Form 9900	ice Finish about Point 990 and its instructions is at www ice icalendar year, or tax year beginning 01-01-2016 , and ending 12-3: ice C Name of organization CASCADE POLICY INSTITUTE Doing business as Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suit 4850 SW SCHOLLS FERRY ROAD STE 103	nue Code (ex by be made pub v IRS gov/form 1-2016	cept private	dentif	MB No 1545-0047 2016 Open to Public Inspection
Chepartment of the Tre Internal Revenue Serv For the 2016 Check if applicable Address change Initial return Final Enturn/terminated Amended return	Under section 501(c), 527, or 4947(a)(1) of the Internal Reversion foundations) ► Do not enter social security numbers on this form as it ma ► Information about Form 990 and its instructions is at <u>www</u> is calendar year, or tax year beginning 01-01-2016 , and ending 12-33 C Name of organization CASCADE POLICY INSTITUTE Doing business as Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103	nue Code (ex by be made pub v IRS gov/form 1-2016	cept private	dentif	Open to Public Inspection
Department of the Tre Internal Revenue Serv A For the 2016 B Check if applicable Address change Name change Initial return Final Deturn/terminated Amended return	Do not enter social security numbers on this form as it ma Information about Form 990 and its instructions is at <u>www</u> calendar year, or tax year beginning 01-01-2016 , and ending 12-33 C Name of organization CASCADE POLICY INSTITUTE Doing business as Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103	v IRS gov/form 1-2016	0990 D Employer	dentif	Open to Public Inspection
Internal Revenue Serv A For the 2016 B Check if applicable Address change Name change Initial return Final Geturn/terminated Amended return	ice Information about Porm 990 and its instructions is at www ice icalendar year, or tax year beginning 01-01-2016 , and ending 12-3: ice C Name of organization CASCADE POLICY INSTITUTE Doing business as Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suit 4850 SW SCHOLLS FERRY ROAD STE 103 Room/suit	1-2016	D Employer	dentif	Inspection
B Check if applicable Address change Name change Initial return Final Eleturn/terminated Amended return	C Name of organization CASCADE POLICY INSTITUTE Doing business as Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103				ication number
 Address change Name change Initial return Final Geturn/terminated Amended return 	CASCADE POLICY INSTITUTE Doing business as Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103				ication number
 Name change Initial return Final Geturn/terminated Amended return 	Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103		93-10459.	25	
Final Deturn/terminated	Number and street (or P O box if mail is not delivered to street address) Room/sui 4850 SW SCHOLLS FERRY ROAD STE 103				
Deturn/terminated	4850 SW SCHOLLS FERRY ROAD STE 103				
_	ng	ite	E Telephone r	umber	
			(503) 242	-0900	
	PORTLAND, OR 97225		G Gross recei	ots \$ 7	74,530
	F Name and address of principal officer	H(a) Is this	a group retur		<u> </u>
	JOHN A CHARLES JR 4850 SW SCHOLLS FERRY ROAD STE 103	suboro	dinates?		🗌 Yes 🗹 No
I Tax-exempt stat	PORTLAND, OR 97225	includ			□ Yes □No
	^{us}		attach a list", attach a list exemption חנ		,
J Website:	WWW CASCADEPOLICE ORG				-
K Form of organizat	on \blacksquare Corporation \square Trust \square Association \square Other \blacktriangleright	L Year of forma	tion 1991 🖡	State	of legal domicile OR
Part I Su	mmary				
1 Briefly	describe the organization's mission or most significant activities				
50000	ELOP AND PROMOTE PUBLIC POLICY ALTERNATIVES THAT FOSTER INDIVIDU MIC OPPORTUNITY	JAL LIBERTY, P	ERSONAL RES	PONS	IBILITY AND
anc					
mə/					
ECONO E	this box \blacktriangleright If the organization discontinued its operations or disposed of m	ore than 25%	of its net ass		
	er of voting members of the governing body (Part VI, line 1a)			3	8
e	er of independent voting members of the governing body (Part VI, line 1b) . Number of individuals employed in calendar year 2016 (Part V, line 2a)		•	4	8
	number of volunteers (estimate if necessary)		•	6	
7a Total u	inrelated business revenue from Part VIII, column (C), line 12		•	7a	0
	related business taxable income from Form 990-T, line 34			7b	
		Prie	or Year		Current Year
g 8 Contril	outions and grants (Part VIII, line 1h)		551,19	2	760,928
S Contain S 9 Progra A 10 Invest	m service revenue (Part VIII, line 2g)				0
10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		58	3	687
11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,70	_	12,915
	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		555,489		774,530
	and similar amounts paid (Part IX, column (A), lines 1–3)				0
	ts paid to or for members (Part IX, column (A), line 4)		372,56		_
e	s, other compensation, employee benefits (Part IX, column (A), lines 5–10) sional fundraising fees (Part IX, column (A), line 11e)		572,50	-	362,620
	ndraising expenses (Part IX, column (D), line 25) ▶75,083				
للم الم الم الم الم الم الم الم الم الم	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		170,26	5	225,590
	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		542,82		588,210
19 Reven	ue less expenses Subtract line 18 from line 12		12,66	2	186,320
e or		Beginning	of Current Yea	r	End of Year
20 ⊑ ∞ ≣ 20 Totala	ssets (Part X, line 16)		557,33	;	708,024
a la	abilities (Part X, line 26)		100,09		64,464
22 Net as	sets or fund balances Subtract line 21 from line 20		457,240	-	643,560
	nature Block	<u> </u>		1	

Preparer Use Only PORTLAND, OR 972192382 May the IRS discuss this return with the preparer shown above? (see instruct For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 6915 SW MACADAM AVE STE 145

Form	990 (2016)					Page 2
Par	t III Statement	t of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respoi	nse or note to	any line in this Part III		<u> D</u>
1		organization's mission				
TO D OPPC	EVELOP AND PROMOT DRTUNITY	TE PUBLIC POLICY ALTER	NATIVES THAT	FOSTER INDIVIDUAL LI	IBERTY, PERSONAL RESPONSIBILI	TY AND ECONOMIC
2	-	undertake any significar			ich were not listed on	□Yes ☑No
	If "Yes," describe th	ese new services on Sch	edule O			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it conduc	cts, any program	
		ese changes on Schedule				🗌 Yes 🗹 No
4	Describe the organiz Section 501(c)(3) ar	zation's program service	accomplishmer ns are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code See Addıtıonal Data) (Expenses \$	405,614	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv (Expenses \$	ices (Describe in Schedul inclu	e O) ding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses 🕨	405,6	14		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ዄ	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 😏	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, 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	Yes	
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, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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 \mathfrak{B}	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		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e ⁹ <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		F	orm 99	0 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i> .	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🐁	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	21		
Ь	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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
6	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
L		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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
9a	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? \ldots .	9 b		L
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
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)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	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	19a		
с	Enter the amount of reserves on hand			
14a	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? <i>If "No," provide an explanation in Schedule O</i>	14b		
-	· · · · · · · · · · · · · · · · · · ·			

Form **990** (2016)

Form	990 (2016)			Page 6
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 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			✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		res	NO
	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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization base members or stockholders?	6		No
-	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 7b		No No
	persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in 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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
С		12b		
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c		
				No
14	Schedule O how this was done	12c		No No
14 15	Schedule O how this was done	12c 13		
15	Schedule Ö how this was done	12c 13	Yes	
15 a	Schedule Ö how this was done	12c 13 14	Yes	
15 a	Schedule O how this was done . Did the organization have a written whistleblower policy? . Did the organization have a written document retention and destruction policy? . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official .	12c 13 14 15a		
15 a b	Schedule O how this was done	12c 13 14 15a		
15 a b 16a	Schedule O how this was done	12c 13 14 15a 15b		No
15 a b 16a b	Schedule O how this was done	12c 13 14 15a 15b 16a		No
15 a b 16a b	Schedule O how this was done	12c 13 14 15a 15b 16a		No
15 a b 16a b <u>Se</u>	Schedule O how this was done	12c 13 14 15a 15b 16a		No
15 a b 16a b <u>Se</u> 17	Schedule O how this was done	12c 13 14 15a 15b 16a		No

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►WILLIAM UDY 4850 SW SCHOLLS FERRY ROAD 103 PORTLAND, OR 97225 (503) 242-0900

 \square

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 instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox,ι n of	t ch inle: ficer	ss per: and a	son	(D) Reportable 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- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) MICHAEL L BARTON PHD DIRECTOR	1 00	х						0	0	0
(2) LAWRENCE W DENNIS SR DIRECTOR	1 00	х						0	0	0
(3) GILION DUMAS DIRECTOR	1 00	х						0	0	0
(4) JON EGGE DIRECTOR	1 00	х						0	0	0
(5) PAMELA SHELDON MORRIS DIRECTOR	1 00	х						0	0	0
(6) MANUEL CASTANEDA DIRECTOR	1 00	х						0	0	0
(7) JOHN A CHARLES JR PRESIDENT AN	40 00			x				130,000	0	5,200
(8) TINA PISENTI EXEC VICE PR	40 00			x				66,101	0	2,644
(9) WILLIAM B CONERLY PHD CHAIRMAN	1 00			x				0	0	0
(10) WILLIAM UDY SEC/TREASURE	1 00			x				0	0	0
										Form 990 (2016)

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	n 990 (2016)													Page 8
Par	t VII Section A. Officers, Direct	ors, Trustees	s, Key l	Empl	loye	ees,	and	Higł	hest Cor	npensate	ed Employees	(cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u in of tor/t	t che unles ficer rust	ss pers and a	son	Repo compo fror organiz	(D) ortable ensation m the cation (W- 9-MISC)	(E) Reportable compensation from related organizations (2/1099-MISC	w-	(F) Estima amount o compens from t organizati relate organiza	ited f other sation the on and ed
												_		
					-			-				+		
						_								
					-			\vdash						
16.	Sub-Total											┯┷		
	Total from continuation sheets to Pa	 art VII, Sectio	nA.									-		
d	Total (add lines 1b and 1c)				•		►			196,101				7,844
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	o rece	eived mo	re than \$1	00,000			
			1											
3	Did the organization list any former of	ficar director	ortruct	oo k		male		or bu	abort cor	manastad			Yes	No
3	line 1a? If "Yes," complete Schedule J						•••		-		· ·	3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
	ındıvıdual		• •	·	•	•	• •	• •	· · ·	• •		4		No
5	Did any person listed on line 1a receiv services rendered to the organization									tion or ind	vidual for	5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report comper											npen	sation	
	- · · ·	(A)		,							(B)		(C	
	Name a	and business addre	255							Desc	ription of services	\rightarrow	Compen	sation
												-+		

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

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Page	9
9 -	_

	VIII Statement of Revenue						Page 9
	Check if Schedule O contains	a respo	onse or note to any	y 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
	1a Federated campaigns	1a			revenue		512-514
s, Grants Amounts	b Membership dues	1 b					
Gra mo	c Fundraising events	1c					
fts. I A	d Related organizations	1d					
ons, Gifts Similar	e Government grants (contributions)	1e					
itions, er Sin	 f All other contributions, gifts, grants, and similar amounts not included above 	1f	760,928				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$	340,	,334				
Contand	h Total.Add lines 1a-1f		►	760,928			
пe			Busines	s Code			
Nen	2a	_					
Program Service Revenue	b						
	c						
	d						
	f All other program service revenue	<u>.</u>					
۲. کې	gTotal. Add lines 2a-2f		▶				
	3 Investment income (including divid		nterest, and other				
	sımılar amounts)		1	687			687
	4 Income from investment of tax-exe 5 Royalties			► [
	(I) Rea		(II) Personal				
	6a Gross rents			-			
	b Less rental expenses			-			
	c Rental income or (loss)			-			
	d Net rental income or (loss)			-1			
	(I) Securi	ties	(II) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses			-			
	c Gain or (loss)						
	d Net gain or (loss)		▶	_			
Other Revenue	(not including \$ contributions reported on line 1c) See Part IV, line 18	of					
Rev	b Less direct expenses	b		-			
er	c Net income or (loss) from fundrai	sing ev	ents 🕨				
oth	9a Gross income from gaming activit See Part IV, line 19	ies a					
	b Less direct expenses	Ь					
	10a Gross sales of inventory, less		les • • ▶	7			
	returns and allowances	а					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of Miscellaneous Revenue	Invent	Business Code				
	11aSPECIAL EVENTS AND ACTIVITIE	S	Business Code	12,915	12,915		
	. <u></u>						
	Ь						
	c						-
	d All other revenue	_	b				
	12 Total revenue. See Instructions	• •		12,915			
		• •	• • • •	774,530	12,915		687 Form 990 (2016)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Jecc	lon SUI(C)(3) and SUI(C)(4) organizations must complete all co	_	-		
<u> </u>	Check if Schedule O contains a response or note to any		 (B)	(C)	· · · · ·
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. –	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	196,101	152,309	17,673	26,119
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	128,910	100,123	11,618	17,169
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,149	9,436	1,095	1,618
9	Other employee benefits				
10	Payroll taxes	25,460	19,774	2,295	3,391
11	Fees for services (non-employees)				
a	Management				
b	 Legal				
с	Accounting	13,148		13,148	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,125	26,004	1,699	422
12	Advertising and promotion				
13	Office expenses	20,264	-1,408	7,050	14,622
14	Information technology				
15	Royalties				
16	Occupancy	41,531		41,531	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	24,137	19,318	3,889	930
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,019	683	336	
23	Insurance	1,235		1,235	
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)				
4	a EDUCATION AND PROMOTION	78,648	77,851	35	762
İ	b POSTAGE	11,494	69	1,720	9,705
	c PRINTING	2,503	785	1,373	345
	d TELEPHONE	1,747		1,747	
	e All other expenses	1,739	670	1,069	
25	Total functional expenses. Add lines 1 through 24e	588,210	405,614	107,513	75,083
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► □ if following SOP 98-2 (ASC 958-720)				
					Earm 000 (2010)
					Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆	
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			80,850	1	53,853	
	2	Savings and temporary cash investments .		[464,997	2	647,696	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net	[4			
	5 6	trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	Loans and other receivables from current and former officers, directors, crustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under					
Assets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	of section 501(c)(9)		6 7			
SS6	8	Inventories for sale or use			8			
Ā	9	Prepaid expenses and deferred charges		⊢	4,042	9	4,273	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,581				
	Ь	Less accumulated depreciation	10b	16,379	2,406	10c	2,202	
	11	Investments—publicly traded securities	L		5,040	11		
	12	Investments—other securities See Part IV, line			12			
	13	Investments—program-related See Part IV, Ine			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		15				
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	557,335	16	708,024	
	17	Accounts payable and accrued expenses			47,477	17	25,168	
	18	Grants payable		18				
	19	Deferred revenue	_		19			
	20	Tax-exempt bond liabilities		⊢		20		
~	21	Escrow or custodial account liability Complete F			52,618	21	39,296	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee						
ab		persons Complete Part II of Schedule L				22		
Π	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23		
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24		
	25	Other liabilities (including federal income tax, pi and other liabilities not included on lines 17-24) Complete Part X of Schedule D	s to related third parties,		25			
	26	Total liabilities. Add lines 17 through 25 .			100,095	26	64,464	
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			402,216	27	506,002	
a le	28	Temporarily restricted net assets		 -	55,024	28	137,558	
Б	29	Permanently restricted net assets	-		, ·	29		
Fund		Organizations that do not follow SFAS 117	(ASC S	958).				
5	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	rough	34.		30		
ets	31	Paid-in or capital surplus, or land, building or ec				31		
Assets	32	Retained earnings, endowment, accumulated in				32		
	33	Total net assets or fund balances			457,240	33	643,560	
Net	34	Total liabilities and net assets/fund balances			557,335	34	708,024	
			•		,			

Form **990** (2016)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			774,530
2	Total expenses (must equal Part IX, column (A), line 25)	2			588,210
3	Revenue less expenses Subtract line 2 from line 1	3			186,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4			457,240
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			643,560
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C) <u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Additional Data

Software ID: Software Version: EIN: 93-1045925 Name: CASCADE POLICY INSTITUTE

Form 990 (2016)

Form 990, Part III, Line 4a:

RESEARCH, WRITING, PUBLISHING, SPONSORING PUBLIC SPEAKERS, PROVIDING INTERNSHIPS TO COLLEGE STUDENTS, FACILITATION OF CHILDRENS SCHOLARSHIP FUND - PORTLAND BENEFICIARIES ARE ALL OREGONIANS

SC (For	HED 'm 99	ULE A			As Filed Data - Charity Statu rganization is a sect	s and Pul	organization o	ort	омв № 1545-0047 2016
990]	EZ)				4947(a)(1) nonexe ► Attach to Form				
		the Treasury	► Inf	ormation abou	ut Schedule A (Form www.irs.a	990 or 990-EZ <u>ov/form990</u> .) and its instru	uctions is at	Open to Public Inspection
Nam	e of th	ue Service ne organiza LICY INSTITUT				<u> </u>		Employer identifi	cation number
CASC			L					93-1045925	
	rt I				us (All organization a it is (For lines 1 thro			See instructions.	
1 1	nganiz		•		sociation of churches	5 ,	, ,	(•) ()	
2					1)(A)(ii). (Attach Sch			(A)(I)-	
3									
				•	vice organization desc				
4			esearcn orga and state	nization operat	ed in conjunction with	a nospital descri	bed in section	170(B)(1)(A)(III).	inter the hospital's
5			ation operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	vernmental unit desci	ubed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(/	4)(v).	
7	\checkmark			mally receives (vi). (Complete	a substantıal part of ıt Part II)	s support from a	governmental ι	unit or from the gene	ral public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				llege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cer less taxable income (le omplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its s	
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(he purposes of one or a)(3). Check the box
а		Type I. A s organizatio	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i ation vested in the sar				5
с		Type III f	unctionally i	integrated. A	supporting organizatio ions) You must com				ated with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution i			nızatıon(s) that ıs not quırement (see
e		Check this	box if the org	janization receiv	ved a written determir integrated supporting	nation from the I	RS that it is a Ty	уре I, Туре II, Туре I	II functionally
f	Enter	the number	of supported	organizations				_	
g					upported organization(
(1)	lame of	f supported (organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(in Is the organiz your governir	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	1								
	-			1		1		1	

Schedule A (Form 990 or 990-EZ) 2016

Page **2**

F	art II Support Schedule for							
	(Complete only if you ch						to qualify	/ under Part
	III. If the organization fa Section A. Public Support	ans to quality und	ler the tests list	eu below, please	e complete Part	111.)		
-	Calendar year	(-)2012	(1)2012	(-)2014	(4)2015	(-)7	010	(6) Takal
	(or fiscal year beginning in) 🕨	(a)2012	(b) 2013	(c) 2014	(d)2015	(e) 2	010	(f)Total
1	Gifts, grants, contributions, and	672,127	587,653	620,331	551,192		760,928	3,192,231
	membership fees received (Do not include any "unusual grant ")	072,127	567,055	020,331	551,192		700,920	5,192,251
2	Tax revenues levied for the							
	organization's benefit and either paid							
3	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	672,127	587,653	620,331	551,192		760,928	3,192,231
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							1 202 000
	supported organization) included on							1,292,999
	line 1 that exceeds 2% of the amount							
6	shown on line 11, column (f) Public support. Subtract line 5 from							
•	line 4							1,899,232
S	ection B. Total Support							
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2	016	(f)Total
7	(or fiscal year beginning in) Amounts from line 4	672,127	587,653	620,331	551,192	. ,	760,928	3,192,231
8	Gross income from interest,	0,2,12,	507,055	020,001	551,152		700,520	5,152,251
•	dividends, payments received on	493	540	452	588		687	2,760
	securities loans, rents, royalties and	455	540	+52	500		007	2,700
9	income from similar sources Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI)							
11	Total support. Add lines 7 through							3,194,991
	10 Cross recents from related activities		na)					
	Gross receipts from related activities, o					12		12,915
13	First five years. If the Form 990 is fo	-						nization,
	check this box and stop here						<u>▶⊔</u>	
	ection C. Computation of Public							
	Public support percentage for 2016 (lir			olumn (f))		14		59 440 %
	Public support percentage for 2015 Sc					15		57 920 %
16a	33 1/3% support test—2016. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	neck this b	
	and stop here. The organization quali							► 🗹
Ł	33 1/3% support test—2015. If th				nd line 15 is 33 1/	′3% or m	ore, check	
	box and stop here . The organization				12.16 16			▶□
17a	10%-facts-and-circumstances test is 10% or more, and if the organization							
	in Part VI how the organization meets							
	organization							
b	10%-facts-and-circumstances tes	t—2015. If the or	ganızatıon dıd not	check a box on lin	ne 13, 16a, 16b, o	r 17a, ar	nd line	
-	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organizatio	n meets the "facts	-and-circumstance	es" test. The organ	lization qualifies a	s a publi	cly	. —
	supported organization	on did not start -	hav an lune 12 12	a 166 17	الم	and		
18		оп аја пот спеск а	box on line 13, 16	a, 100, 1/a, or 1/	D, CHECK THIS DOX	and see		
	Instructions							

Part IIII Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C .	ction A Public Support	quality under t		below, please co	inplete Fait II.	1	
	ection A. Public Support Calendar year						
	(or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c)2014	(d)2015	(e)2016	(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						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
F	Amounts included on lines 2 and 3						
U	received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ection B. Total Support			1	1	1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on Other income Do not include gain or			+			
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, ti	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) of	
	check this box and stop here						▶□
S	ection C. Computation of Public						
15	Public support percentage for 2016 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2015 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2			,		18	
	331/3% support tests—2016. If the			on line 14 and lir	e 15 is more that		e 17 is not
та9							
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2015. If the	-					
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	ganization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	
	-				Schedul	e A (Form 990 o	r 990-E7) 2016

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete 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					
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	1				
	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 (b) and (c) 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					
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	Зb				
Ľ	If "Yes," explain in Part VI what controls the organizations was used exclusively for section 170(c)(2)(B) purposes?	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a				
U	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					
с	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 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					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a						
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the					
	organization's organizing document?	5b				
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes" complete Part I of Schedule 1 (Form 990 or 990-FZ)	7				
	7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	98				
2	organization had an interest? If "Yes," provide detail in Part VI.	9 b				
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.					
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c				
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10-				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>		
U	the organization had excess business holdings)	10b				

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the а governing body of a supported organization?
- b A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI С

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint o elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa **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
- 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

Section C. Type II Supporting Organizations

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)

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) 1

The organization satisfied the Activities Test Complete line 2 below

3

- 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 instructions) С

2 Activities Test Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? 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

Schedule A (Form 990 or 990-EZ) 2016

3b

	Yes	No
11a		
11b		
11 c		

		Yes	No
or			
or art			
	1		
	2		

Yes

1

No

Т

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- з Other gross income (see instructions)
- Add lines 1 through 3 4
- 5 Depreciation and depletion
- 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)

7	Other	expenses	(see instructions)	
	Other	CAPCINGCO .	(See maduucions)	

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

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
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets

Section B - Minimum Asset Amount

- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- Subtract line 2 from line 1d 3
- Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- з Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

(B) Current Year

(optional)

(A) Prior Year

1a

1b

1c 1d

2

3

4

5

6

7 8

Schedule A (Form 990 or 990-EZ) 2016

			Fage 7
Part V Type III Non-Functionally Integrate	ed 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accompli	sh exempt purposes		
 Amounts paid to perform activity that directly further excess of income from activity 	s exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requi	red)		
6 Other distributions (describe in Part VI) See instructi	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	which the organization is respor	isive (provide	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
	1	1	1
Section E - Distribution Allocations (see	(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
 Applied to underdistributions of prior years 			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Schedule & (Form 000 or 000-E7) 2016

efil	e GRAPHIC pri	nt - DO NOT I	PROCESS As Filed Data -			I	DLN:	93493212	2010307
SC	HEDULE C	P	olitical Campaign and	d Lobbying /	Activi	ties		OMB No	1545-0047
(Form 990 or 990- EZ) Department of the Treasury For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			2016 Open to Public Inspection						
Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign A									
• S • S If the • S If the (Pro:	ection 501(c)(3) org Section 501(c) (othe Section 527 organize organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans ky Tax) (see separ	ganizations Cor er than section 5 zations Complet wered "Yes" or rganizations that rganizations that wered "Yes" or rate instruction	nplete Parts I-A and B Do not compl i01(c)(3)) organizations Complete Pa e Part I-A only n Form 990, Part IV, Line 4, or Forn t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy	ete Part I-C arts I-A and C below n 990-EZ, Part VI, IIr er section 501(h)) Co under section 501(h)	Do not co ne 47 (Lot mplete Pa)) Comple	omplete Part I obying Activi art II-A Do no ete Part II-B I	-B ities), it com Do not	then plete Part II- t complete P	·B ?art II-A
Nar	ne of the organizat	ion				Employer i	denti	fication nur	mber
	CADE POLICY INSTITU		nization is exempt under sec			93-1045925		tion	
	-		-			n 527 orga	aniza	tion.	
1 2	Provide a descript Political expenditi		ization's direct and indirect political o	ampaign activities in	ı Part IV	►	\$_		
3	Volunteer hours								
	-		nization is exempt under sec						
1			ax incurred by the organization under			▶	\$.		
2			ax incurred by organization managers			•	\$.		
3	If the organization	n incurred a sect	tion 4955 tax, did it file Form 4720 fo	or this year?				🗌 Yes	🗆 No
4a	Was a correction							🗌 Yes	🗆 No
b	If "Yes," describe		nization is exempt under sec				(2)		
	-	-	•		-	• •			
1			ed by the filing organization for section	•			\$.		
2	function activities		anızatıon's funds contributed to othe	r organizations for se	ction 527	exempt ►	\$.		
3	Total exempt fund	ction expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	lıne 17b	►	\$		
4	Did the filing orga	anızatıon file Forı	m 1120-POL for this year?					🗌 Yes	
5	organization mad of political contrib	e payments For outions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	mount paid from the rered to a separate p	filing orga olitical org	anızatıon's fu Janızatıon, su	nds A	lso enter the	
	(a) Nam	e	(b) Address	(c) EIN	filing	ount paid fro organization's If none, ente -0-	5	(e) Amount contribution and prom directly deli separate organization enter	ns received ptly and vered to a political n If none,

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

Sch	edule C (Form 990 or 990-EZ) 2016			Page 2
Р	art II-A Complete if the organizatio section 501(h)).	n is exempt under section 501(c)(3) and filed	Form 5768 (electio	n under
A	Check If the filing organization belongs expenses, and share of excess lo	to an affiliated group (and list in Part IV each affiliated gro bbying expenditures)	oup member's name, add	iress, EIN,
в	Check 🕨 🔲 if the filing organization checked	box A and "limited control" provisions apply		
		bbying Expenditures ' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legis	slatıve body (dırect lobbyıng)		
с	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures		593,010	
е	Total exempt purpose expenditures (add lines	1c and 1d)	593,010	
f	Lobbying nontaxable amount Enter the amour columns	t from the following table in both	113,952	
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of l	ine 1f)	28,488	
h	Subtract line 1g from line 1a If zero or less, e	nter -0-		
i	Subtract line 1f from line 1c If zero or less, en	ter -0-		
j	If there is an amount other than zero on either section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720 repo	rting	□ Yes □ No

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a	Lobbying nontaxable amount	122,411	113,736	106,424	113,952	456,523			
b	Lobbying ceiling amount (150% of line 2a, column(e))					684,785			
с	Total lobbying expenditures								
d	Grassroots nontaxable amount	30,603	28,434	26,606	28,488	114,131			
e	Grassroots ceiling amount (150% of line 2d, column (e))					171,197			
f	Grassroots lobbying expenditures								

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
activ		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	c)(5), o	r secti	on 5	01(c))
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1

 Dues, assessments and similar amount 	s from members
--	----------------

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2 c	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information Part IV

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return	Reference

3

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -				DLN:	934932120	
SCHEDULE D (Form 990)	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.						OMB No 154	
Department of the Treasur							201 Open to F	ublic
Internal Revenue Service	Information about Schedule	D (Form 990) and i	ts instructions is	at <u>www.ir</u>			Inspect	
Name of the organ CASCADE POLICY INST	nization TTUTE				-	•	fication num	ber
Part I Organ	izations Maintaining Donor	Advised Funds o	or Other Simila	r Funds o	93-104			
Comple	ete if the organization answere	ed "Yes" on Form 9	990, Part IV, line	6.	ACCOL	incs.		
		(a) Donor adv	vised funds		(b) Fu	nds and ot	her accounts	
	at end of year							
year)	lue of contributions to (during							
3 Aggregate va	lue of grants from (during year)							
	lue at end of year							
	zation inform all donors and donor organization's property, subject to				vised		🗌 Yes	
used only for c	zation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?					ose	🗌 Yes	
Part II Conse	rvation Easements. Complet	te if the organization	on answered "Ye	s" on Form	n 990, P	art IV, lır		
1 Purpose(s) of c	conservation easements held by th	e organızatıon (check	all that apply)					
Preservat	ion of land for public use (e g , rec	reation or education)) Preserv	vation of an	historica	lly importa	nt land area	
Protection	n of natural habitat		Preserv	vation of a c	ertified h	istoric stru	icture	
🗌 Preservat	ion of open space							
easement on th	2a through 2d if the organization ne last day of the tax year	held a qualified conse	ervation contributio	on in the for			ne End of the	Year
	f conservation easements			-	2a			
-	estricted by conservation easemen servation easements on a certified		luded in (e)	-	2b			
d Number of cons	servation easements on a certified servation easements included in (c in the National Register		.,	historic	2c 2d			
	servation easements modified, tra	nsferred, released, e	ktinguished, or terr	minated by t	he orgar	nization dui	ring the	
4 Number of stat	es where property subject to cons	ervation easement is	located >					
	nization have a written policy regar nt of the conservation easements		nitoring, inspectior	n, handling c	f violatic		Yes 🗌 I	No
6 Staff and volur ►	nteer hours devoted to monitoring,	inspecting, handling	of violations, and o	enforcıng co	nservatio			
7 Amount of exp	enses incurred in monitoring, inspe	ecting, handling of vio	plations, and enfor	cing conserv	ation ea	sements dı	uring the year	
8 Does each cons and section 17	servation easement reported on lir 0(h)(4)(B)(ii)?	ne 2(d) above satisfy	the requirements o	of section 17	'0(h)(4)(Yes 🗌 I	No
balance sheet,	escribe how the organization report and include, if applicable, the text in's accounting for conservation ea	of the footnote to th					25	
Part III Organ	izations Maintaining Collec	tions of Art, Hist			er Simi	lar Asset	ts.	
art, historical t	tion elected, as permitted under S reasures, or other similar assets h t XIII, the text of the footnote to it	eld for public exhibiti	on, education, or re	esearch in fi				of
historical treas	tion elected, as permitted under S ures, or other similar assets held f ints relating to these items							
(i) Revenue ınclu	ded on Form 990, Part VIII, line 1				I	▶\$		
(ii)Assets included	d ın Form 990, Part X				ł	► \$		
	tion received or held works of art, ints required to be reported under				ncial gain	, provide t	he	
a Revenue includ	led on Form 990, Part VIII, line 1					▶\$		
b Assets included	l ın Form 990, Part X					▶\$		

For Paperwork Reduction	NAct Notice, see th	ne Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Sche	dule D) (Form 990) 2016													Page 2
Par	t III	Organizations M	aintaining Col	lections of	of Art, I	listori	cal Tr	eası	ures, or	· Othe	er Similar A	ssets (contin	ued)	
3		g the organızatıon's acq s (check all that apply)	uisition, accessioi	n, and other	r records	_	any of	the fo	llowing t	hat are	e a significant	use of it:	s colle	ction	
а		Public exhibition				d		Loan	or excha	ange p	rograms				
b		Scholarly research				e		Othe	r						
С		Preservation for future	e generations												
4	Provi Part	ide a description of the XIII	organızatıon's col	lections and	l explain	how the	ey furth	er the	e organız	ation's	exempt purp	ose in			
5		ng the year, dıd the org ts to be sold to raıse fur									sımılar	🗆 Ye	es	П и	0
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	-m 990	, Part	IV, lı	ine 9, oi	r repo	rted an amo	unt on I	Form	990,	Part
1a		e organization an agent ded on Form 990, Part :		an or other	Intermed	liary for	contril	oution	is or othe	er asse	ts not	□ Ye	es	⊻ n	0
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowina	table					Amount			_
c		nning balance								1c					_
d	-	tions during the year								1d					_
е		ributions during the year	r							1e					_
f	Endir	ng balance								1f					_
2a	Dıd t	the organization include	an amount on Fo	rm 990, Pa	rt X, lıne	21, for	escrow	or cu	istodial a	ccount	liability?	⊻ ¥e	es	□ n	- 0
b	If "Ye	es," explain the arrange	ement in Part XIII	Check her	e ıf the e	xplanatı	on has	been	provideo	d in Pa	rt XIII			\checkmark	
Pa	rt V	Endowment Fun	ds. Complete ıf	the organ	ization	answer	ed "Ye	es" oi	n Form	990, F	Part IV, line	10.			
	_			(a)Currer	nt year	(b)Pi	rior yeai	-	(c)Two y	ears bao	k (d)Three ye	ears back	(e)Fo	our year	s back
	-	ning of year balance .													
		butions													
		vestment earnings, gair													
		s or scholarships													
	and pr	expenditures for facilitie rograms													
f	Admın	nistrative expenses .													
g	End of	f year balance													
2 a		ide the estimated perce d designated or quasi-e	-	ent year end	d balance	(line 1 <u>c</u>	g, colur	mn (a)) held a	s					
b	Perm	nanent endowment 🕨													
- c		porarily restricted endow	wment 🕨												
č		percentages on lines 2a		ld equal 10	0%										
3a	Are t	there endowment funds	not in the posses	sion of the	organizat	tion that	are he	eld an	d admini	stered	for the		_		
	-	nization by												Yes	No
	•••	Inrelated organizations		•••		• •	•	• •	• •				a(i)		
Ь		related organizations . es" on 3a(11), are the re		· · · ·	· ·	 on Sche	 dula Pi	•	• •				a(ii) 3b		
4		ribe in Part XIII the inte	-						• •	• •		• ∟			
	rt VI			-											
		Complete if the or			on For	m 990,	Part I	IV, lir	ne 11a.	See F	orm 990, Pa	rt X, lin	e 10.		
	Descr	ription of property	(a) Cost or oth (investme		(b)Cost	or other	basıs (o	ther)	(c)Acci	umulate	d depreciation		(d) Boo	ok value	5
12	Land														
	Buildir														
		hold improvements													
		ment					1	8,581			16,379				2,202
		· · · ·	<u> </u>								_0,0,9				_,_02
-		· · ·			1				1			1			

Tota	I. Add lines	: 1a through 1	.e (C	olumn (d) must equal	Form 990, Part X,	column (B), line	10(c))

Schedule D (Form 990) 2016

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	Form 990) 2016			Page 3
Part VII	Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	ation answ	vered 'Yes' on Form 990, F	Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value	(c) Method o Cost or end-of-ye	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
			wared Weel on Form 000	Davt IV lung 11g
Part VIII	Investments—Program Related. Complete if the organi See Form 990, Part X, line 13.			
	(a) Description of investment (b) E	Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990 P-	ort IV, June 11d, See Form 990	Part V Jupa 15
	(a) Description	IIII 990, Fe	at iv, me iid see form 550	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Other Liabilities. Complete if the organization answered "		orm 990, Part IV, line 11e	or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) B	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)			

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2016			Page 4
Ра	t XI Reconciliation of Revenue per Audited Financia Complete if the organization answered 'Ye			
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1	
с	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1	
с	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XIII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Ye			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
с	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1	
с	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

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
See Additional Data Table	

Schedule D (Form 990) 2015

Page **5**

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version: EIN: 93-1045925 Name: CASCADE POLICY INSTITUTE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION HOLDS FUNDS ON BEHALF OF ANOTHER ORGANIZATION WHEN FUNDS ARE RECEIVED TH EY ARE RECORDED AS A LIABILITY ON THE ORGANIZATION'S BOOKS AND THE FUNDS ARE DEPOSITED IN THEIR CHECKING ACCOUNT THE CONTROLLING ORGANIZATION AUTHORIZES AND APPROVES DISBURSEMENTS AT WHICH TIME THE ORGANIZATION RELEASES THE FUNDS AND REDUCES THE LIABILITY ON THEIR BOOK S

	e GRAPHIC pr IEDULE M	int - DO NOT PI		As Filed Data -		DLN:	OMB No :		
	m 990)		N	Ioncash Contri	butions	-			
		►Complete if the ► Attach to Form	-	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	16)
	tment of the Treasurv al Revenue Service			le M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/form990	Open to Inspe	o Pub ection	
Nam	e of the organizat					Employer ident			
CASC	ADE POLICY INSTITU	JTE				93-1045925			
Pa	rtI Types	of Property				<u> </u>			
		<u> </u>	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) of determi ntribution a		:s
1	Art—Works of art	•			1g				
	Art—Historical tr								
	Art—Fractional in								
4	Books and public	ations							
5	Clothing and hou	isehold							
-	goods								
	Cars and other v								
7 8	Boats and planes Intellectual prope								
9	Securities—Public	•							
10		,	X	3	340,33	4 FAIR MARKET V	ALUE		
	Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misce	ellaneous							
13	Qualified conserv contribution—Hi structures	storic							
14	Qualified conserv contribution—Of	vation							
	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic								
21	Taxidermy	••							
	Historical artifact								
	Scientific specim								
24	Archeological art	afacts							
25	Other► (,							
26	Other ► (•							
27	Other ► (,							
28	Other ► (,				+			
29				tion during the tax year for 3, Part IV, Donee Acknowledg		29		V	
30a	2 ,	. 2		contribution any property r	•	_ .		Yes	No
	it must hold for	at least three years	from the da	ate of the initial contribution,	, and which is not required	to be used			l
	for exempt purp	oses for the entire	holding perio	od?			30a		No
b	If "Yes," describ	e the arrangement	ın Part II						
31	Does the organı	zation have a gift a	cceptance p	olicy that requires the review	v of any non-standard cont	ributions?	31		No
32a	Does the organı contributions?			or related organizations to so	olicit, process, or sell nonce	ash • • • •	32a		No
b	If "Yes," describ	e in Part II							
33	If the organizati describe in Part		n amount in	column (c) for a type of prop	perty for which column (a)	ıs checked,			

Schedule M (Form 990) (2016)



Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.







efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93493212010307			
SCHEDULE O (Form 990 or 990- EZ)	Complete to pro Form 990 c	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Internal Revenue Service L Name of the organization CASCADE POLICY INSTITUTE			Employer 93-104592	identification number			

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE 990 IS PROVIDED TO THE SECRETARY/TREASURER FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE VP/COO'S COMPENSATION IS DETERMINED BY THE CEO WHO WEIGHS PERFORMANCE, WHAT THE ORGANIZATION CAN AFFORD, AND INDUSTRY AVERAGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FORM 990 FILINGS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST