v  | DCHOLARBITES                           | DIODENIS                           |
| CLEAR LAKE ELEMENTARY SCHOOL                       |                      |                               |                          |                                  |  |  |                                    |
| 23631 LAKE STREET                                  |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 33                |
| CLEAR LAKE, WA 98235                               | 91-6016044           | GOVERNMENT                    | 0.                       | 5,208.                           | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
|  |                      |                               |                          | ,                                |  |  |                                    |
| SAMISH ELEMENTARY SCHOOL                           |                      |                               |                          |                                  |  |  |                                    |
| 23953 PRAIRIE ROAD                                 |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 36                |
| SEDRO-WOOLLEY, WA 98284                            | 91-6016044           | GOVERNMENT                    | 0.                       | 5,712.                           | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
|  |                      |                               |                          |                                  |  |  |                                    |
| CONCRETE ELEMENTARY SCHOOL                         |                      |                               |                          |                                  |  |  |                                    |
| 7838 S SUPERIOR AVENUE                             | 04 4000040           |                               |                          | 40.000                           |  |  | SCHOLARSHIPS FOR 56                |
| CONCRETE, WA 98237                                 | 91-1037019           | GOVERNMENT                    | 0.                       | 10,800.                          | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
| FIDALGO ELEMENTARY SCHOOL                          |                      |                               |                          |                                  |  |  |                                    |
| 13590 GILBRALTER ROAD                              |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 51                |
| ANACORTES, WA 98221                                | 91-6016222           | GOVERNMENT                    | 0.                       | 8,400.                           | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
|  | 72 002022            |                               | 1                        | 0,200.                           |  |  | 21022112                           |
| ISLAND VIEW ELEMENTARY SCHOOL                      |                      |                               |                          |                                  |  |  |                                    |
| 2501 J AVENUE                                      |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 102               |
| ANACORTES, WA 98221                                | 91-6016222           | GOVERNMENT                    | 0.                       | 17,150.                          | FMV  | SCHOLARSHIPS                           | STUDENTS                           |
|  |                      |                               |                          | ,                                |  |  |                                    |
| LUMMI NATIONAL SCHOOL                              |                      |                               |                          |                                  |  |  |                                    |
| 2334 LUMMI VIEW DRIVE                              |                      |                               |                          |                                  |  |  | SCHOLARSHIPS FOR 31                |
| SEATTLE, WA 98125                                  | 45-8201920           | GOVERNMENT                    | 0.                       | 5,600.                           | FMV  | SCHOLARSHIPS                           | STUDENTS                           |

| Schedule I (Form 990) 2023 NORTH CASCADES  | INSTITUT                 | Ε                          |                                       |   | 91-1327775                   | Page 2     |
|--|--------------------------|----------------------------|---------------------------------------|---|------------------------------|------------|
| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the        | e organization answe       | ered "Yes" on Form 9                  | 990, Part IV, line 22.                                |                              |            |
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant   | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash a | assistance |
|  |                          |                            |                                       |   |                              |            |
| SCHOLARSHIPS AND DISCOUNTS   | 43                       | 0.                         | 221,198.                              | FMV   | SCHOLARSHIPS                 |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
| Part IV Supplemental Information. Provide the information rec  | urired in Part I lin     | ne 2: Part III. column     | (b): and any other ac                 | Nditional information                                 |                              |            |
| PART I, LINE 2:  | direct if i are i, iii   | ic z, r art iii, coluiriii | (b), and any other ac                 | aditional information.                                |                              |            |
| THE INSTITUTE KEEPS TRACK OF ALL A   | DULT SCHO                | LARSHIPS I                 | N ITS DATA                            | BASE AND  |                              |            |
| COPIES OF ALL THE APPLICATIONS IN  |                          |                            |                                       |   |                              |            |
| ARE GIVEN TO SCHOOLS BASED ON THE  |                          |                            |                                       |   |                              |            |
|  |                          | -                          |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |
|  |                          |                            |                                       |   |                              |            |

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORTH CASCADES INSTITUTE

Employer identification number 91-1327775

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BETWEEN STUDENTS, THE NORTH CASCADES BIOREGION AND THE PLACES THAT THEY

CALL HOME. IN TOTAL, 2,059 STUDENTS VISITED THE LEARNING CENTER THIS

SEASON, WITH A TOTAL OF 5,285 LEARNER DAYS.

THE FALL 2023 SEASON WAS CANCELED DUE TO THE SOURDOUGH FIRE. AN

ADDITIONAL 1,500 STUDENTS, CHAPERONES, AND TEACHERS WOULD HAVE VISITED

THE LEARNING CENTER THIS SEASON. SOME OF THESE SCHOOLS HAVE BEEN

RESCHEDULED IN THE SPRING, AND OTHERS HAVE FOUND ALTERNATIVE PROGRAMS

FOR THE 2023-24 SCHOOL YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT AND FAMILY EDUCATION - THE INSTITUTE'S SUITE OF FAMILY GETAWAYS,

BASE CAMP LEARNING AND LODGING, FIELD SEMINARS, ONLINE CLASSES AND

SKAGIT TOURS CONTINUE TO BRING DIVERSE AUDIENCES TO THE NORTH CASCADES

TO LEARN, RECREATE AND BE INSPIRED. THE NUMBER OF ADULT PROGRAMS

OFFERED IN 2023 WAS COMPROMISED DUE TO CLOSURE OF THE LEARNING CENTER

FROM THE END OF JULY THROUGH THE END OF THE YEAR, RESULTING IN THE

CANCELLATION OF SUMMER AND FALL PROGRAMS LIKE DIABLO BOAT TOURS.

ADDITIONAL FIELD AND ONLINE PROGRAMS WERE ADDED TO HELP MAKE UP FOR

THIS LOSS. IN 2023, THERE WERE 1,989 PARTICIPANTS AND 2,365 LEARNER

DAYS.

CONFERENCES AND RETREATS - CUSTOM EDUCATIONAL PROGRAMS, LODGING AND

MEALS AT THE ENVIRONMENTAL LEARNING CENTER INSPIRE REFLECTION AND

CONNECTION TO THE NATURAL WORLD AS WELL AS TO EACH OTHER. THE INSTITUTE

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** NORTH CASCADES INSTITUTE 91-1327775 WELCOMES CONFERENCES, EVENTS, RETREATS, WORKSHOPS, TRAININGS, REUNIONS AND OTHER GATHERINGS. IN 2023, THE INSTITUTE HOSTED 15 PROGRAMS INCLUDING WELLNESS RETREATS, BUSINESS AND ACADEMIC CONFERENCES, MEDICAL TRAINING COURSES AND OUTDOOR IMMERSION EXCURSIONS FOR DIVERSE YOUTH GROUPS. IN 2023, THERE WERE 552 PARTICIPANTS AND 902 LEARNER DAYS. BOOKSTORES - THE INSTITUTE OPERATES SEVEN RETAIL STORES AROUND NORTH CASCADES NATIONAL PARK AND MT. BAKER SNOQUALMIE NATIONAL FOREST. IN 2023, THERE WERE NEW VISITATION AND SALES RECORDS, EVEN WITH STORE OPERATIONS GREATLY IMPACTED BY HIGHWAY CLOSURES DUE TO MASSIVE WILDFIRES. THIS PARTNERSHIP REACHES LARGER, BROADER AUDIENCES TO POSITIVELY AFFECT THEIR LIVES THROUGH A DEEPER CONNECTION WITH NATURE BY PROVIDING EDUCATIONAL RESOURCES, INTRODUCES NEW COMMUNITY MEMBERS TO THE INSTITUTE'S WORK AND HELPS FUND ITS PROGRAMS. EXPENSES \$ 1,273,784. INCLUDING GRANTS OF \$ 2,154. REVENUE \$ 442,986. FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES WITH THE AUTHORITY TO ACT ON THE BEHALF OF THE BOARD FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND THEN PRESENTS IT TO THE BOARD FOR THEIR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A CONFLICT OF INTEREST DISCLOSURE ANNUALLY WITH ANY CONFLICTS NOTED.

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** NORTH CASCADES INSTITUTE 91-1327775 THE INSTITUTE'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE BOARD USES SURVEY MONKEY TO SURVEY MEMBERS OF THE INSTITUTE'S LEADERSHIP TEAM AND, SEPARATELY, MEMBERS OF THE BOARD; QUESTIONS ARE BASED ON THE DUTIES DESCRIBED IN THE EXECUTIVE DIRECTOR'S JOB DESCRIPTION. EVERY TWO TO THREE YEARS, THE BOARD ALSO SEEKS FEEDBACK FROM THE INSTITUTE'S KEY PARTNERS AND STAKEHOLDERS. THE EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION. BEFORE SETTING COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE BOARD CHAIR PRESENTS TO THE FULL BOARD RESULTS OF THESE EVALUATIONS AND INFORMATION ON CHANGES IN COMPENSATION FOR MEMBERS OF THE LEADERSHIP TEAM AS WELL AS CURRENT INFORMATION ON COMPENSATION FOR EXECUTIVE DIRECTORS OF NONPROFIT ORGANIZATIONS IN WASHINGTON STATE AND, WHEN AVAILABLE, COMPENSATION OF EXECUTIVE DIRECTORS AT PEER ORGANIZATIONS ACROSS THE UNITED STATES. THE BOARD CHAIR MAKES A RECOMMENDATION ON COMPENSATION; THE BOARD DISCUSSES THE RECOMMENDATION AND VOTES ON THE RECOMMENDED (OR A DIFFERENT) AMOUNT. FORM 990, PART VI, SECTION C, LINE 19: THE INSTITUTE'S WEBSITE INCLUDES THE FORM 990, THE AUDIT AND ANNUAL REPORT. THE FORM 1023 AND POLICIES ARE AVAILABLE UPON REQUEST.