DLN: 93493319321013 OMB No. 1545-0047 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. ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 D Employer identification number **B** Check if applicable: CASCADIA RESEARCH COLLECTIVE □ Address change 91-1113375 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return 218 1/2 W 4th Avenue ☐ Application pending (360) 943-7325 City or town, state or province, country, and ZIP or foreign postal code Olympia, WA 98501 G Gross receipts \$ 1,730,911 Name and address of principal officer: H(a) Is this a group return for John Calambokidis □Yes **☑**No subordinates? 218 1/2 W 4th H(b) Are all subordinates Olympia, WA 98501 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ▶ www.cascadiaresearch.org L Year of formation: 1979 M State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleWA 1 Briefly describe the organization's mission or most significant activities: Our mission is to conduct scientific research and education in the fields of mammal biology, animal behavior and pollution ecology to promote environmental protection by providing our findings to the public, managers and other scientists. Accomplishments are demonstrated through publications in scientific journals and in public and scientific presentations. Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 26 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 12,525 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,689,603 1,374,819 43,869 343,567 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 219 130 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 120 12,395 1,733,811 1,730,911 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). . . **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,041,652 1,065,978 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 631,817 652,798 1,673,469 1,718,776 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . 60,342 12,135 d Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 1,265,145 1,346,979 21 Total liabilities (Part X, line 26) 250,348 301,019 Net assets or fund balances. Subtract line 21 from line 20 1,014,797 1,045,960 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2023-11-15 Signature of officer Sign Here John Calambokidis Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check \square if Paid self-employed Firm's name Firm's EIN ▶ Preparer **Use Only** Firm's address ▶ Phone no. ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2022) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form	990 (2022)					Page 2
Pa	statement	of Program Servic	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission:				
envir	onmental protection by		to the public, r	nanagers and other s	ogy, animal behavior and po cientists. Accomplishments a	
2	Did the organization the prior Form 990 o	, ,	. 3	vices during the year	which were not listed on	. □Yes ☑No
	If "Yes," describe the	se new services on Sch	edule O.			
3	Did the organization services?	cease conducting, or m	ake significant	changes in how it con	ducts, any program	□ Yes ☑ No
	If "Yes," describe the	se changes on Schedul	e O.			
4	Section 501(c)(3) and		ns are required	to report the amount	e largest program services, a c of grants and allocations to	
4a	(Code: See Additional Data) (Expenses \$	473,942	including grants of \$) (Revenue	\$ 645,330)
4b	(Code: See Additional Data) (Expenses \$	541,838	including grants of \$) (Revenue	\$ 634,402)
	-					
4c	(Code:) (Expenses \$	117,914	including grants of \$) (Revenue	\$ 145,360)
	See Additional Data					
	See Additional Data	Table				
4d		ces (Describe in Schedu	•			
	(Expenses \$	176,687 incl	uding grants of	·	0) (Revenue \$	282,283)
4e	Total program serv	rice expenses ▶	1,310,3	81		

15

17

18

19

Checklist of Required Schedules

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2022)

			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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		No

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

rm	990 (2022)			Page 4
Par	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
3	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
<u> </u>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
ŀ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	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	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ;	Yes	⊔ No
La	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		res	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			

1c

Yes

orm	990 (2022)			Page 5				
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
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?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С .	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c						
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
9	sponsoring organization have excess business holdings at any time during the year?							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b						
15	parachute payment(s) during the year?	15		No				
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.	16		No				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, 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," complete Form 6069.	17						
	a. Tee, complete Form 6007.		orm 90	. /2022				

orm	990 (2022)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	✓
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 8		Yes	No
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above. \square Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) Robin Baird Biologist	43.5					х		133,851	0	18,110
(2) John Calambokidis Director/Secr-Treasurer/Biologist	43.3	X		X		x		132,700	0	9,593
(3) Annie Douglas Research Biologist/President	13.1	X		×				24,952	0	11,664
(4) Steven Kant Director/Vice President	0	X		×				0	0	0
(5) Sherwin Cotler Director	0	X						0	0	0
(6) Joe Evenson Director	0	X						0	0	0
(7) Julia Erickson Director	0	X						0	0	0
(8) Cherish Morrison Director	0	X						0	0	0
(9) Elizabet McMannus Director	0	X						0	0	0
										Form 990 (2022)

compensation from the organization ▶ 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

		, , , , , , , , , , , , , , , , , , , 								•	· · · · ·	` 				
	(A) Name and title	(B) Average hours per week (list any hours					son	Repo compo froi orgai	(D) Reportable compensation from the organization (W-2/1099-		5	(F) Estimated amount of other compensation from the organization and				
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- 099-NEC)	(W-2/1099- MISC/1099-NE					
•																
1h 9	Sub-Total						<u> </u>					1				
c 1	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•		 	·		• •		;	291,503		0		39,367		
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•				
													Yes	No		
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	·		ee, ke		mplo •	oyee, o	or hi	ghest cor	npensated • • •	employee on	3		No		
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes			
5	Did any person listed on line 1a receiv services rendered to the organization		•						_		vidual for	5		No		
Se	ection B. Independent Contract	ors:														
1	Complete this table for your five higher from the organization. Report comper											npen	sation			
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C) Compensation			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		(2022) Statement	of E	Povenue						Page 9
Pall	VIII				a resp	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	derated campaigns 1a 0					revenue		312 314
Gifts, Grants ilar Amounts	b	Membership dues	embership dues 1b 0							
ğ. 8	С	Fundraising events			1c	0				
iifts, ar A		Related organization			1d	0				
s, G imil		Government grants (1e	1,316,665				
fion sr S	f	All other contributions, gifts, grants, and similar amounts not included above 1f 58,154				58,154				
Contributions, and Other Sim	g	Noncash contributions lines 1a - 1f:\$	s incl	uded in		_				
Contributions, Gift and Other Similar	h	Total. Add lines 1a	a-1f		1g					
<u>ပ </u>	<u> </u>	Total / (ad III/es Te				Business Code	1,374,819	T		
	2a	Scientific Research				541700	343,567	343,567	0	0
H.						341700				
Program Service Revenue	ь	•								
es R	 c									
ervi						+ +				
S	d									
ogra	е	1								
δ	f	All other program	cerv	rice revenu	Δ		0	0	0	0
		Total. Add lines 2				343,567				
	3	Investment income	(inc	luding divi	dends,	interest, and other	130	0	130	0
		similar amounts). Income from invest				ond proceeds				
							<u></u>	0	0	0
				(i) R	eal	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income					_			
		or (loss)	6с	(1)		0 (<u> </u>			
	"	Net rental income	or	(i) Secu		(ii) Other				
	7a	Gross amount	_	(1) 555			_			
		from sales of assets other than inventory			0					
	Ь	Less: cost or	<u> </u>				_			
		other basis and sales expenses	7b			0				
	c	Gain or (loss)	7c			0				
	I	Net gain or (loss)	•				0	o	0	0
<u>a</u>	8a	Gross income from fu (not including \$	ındra							
enc		contributions reported See Part IV, line 18	d on	line 1c).						
Other Revenue	l b	Less: direct expen			8a 8b		_			
her		: Net income or (los				vents	_			
Ö	93	Gross income from	aami	ing activitie	.e					
	34	See Part IV, line 19	•	· ·	9a					
		Less: direct expen								
	C	: Net income or (los	s) fr	om gamin	g activi	ties ▶	1			
	10a	aGross sales of inve	entor	ry, less						
	 	Less: cost of good			108	+	-			
		Net income or (los					_			
		Miscellaneo	us R	evenue		Business Code				
	11	· a Gain from insurar stolen vehicle	nce p	payment o	n loss d	f 900099	12,395	0	12,395	0
	b	,								
	۱ ,					-				
	d	All other revenue	•			<u> </u>	0	0	0	0
	e	Total. Add lines 1	1a-1	11d		•	12,395			
	12	Total revenue. S	ee ir	nstructions			1,730,911		12,525	0
							1,730,311	1 373,307	12,323	Form 000 (2022)

Form 990 (2022)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		<u> </u>
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	291,503	235,846	55,657	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	565,170	437,729	127,441	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,153	26,787	7,366	0
9 Other employee benefits	96,255	80,213	16,042	0
10 Payroll taxes	78,897	61,881	17,016	0
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,318	0	7,318	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	291,352	269,027	22,325	0
12 Advertising and promotion				
13 Office expenses	5,872	0	5,872	0
14 Information technology	29,530	0	29,530	0
15 Royalties				
16 Occupancy	51,189	0	51,189	0
17 Travel	91,287	89,674	1,613	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				

defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	565,170	437,729	127,441	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,153	26,787	7,366	0
9 Other employee benefits	96,255	80,213	16,042	0
10 Payroll taxes	78,897	61,881	17,016	0
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,318	0	7,318	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	291,352	269,027	22,325	0
12 Advertising and promotion				
13 Office expenses	5,872	0	5,872	0
14 Information technology	29,530	0	29,530	0
15 Royalties				
16 Occupancy	51,189	0	51,189	0
17 Travel	91,287	89,674	1,613	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	5,132	0	5,132	0
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,745	0	1,745	0
23 Insurance	1,855	0	1,855	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Vessel and vehicle expenses incl. Maint	104,400	78,337	26,063	0
b Taxes, licenses, and fees	26,091	0	26,091	0
c Field Supplies	31,426	30,887	539	0

Form 990 (2022)

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 365,629

101,593

213,958

597.129

1.246

3,545

63,879

0

0

0

0

0

1,346,979

39.037

33.000

0

0

0

0

0

228.982

301.019

1.030,705

1,045,960

1,346,979

Form 990 (2022)

15,255

End of year

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .			
		Sani	

1	Cash-non-inte

erest-bearing Savings and temporary cash investments . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

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

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) . . .

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

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds . . .

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

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Grants payable .

Pledges and grants receivable, net . . . Accounts receivable, net

controlled entity or family member of any of these persons

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use

10b

Loans and other receivables from other disqualified persons (as defined under 10a 706,855

642,976

Beginning of year

29,910

101,463

35.010

994.775

0 5

0 6 0

0

0

0

0

0

0 18

0 19

0

0

0 22

0

0 24

239,386

250.348

1,014,797

1,014,797

1,265,145

0 28

1,265,145

10,962

12 0 13

14

15

16

17

20

21

23

25

26

27

29

30

31

32

33

1.246

102,741

1

2

3

4

2b

2c

3a

3b

Yes

Yes

Yes

Yes (2022)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

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

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?

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

☐ Both consolidated and separate basis

Additional Data

Software ID: 22015720 Software Version: v1.00

EIN: 91-1113375

Name: CASCADIA RESEARCH COLLECTIVE

Form 990 (2022)

Naval Research, U.S. Pacific Fleet, Hawaii Ocean Foundation, and Dolphin Quest.

Form 990, Part III, Line 4a:

Code 541700 Hawaii Odontocete Research (HI-OD); Conducted scientific studies on odontocetes in Hawaiian waters to examine behavior, movement patterns, including false killer whales and beaked whales using dive and satellite tags, photo-identification techniques and visual and acoustic studies. Supported by NOAA, State of Hawaii, Office of

Form 990, Part III, Line 4b: Code 541700 Photo-identification of Large Whales in the Eastern North Pacific (WC-ID): Scientific research on migratory movements, distribution, stock structure,

Washington Department of Fish and Wildlife, and California Ocean Protection Council.

reproductive rates, abundance and behavior of large whales using photo-identification and impacts of tagging research off the eastern Pacific Ocean. Supported by NOAA,

Form 990, Part III, Line 4c: Code 541700 Marine Mammal Stranding Response (STRAND); Scientific research on marine mammals stranded live or dead primarily in Washington State including large whale stranding and disentanglement response along the US West Coast, Supported by NOAA and SeaDoc.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 107.884 including grants of \$) (Revenue \$ 205,413)

Code 541700 Noise Impact Research (BRS): Study of whale and dolphin behavioral response to anthropogenic noise particularly Navy midfrequency sonar. Studies involve monitoring whale and dolphin behavior and tracking the response of animals to controlled exposure playback with scaled sounded sources and Navy sources. Information from this study is critical to understanding the impact of Navy activities and also potential

strategies for reducing these impacts. Supported by the US Navy. (Code:) (Expenses \$ 28,800 including grants of \$ (Revenue \$ 7,070)

Code 541700 Grav Whale Photographic Identification (ER): Scientific research to photograph, match and analyze photo-identification and biopsy

data of gray whales to estimate abundances, regional fidelity and movements off Washington, Supported by NOAA.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

using survey, biopsy sampling and tagging. Supported by NOAA and WDFW

others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 17.678 including grants of \$) (Revenue \$ 27.664

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Code 541700 West Coast tagging efforts (WC-TAG) of large whales to examine underwater behavior including ship strike and entanglement risk. Funded by Department of Fisheries and Oceans Canada and Stanford Univ.

(Code:) (Expenses \$ 9,486 including grants of \$) (Revenue \$ 19,272)

Code 541700 Killer Whale Research (KW): Scientific research on the biology of harbor seals and killer whales including habitat and prev selection

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported. (Code: 6.373 including grants of \$ (Revenue \$) (Expenses \$ 19.450)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Code 541700 Pinniped assessment (PINN): Studies of harbor seals and other pinnipeds primarily in Washington State related to the assessment of populations. (Code:) (Expenses \$ 3,466 including grants of \$) (Revenue \$ 875)

Code 541700 Atlantic Studies (ATL-TAG): Taggingand other studies to obtain movement and habitat use information on odontocetes in the

southeastern US. Funded by NAVFAC Atlantic (US Navy)through HDR Consultants and Southall Environmental Associates and Marine Biological Lab.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code:) (Expenses \$ 3.000 including grants of \$ (Revenue \$ 2.539

Code 541700 Intern Support (Intern): Provide reimbursement for living expenses for interns assisting with us.

```
efile GRAPHIC print - DO NOT PROCESS | As Filed Data -
                                                                          DLN: 93493319321013
TY 2022 Reasonable Cause Explanation
                          Name: CASCADIA RESEARCH COLLECTIVE
                            EIN: 91-1113375
                    Software ID: 22015720
               Software Version: v1.00
                    Explanation: Extension request was filed and approved so return is not late
```

efile	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493319321013
SCI	1FD	ULE A	- Dublic (Charity State	e and Di-	hlic Sunn		OMB No. 1545-0047
	m 990			Charity Statu				2022
•		<i></i>	complete if the o	4947(a)(1) nonexe	mpt charitable	trust.	a section	ZUZZ
-		the Treasury nue Service	▶ Go to www.irs	Attach to Form ! a.gov/Form990 for in			ermation.	Open to Public
								Inspection
		n e organiza ESEARCH COLL					Employer identific	ation number
							91-1113375	
	rt I		for Public Charity State a private foundation because				see instructions.	
1			onvention of churches, or as	•	•		(Δ)(i).	
2		,	scribed in section 170(b)((,(-,	
3			or a cooperative hospital ser		,	, ,	iii)	
4			·	-			-	ntor the beenitel's
4	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ned in section .	170(B)(1)(A)(III). E	nter the hospital s
5	П	An organiza	ation operated for the benefi	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6	_		(iv). (Complete Part II.)			470(1)(4)(4)		
6			tate, or local government or	_				
7	✓		ation that normally receives ${f 0(b)(1)(A)(vi)}.$ (Complete		s support from a	i governmental u	init or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de ant college of agriculture. S					ege or university or a
10		An organiza	ation that normally receives:	(1) more than 331/39	% of its support f	rom contribution	s, membership fees,	
		from activit	ies related to its exempt fur income and unrelated busin	ictions—subject to cer iess taxable income (le	tain exceptions, ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s sses acquired by the c	upport from gross organization after June
		30, 1975. S	See section 509(a)(2). (Co	omplete Part III.)				5
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of a through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza	ervised or controlled i ation vested in the sar				
c			plete Part IV, Sections A a unctionally integrated. A		n operated in co	nnection with ar	nd functionally integra	ted with its
-	Ц	supported o	organization(s) (see instruct	ions). You must com	plete Part IV, S	Sections A, D, a	nd E.	
d		functionally	on-functionally integrate integrated. The organizatio). You must complete Par	n generally must satis	fy a distribution	requirement and		
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations					
g	Provi	de the follow	ing information about the su	upported organization(s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total								1

Page 2

Schedule A (Form 990) 2022

ction A	Public Support
	If the organization failed to qualify under the tests listed below, please complete Part III.)
	(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

	section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	2,646,588	1,255,720	1,255,195	1,688,278	1,374,819	8,220,600
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	(
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	(
4	Total. Add lines 1 through 3	2,646,588	1,255,720	1,255,195	1,688,278	1,374,819	8,220,600
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)						C
6	Public support. Subtract line 5 from line 4.						8,220,600
\equiv	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,646,588	1,255,720	1,255,195	1,688,278	1,374,819	8,220,600
8	Gross income from interest,						

5	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)						0
6	Public support. Subtract line 5 from line 4.						8,220,600
- 5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,646,588	1,255,720	1,255,195	1,688,278	1,374,819	8,220,600
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	400	664	420	219	130	1,833
9	Net income from unrelated business activities, whether or not the business is regularly carried on	46	25	352	120	0	543
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	0	0	0	0	0	0

S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,646,588	1,255,720	1,255,195	1,688,278	1,374,819	8,220,600
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	400	664	420	219	130	1,833
9	Net income from unrelated business activities, whether or not the business is regularly carried on	46	25	352	120	0	543
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						8,222,976
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	0
13	First 5 years. If the Form 990 is for the	he organization's f	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organi	ization, check
	this box and stop here					▶□	
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lir	ne 6, column (f) di	vided by line 11, o	column (f))		14	99.971 %
15	Public support percentage for 2020 Scl		15	99.964 %			

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed	pelow, please co	mplete Part II.)	
56	ection A. Public Support Calendar year		I	I		<u> </u>	
	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year.						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c						
0	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(I) Iotai
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
	Add lines 10a and 10b. Net income from unrelated business						
11	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.)						
13							
13	11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and stop here						▶ □
Se	ection C. Computation of Public						
15	Public support percentage for 2022 (lin	ie 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 202			line 13, column (f))	17	
18	Investment income percentage from 2	-			•	18	
19a							e 17 is not
139	• • •	-		-			_
ı.	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the						
b		-			·		_
	not more than 33 1/3%, check this box						
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see	instructions	. ▶ 📙

5a

6

7

8

10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

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

Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
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).	2	

	describe the designation. If historic and continuing relationship, explain.	1	
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).	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.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

	(m, continue 500(c)(d) (m) (2)		
	in section 509(a)(1) or (2).	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.	3a	
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.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	2 / /			
	3c below.	3a		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			

	, and the second se		
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.	3b	
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.	3с	
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.		
		$\overline{}$	

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

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

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

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

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

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

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

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

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

SCH	ledule A (Form 990) 2022			age 5
Pa	Supporting Organizations (continued)			
			Yes	No
	. Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
-	<i>VI.</i> Section B. Type I Supporting Organizations			
	ection b. Type I supporting organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	
2	Did the organization energie for the handlit of any supported organization other than the supported organization (s) that			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	!		
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a 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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

instructions)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	ed Type III supporting or	ganization (see

4 Distributions for 2022 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Excess from 2020.

e Excess from 2022.

d Excess from 2021.

c Remainder. Subtract lines 4a and 4b from line 4.

Section D - Distributions

Schedule A (Form 990) (2022)

Page **7**

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
	Distributable arrount for 2022 from Carting C. line C.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019			·	
d From 2020				
e From 2021				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022	(III) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		

Schedule A (Form 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

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

As Filed Data -

DLN: 93493319321013

OMB No. 1545-0047

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization		Employer identification number
CAS	SCADIA RESEARCH COLLECTIVE		91-1113375
Ρā	Organizations Maintaining Donor Advi		or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at end of year	(a) Bottor advised fullus	(b) Farius and outer accounts
2	Aggregate value of contributions to (during year)		+
3	Aggregate value of grants from (during year)		+
Ļ	Aggregate value at end of year		+
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing that grant funds ca or donor advisor, or for any other purpos	an be used only for
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) Preservation of	an historically important land area
	☐ Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the	form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu historic structure listed in the National Register	ired after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated b	y the organization during the
ļ	Number of states where property subject to conservation	on easement is located >	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		
,	Staff and volunteer hours devoted to monitoring, inspec		☐ Yes ☐ No conservation easements during the year
	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	► \$	mananing or violationer, and emercing con-	arraner casemana aarmy are year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial sta	pense statement, and
aı	the organization's accounting for conservation easemen TIII Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Ye		
.a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, education, or research in fur	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		> \$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under FASB	cal treasures, or other similar assets for fi	
а	Revenue included on Form 990, Part VIII, line 1	•	▶\$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2022

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

Par	1111	Organizations Ma	aintaining Col	ections o	of Art, Hi	stori	cal T	reası	ıres, o	r Other	Similar A	ssets (d	ontinue	1)	
3		g the organization's acq s (check all that apply):		, and other	records, c	heck a	any of	the fo	llowing t	that are a	significant	use of its	collectio	n	
а		Public exhibition				d		Loan	or exch	ange prog	grams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	e generations												
4	Provi Part :	de a description of the XIII.	organization's coll	ections and	l explain ho	ow the	y furtl	her the	e organiz	zation's e	xempt purpo	ose in			
5		ng the year, did the orgats to be sold to raise fur										☐ Ye	s 🗆	No	
Pai	rt IV	Complete if the org			" on Form	າ 990,	, Part	IV, li	ne 9, o	r reporte	ed an amo	unt on F	orm 99	0, Pa	irt
1a	Is the	X, line 21. e organization an agent	, trustee, custodia	an or other	intermedia	ry for	contri	bution	s or oth	er assets	not				
		ded on Form 990, Part :										☐ Ye	s 🗌	No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the follo	owing	table:				-	mount			
С	Begir	nning balance								1c					
d	Addit	ions during the year .								1d					
e	Distr	ibutions during the year	r							1e					
f	Endir	ng balance								1f					
2a	Did t	he organization include	an amount on Fo	rm 990, Pa	rt X, line 2:	1, for e	escrow	or cu	ıstodial a	account li	ability?	☐ Ye	s 🗆	No	
b	If "Y∈	es," explain the arrange	ment in Part XIII.	Check her	e if the exp	lanati	on has	s been	provide	d in Part	XIII				
Pa	rt V	Endowment Fund													
		Complete if the org	ganization answ				, Part			ears back	(d) Three ye		(e) Four		ha ali
1 a	Reginn	ning of year balance .		(a) Curre	nt year	(B) PI	rior yea	ar	(c) IWO y	ears back	(a) Inree ye	ears back	(e) Four	years i	раск_
	_	butions													
		vestment earnings, gair	ne and losses												
		or scholarships	•												
e	Other	expenditures for facilitie													
f	Admin	istrative expenses .													
g	End of	year balance													
2	Provi	de the estimated perce	ntage of the curre	nt year end	d balance (l	line 1g	g, colu	mn (a)) held a	ıs:					
а	Board	d designated or quasi-e	ndowment ►												
b	Perm	anent endowment ►													
С	Term	endowment 🟲													
		percentages on lines 2a		•											
3а		here endowment funds nization by:	not in the posses	sion of the	organizatio	n that	are h	eld an	d admin	istered fo	r the		Ye	s N	No_
	(i) ∪	nrelated organizations											ı(i)		_
		Related organizations					ح البلد						(ii)	_	
ь 4		es" on 3a(ii), are the rel ribe in Part XIII the inte	=					.f •					3b		
_	rt VI				ni s endowr	HEHL I	unus.								
гe	G V L	Complete if the or			" on Form	n 990.	, Part	IV, li	ne 11a	. See Fo	rm 990, Pa	art X, lin	e 10.		
	Descr	iption of property	(a) Cost or oth (investme	er basis	(b) Cost or						depreciation		d) Book v	alue	
1a	Land			0				0							0
b	Buildir	ngs		0				0			0				0
c	Leasel	nold improvements		0				0			0				0
d	Equipr	ment		0			70	06,855			642,976			(63,879

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

63,879

(C) (P) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Part VII		Part IV	line 11h See Fo	rm 990 Part \	/ line 12
(3) Clear which early interests (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of security or category	(b) Book	Cost	(c) Method of v	aluation:
(C)	(2) Closely-	held equity interests				
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(A)					
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)					
Fig.	(D)					
Fig.	(E)					
(6) (7) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(c)						
Control						
Totals (Column (2) most equal from \$90, Part X, or (8) line \$2.3 Complete (1)			_			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.		un (h) must equal Form 990 Part Y col. (R) line 12)				
(a) Description of investment (b) Book value (c) Method of via unabonic Cost: or enc-chyear market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments - Program Related.				
Cost or enc-of-year market value			, Part IV,			
(2) (3) (4) (5) (5) (6) (7) (8) (9) (10) Tetal. (Caluma (b) must equal Form 990, Part X, col.(b) fine 12.) (11) (2) (3) (4) (5) (5) (6) (7) (8) (9) (10) Total. (Caluma (b) must equal Form 990, Part X, col.(c) fine 15.) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (10) (10) Total. (Caluma (b) must equal Form 990, Part X, col.(c) fine 15.) 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. 1. (a) (b) Book value (c) Form 990, Part X, col.(c) fine 15.) 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. 1. (a) (b) Book value (c) Form 990, Part X, col.(c) fine 15.) (b) Book value (c) Form 990, Part X, col.(c) fine 15.) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(1)	(=,		(4, 200), (5,00)	Cost or end	of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (2) must equal Form 990, Part X, col. (8) line 13.) Part XI Other Assets. Complete if the organization answered Yes' on Form 990, Part N, line 11d., See Form 990, Part X, line 15. (a) Description (b) Book value (c) (c) (d) (d) (e) (g) (g) (10) Total. (Column (p) must equal Form 990, Part X, col. (g) line 15.) Part XI Other Labilities. (a) Description of liability (b) Book value (c) Federal income taxes (a) Description of liability (b) Book value (c) Federal income taxes (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal from 990, Part X, col.(8) line 13.) Part XI Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (c) (d) (d) (d) (e) (f) (e) (f) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h						
(5) (6) (7) (8) (9) (10) That, (Column (b) must equal form 990, Part X, col. (8) line 12.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (8) line 15.) 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. 1. (a) Description (b) must equal Form 990, Part X, col. (8) line 15.) (b) Book value (1) (c) Book value (2) (d) Form 990, Part X, line 15.) (e) (f) Getain Income taxes (a) Description of liability (b) Book value (c) Form 990, Part X, line 25. (d) Form 12d Ivan 12d I						
(6) (7) (8) (9) (10) Total. (Column (2) must equal form 990, Part X, col (8) line 13.) Part XX Other Assets. Complete if the organization answered 'Ves' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) must equal form 990, Part X, col (8) line 15.) Part X Other Liabilities. Complete if the organization answered 'Ves' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Federal income taxes (c) Federal income taxes (d) Pederal income taxes (e) Pederal income taxes (f) Pederal income taxes (h) Pederal inco						
(10) (10)						
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15. (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) 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. 1. (a) Description of liability (b) Book value (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) (b) Book value (11) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) (b) Book value (c) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) 22, Liability for uncertain tax positions. In Part XIII, provice the text of the footnote to the organization's financial statements that reports the	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(8) line 12.) Total. (Column (b) must equal Form 990, Part X, col.(8) line 12.) (b) Book value	(8)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) (a) Description (b) Book value (b) Book value (c) (a) Description (b) Book value (d) (e) Book value (d) (e) Book value (f)	(9)					
Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(10)					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) (A) (B) (C) (C) (C) (C) (C) (C) (C			•			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,962 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part IX	Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11d. See For	m 990, Part X, I	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (a) Part X (b) Book value (1) Federal income taxes (c) Book value (2) Federal income taxes (c) Book value (3) Federal income taxes (c) Book value (4) Federal income taxes (c) Book value (5) Federal income taxes (c) Book value (6) Federal income taxes (c) Book value (6) Federal income taxes (c) Book value (1) Federal income taxes (c) Book	(1)	(a) Description				(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (215,246 other taxes payable 215,246 other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) > 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (4).010 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 1. (228,982) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 225,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
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. 1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
1. (a) Description of liability (b) Book value (1) Federal income taxes 4,010 Sick and vacation payable 215,246 Other taxes payable 9,726 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					<u> </u>	
(1) Federal income taxes (2) Sick and vacation payable Other taxes payable (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1		Part IV,	line 11e or 11f.S	ee Form 990,	
Other taxes payable (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) Federal	income taxes				4,010
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)					,
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 228,982 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)					
	Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	228,982
	•			=		

2

b

d

1

2

d

3 4

Schedule D (Form 990) 2022

Page 4

e 2e Subtract line **2e** from line **1** 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Total expenses and losses per audited financial statements

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

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.)

Subtract line 2e from line 1

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

Other losses

Add lines 2a through 2d .

See Additional Data Table

Donated services and use of facilities

Other (Describe in Part XIII.)

0

0

0

2e

3

2a

2b

2c

2d

2a 2b

2c 2d

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1,730,911 1,730,911 1,696,788

Schedule D (Form 990) 2022

1,696,788

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 21.988 4b b Add lines **4a** and **4b** 4c 21,988 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1.718.776 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

chedule D (Form 990) 2022		Page 5
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2022

Additional Data

Software ID: 22015720
Software Version: v1.00

EIN: 91-1113375

Name: CASCADIA RESEARCH COLLECTIVE

ame: CASCADIA RESEARCH COLLECTIVE

Supplemental Information

applemental Emormation					
Return Reference	Explanation				
Schedule D, Part XI, Line 4b	This primarily reflects a journal entry reflected in the audit total that was treated as a negative expense to Medical Benefits but which was from several years ago and we treated as an adjustment to retained earnings since it was from prior years				

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	This primarily reflects a journal entry reflected in the audit total that was treated as a negative expense to Medical Benefits but which was from several years ago and we treated as an adjustment to retained earnings since it was from prior years

efile	GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	- D	LN: 934933	19321	013
Schedule J (Form 990)		C	ompensatio	on Information	OMB No.	1545-0)047
		For certain Office	ers, Directors, Tro	ustees, Key Employees, and Highest			
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2()2 2	<u>)</u>
D			➤ Attach t	o Form 990. nstructions and the latest information.	Open		
-	nent of the Treasury Revenue Service	₽ do to <u>www.ns.go</u>	70/710/11/1990 101 11		Ins	ectio	n
	e <mark>of the organiza</mark> ADIA RESEARCH C			Employer ide	entification n	umber	
				91-1113375			
Part	Q uestic	ons Regarding Compensa	tion			T.,	
1 a (Check the appro	opiate box(es) if the organization	n provided any of t	he following to or for a person listed on Form		Yes	No_
				relevant information regarding these items.			
	First-class	or charter travel		Housing allowance or residence for personal use			
	Travel for	companions	_ F	Payments for business use of personal residence			
	☐ Tax idemr	nification and gross-up payment		Health or social club dues or initiation fees			
	☐ Discretion	ary spending account	LJ F	Personal services (e.g., maid, chauffeur, chef)			
				ollow a written policy regarding payment or			
				e? If "No," complete Part III to explain allowing expenses incurred by all	1b		
				regarding the items checked on Line 1a?	2		
3]	Indicato which	if any of the following the filing	organization used	to establish the compensation of the			
(organization's C	EO/Executive Director. Check a	ll that apply. Do no	t check any boxes for methods			
ι	used by a relate	d organization to establish com	pensation of the Cl	EO/Executive Director, but explain in Part III.			
	☑ Compensa	ation committee		Written employment contract			
		ent compensation consultant		Compensation survey or study			
	Form 990	of other organizations	✓	Approval by the board or compensation committee	e		
	During the year, related organiza		990, Part VII, Sect	ion A, line 1a, with respect to the filing organizati	on or a		
a l	Receive a severa	ance payment or change-of-con	trol payment? .		4a		No
b i	Participate in, or	r receive payment from, a supp	lemental nonqualifi	ed retirement plan?	. 4b		No
	, , , , , , , , , , , , , , , , , , , ,				. 4c		No
	If "Yes" to any c	of lines 4a-c, list the persons an	d provide the appli	cable amounts for each item in Part III.			
(Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.			
				e organization pay or accrue any			
		ontingent on the revenues of:					
		1?			5a		No
		anization?			5b		No_
		ed on Form 990, Part VII, Section ontingent on the net earnings o		e organization pay or accrue any			
a ·	The organization	1?			6a		No
					6b		No
]	If "Yes," on line	6a or 6b, describe in Part III.					
				e organization provide any nonfixed	7		No
				d pursuant to a contract that was ection 53.4958-4(a)(3)? If "Yes," describe			
				ection 53.4958-4(a)(3)? If ites, describe	8		No
				resumption procedure described in Regulations se			
	53.4958-6(c)? .				9	2000	2025
ror Pa	iperwork kedu	ction Act Notice, see the Ins	structions for For	m 990. Cat. No. 50053T Sch	ieaule J (Forr	n 99U)	2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A. line 1a. applicable column (D) and (E) amounts for that individual.

Note. The sum of colu	mns (B	s)(i)-(iii) for each listed in	dividual must equal the to	otal amount of Form 990,	, Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual.
(A) Name and Title		(i) Base compensation	2, 1099-MISC compensation (ii) Bonus & incentive compensation	tion, and/or 1099-NEC (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Robin Baird Biologist	(i)	133,851	0	0	0	18,110	151,961	145,802
Biologist	(ii)		0	0	0	0	0	0
	_							
I								
	-						Schedule	J (Form 990) 2022

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493319321013	
SCHEDUL (Form 990) Department of the Tall Internal Revenue Science	rm 990 or 990-EZ to specific questions on itional information. 0-EZ. totest information. OHB No. 1545-0047 2022 Open to Public Inspection		
Name of the org CASCADIA RESEAI		Employer identification number 91-1113375	
Return Reference	Explanation		
Form 990, Part VI, Section A, Line 2	Our President, Annie Douglas, is married to Robin Baird, one of our hig	ghest paid employee.	

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 6

Members have the right to attend and vote at BOD meetings. Prospective new members may app
ly to the BOD for membership, admittance is based on the degree to which the proposed memb
ers will be able to further the mission of the organization.

Return Explanation

Line 7a

Form 990,
Part VI,
Section A.

Directors are chosen by the membership at BOD meeting.

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	The 990 is submitted to the finance committee of the BOD prior to submission and all BOD members are provided a copy.
Part VI,	
Section B,	
Line 11b	

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 12c

Conflict of interest statements are submitted by Directors and Officers and they are required to update these with any changes annually. If a conflict is identified, the officers a re responsible for determining the level of conflict and impose restrictions to prevent the eigenvalue of the conflict.

Return Explanation

Form 990,	A wage committee reviews pay rates for all positions annually and recommends wage rates. T
Part VI,	his includes consideration of employee evaluations, responsibilities, and comparable data
Section B,	for compensation of similar positions. The committee makes recommendations that are then r
Line 15	eviewed by the BOD.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Documents are available free of charge. Requests can be made by contacting staff or any director by mail or email. Financial statements are available in the 990 filing which can be requested or found on line through organizations like Urban Institute or Guidestar.

Return Explanation
Reference

Reference	
	This includes project contractual and services as well office services including for CSS
Part IX ∃ine	