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(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Id	dentification						
Type or Print	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	Taxpayer identification number (TIN)		
	WENATCHEE RIVER INSTITUTE			20-5611326			
File by the due date for iling your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 2073						
nstructions.	City, town or post office, state, and ZIP code. For a for LEAVENWORTH, WA 98826	oreign addr	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applicati	ion Is For	Return Code	Application Is For			Return Code	
orm 990) or Form 990-EZ	01	Form 4720 (other than individual)			09	
orm 472	20 (individual)	03	Form 5227			10	
orm 990)-PF	04	Form 6069			11	
orm 990)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
orm 990)-T (trust other than above)	06	Form 5330 (individual)			13	
orm 990)-T (corporation)	07	Form 5330 (other than individual)			14	
orm 104	I1-A	08					
● If this a Plai Plai Plai	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name						
● If this a Plai Plai Plai art II - A u	Ipplication is for an extension of time to file Form 5330, y n Name	izations (s	 see instructions) TUTE				
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 If this a Plat Plat <	pplication is for an extension of time to file Form 5330, y n Name n Number in Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organization between the care of WENATCHEE RIVER I PO BOX 2073 - LEA none No. (877) 829-5500 organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (I. If it is for part of the group, check this box quest an automatic 6-month extension of time until	izations (s INSTIT VENWC in the Uni Group Exer and atta OVEMBE	EVTE DRTH, WA 98826 Fax No. ited States, check this box mption Number (GEN) I ch a list with the names and TINs of ER 15 , 20 24 , to file	f this is fo all membe	r the whole gr ers the extens	oup, check this sion is for.	
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

ΑF	or the	e 2023 calendar year, or tax year beginning and	ending					
B c a	heck if	C Name of organization		D Employer identifie	cation number			
	Addre:	WENATCHEE RIVER INSTITUTE						
	Name chang			20-56113	20-5611326			
	Initial return	•	Room/suite	E Telephone number	r			
		$P \cap BOX 2073$		(509) 54				
	termin ated			G Gross receipts \$	1,957,725.			
	Ameno	LEAVENWORTH, WA 98826		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: DAOKA REICHLIN		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>]	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio	n number			
		organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2006	A State of legal domicile: WA			
Pa	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: WENA	TCHEE	RIVER INSTI-	rute			
Governance		PROVIDES ENVIRONMENTAL LEARNING EXPERIENC	ES CO	NNECTING PEO	PLE,			
) Luŝ	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass				
٥ ٥					11			
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			11			
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			16			
Activities &		Total number of volunteers (estimate if necessary)			122			
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
e		Contributions and grants (Part VIII, line 1h)		785,508.	1,639,469.			
Revenue		Program service revenue (Part VIII, line 2g)		111,894.	165,293.			
Jev Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,806.	105,208.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,933.	47,755.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		987,141.	1,957,725.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		462,607.	554,685.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	–	0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 36,92		226 701	201 006			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,781.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		689,388.	856,581. 1,101,144.			
	19	Revenue less expenses. Subtract line 18 from line 12		297,753.				
ts ol				eginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,695,302.	<u>6,873,032</u> 29,408.			
let A	21	Total liabilities (Part X, line 26)		<u>18,596.</u> 5,676,706.	6,843,624.			
$\mathbf{P}_{\mathbf{P}}$	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		5,070,700.	0,040,024.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the heet of my	knowledge and helief it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	הווטשובטטב מווט שבוובו, וג וצ			
<u></u>	COLLEC	g and complete. Designation of propersi (other than officer) is based on an information of Wi	ποτιρισμαίσ	nas any knowledge.				

Sign	Signature of officer		Date				
Here	LAURA REICHLIN, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN			
Paid	JENNIFER FAULCONER, CPA	JENNIFER FAULCONER,	11/12/24 self-employed	P01703260			
Preparer	Firm's name CORDELL, NEHER &	COMPANY, P.L.L.C.	Firm's EIN 91-	0950793			
Use Only	Firm's address P.O. BOX 3068						
	WENATCHEE, WA 988	07-3068	Phone no. (509) 663-1661			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) WENATCHEE RIVER INSTITUTE	20-5611326	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: WENATCHEE RIVER INSTITUTE PROVIDES ENVIRONMENTAL L		S
	CONNECTING PEOPLE, COMMUNITIES AND THE NATURAL WOR	LD.	
2	Did the organization undertake any significant program services during the year which were not liste		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 736,061. including grants of \$) (Revenue \$ 165,	293.)
	TO FOSTER ENVIRONMENTAL STEWARDSHIP AND CONSERVATI		
	EDUCATIONAL ACTIVITIES FOR BOTH YOUTH AND ADULTS.	TO PROVIDE	
	HIGH-QUALITY ENVIONMENTAL EDUCATION THROUGH OWNERS	HIP AND OPERATION	OF
	THE BUILDINGS AND PROPERTY KNOWN AS BARN BEACH RES		
		BRING OUR UNIQUE	
	EDUCATIONAL PROGRAMS DIRECTLY TO THE SCHOOLS AND C		Ουτ
	THE GREATER AREA.		
			```
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     736,061.		

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⊢orm	990	(2023)

Form 990 (	2023)	WENATCHEE	RIVER	INSTITUTE
Part IV	Che	cklist of Required Schedu	ıles	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 72	<u> </u>
a		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X X
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		X
20a		20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990	(2023)
	330	

			Yes	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
54		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		- 23
D.		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		- 23
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           Tt V         Statements Regarding Other IRS Filings and Tax Compliance	30	17	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Schedule O contains a response of note to any line in this Part V		Vee	
4.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
c				

(gambling) winnings to prize winners?

1c

Form	990 (2023) WENATCHEE RIVER INSTITUTE 20-5611	326	Р	_{age} 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
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 2a 16						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.)	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
L	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand	14-		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15		15		x			
	excess parachute payment(s) during the year?	13					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form	990	(2023)	)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	11		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	-	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. <b>12a</b>	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	<b>12</b> b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	/es," de	escribe			
	on Schedule O how this was done			. <b>12c</b>		
13	Did the organization have a written whistleblower policy?			. 13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			. <b>15a</b>	X	<u> </u>
b	Other officers or key employees of the organization			. <b>15b</b>	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			. <u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
0	exempt status with respect to such arrangements?			.   16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			(2)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	I (section 501(c)	(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	t interest policy,	and finan	cial	
~~	statements available to the public during the tax year.	.1				
20	State the name, address, and telephone number of the person who possesses the organization's boo WENATCHEE RIVER INSTITUTE - (877) 829-5500	oks and	records			
	PO BOX 2073, LEAVENWORTH, WA 98826					
	TO DOM 20/5/ DEMONITI, MA 20020					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	<b>)</b> (
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CANUCHE TERRANELLA	30.00				-					
EXECUTIVE DIRECTOR		1		х				49,631.	Ο.	1,400.
(2) LAURA REICHLIN	1.00									
PRESIDENT		Х		х				0.	Ο.	0.
(3) ORIN MELVIN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) NIC POTTIER	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) REBECCA BENJAMIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JOHN TAYLOR	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TERRI BUTLER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LEXINE LONG	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RIC ESCOBEDO	1.00									
DIRECTOR		Х						0.	0.	0.
(10) VANIA WINTERS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MANDY MAXWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SARAH DOHERTY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAUL SOZIO	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
				l						

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Part	VII Section	on A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)		
		(A)	(B)				C)			(D)	(E)	(	(F)
		Name and title	Average	(1)			ition			Reportable	Reportable		mated
			hours per					than o is both		compensation	compensation	amo	ount of
			week					or/trus		from	from related		ther
			(list any	ctor						the	organizations		ensation
			hours for	r director				B		organization	(W-2/1099-MISC/	fror	n the
			related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgar	nization
			organizations	trus.	nal tri		oyee	um mo		1099-NEC)		and r	related
			below	Individual trustee or	Institutional trustee	er	em pl	loyee	ner			organi	izations
			line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former				
							<u> </u>	-				+	
				1									
							<u> </u>	<u> </u>				<b></b>	
				l									
												1	
								-				-	
										49,631.	0.	1	400
													,400.
		continuation sheets to Part VI								0.	0.		0.
		ines 1b and 1c)								49,631.	0.	<u> </u>	,400.
2 1	Fotal numbe	er of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		0
C	compensati	on from the organization											0
												Y	es No
<b>3</b> [	Did the orga	anization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on		
l	ine 1a? <i> f</i> "	Yes," complete Schedule J for s	uch individual									3	X
		vidual listed on line 1a, is the su											
		organizations greater than \$150									5	4	X
		son listed on line 1a receive or a									lual for services		
												5	x
		the organization? <i>If</i> "Yes," com pendent Contractors	plete Scheaule	e J To	or si	icn į	oers	on .					
										· · · · · · · · · · · · · · · · · · ·	100.000 - (		
	•	his table for your five highest co	•	•							· ·	ation from	1
t	he organiza	ation. Report compensation for t	the calendar ye	ear e	endir	ng w	rith c	or wi	thin		ear.		
		(A)				_				(B)		(C)	
		Name and business	address	NC	ONE	5				Description of s	ervices	Compens	ation
									-				
						• .							
		er of independent contractors (ir		ot lin	nitec	to to	_		ted	above) who received mo	bre than		
9	\$100,000 of	f compensation from the organiz	zation				0	J					

						liv	ER INSTI	TUTE		20-5611	326 Pa	age <b>9</b>
Pa	rt V		Statement of Re	ven	ue							
			Check if Schedule O	conta	ains a respo	onse	or note to any lin		(B)	(C)	(D)	
								(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excl	
									function revenue	business revenue	from tax un sections 512	
S G	1.	<u> </u>	Federated campaigns		1a						000110110 0 12	011
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues									
n G			Fundraising events									
ifts ar A			Related organizations									
s, G mila			Government grants (contr									
ion: Si	1		All other contributions, gifts,									
ibut the			similar amounts not included	l abov			639,469.					
d O	9	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	<u>\$1,</u>	250,000.					
ano	I	h	Total. Add lines 1a-1f	<u></u>				1,639,469.				
							Business Code					
ice	2 8											
ierv ue		b										
m S ven		с С										
Program Service Revenue		d e										
Pro	1	e f	All other program service	rever	ามค		611710	165,293.	165,293.			
			Total. Add lines 2a-2f					165,293.				
	3		Investment income (includ									
								63,605.			63,60	)5.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds					
	5		Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>								
					(i) Rea		(ii) Personal					
	6 8		Gross rents	6a	,							
			Less: rental expenses	6b		0.						
	(		Rental income or (loss)	6c				47,755.			47,75	55
			Net rental income or (loss Gross amount from sales of	·····	(i) Securit		(ii) Other				=/,/.	
		a	assets other than inventory	7a	44 60		(, 0					
		b	Less: cost or other basis		,							
е			and sales expenses	7b		0.						
venue	(	с	Gain or (loss)	7c	41,60	)3.						
Re	(	d	Net gain or (loss)					41,603.			41,60	<u>)3.</u>
Other	8 8		Gross income from fundraisi									
đ			including \$									
			contributions reported on		-							
			Part IV, line 18			8a 8b						
			Less: direct expenses									
			Gross income from gamin		•							
		u	Part IV, line 19	-		9a						
		b	Less: direct expenses									
			Net income or (loss) from									
			Gross sales of inventory, I	-	-							
			and allowances									
			Less: cost of goods sold									
	(	с	Net income or (loss) from	sales	s of invento	ry						
S							Business Code					
neor	11 :											
ven		b										
Miscellaneous Revenue		c d	All other revenue									
Σ			Total. Add lines 11a-11d									
	12		Total revenue. See instruction					1,957,725.	165,293.	0.	152,96	53.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 670		4 9 5 9	
	trustees, and key employees	4,673.	701.	1,869.	2,103
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	150 610	44.5.400		4.0 0
	persons described in section 4958(c)(3)(B)	452,619.	416,409.	22,631.	13,579
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				F 4 4 4
9	Other employee benefits	36,777.	22,434.	9,194.	<u>5,149</u> 8,487
10	Payroll taxes	60,616.	36,977.	15,152.	8,487
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15 050		4 5 4 5 4	
f	Investment management fees	15,958.		15,958.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	45 000	44 500		
13	Office expenses	45,206.	41,590.	2,260.	1,356
14	Information technology				
15	Royalties				
16	Occupancy	86,082.	77,474.	4,304.	4,304
17	Travel	1,071.	985.	54.	32
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,048.	81,043.	9,005.	
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	58,212.	53,555.	2,911.	1,746
b	INFORMATION TECHNOLOGY	5,319.	4,893.	266.	160
С					
d					
е	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	856,581.	736,061.	83,604.	36,916
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)				

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			468,555.	1	127,839.
	2	Savings and temporary cash investments			726.	2	5,726.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other				-	
	ieu	basis. Complete Part VI of Schedule D	10a	6,241,377.			
	h	Less: accumulated depreciation	10h	<u>6,241,377.</u> 1,192,239.	3,889,186.	10c	5,049,138.
	11	Investments - publicly traded securities	-		1,261,010.	11	1,614,504.
	12	Investments - other securities. See Part IV, line 1			_,	12	_,,
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			75,825.	15	75,825.
	16	Total assets. Add lines 1 through 15 (must equa			5,695,302.	16	6,873,032.
	17	Accounts payable and accrued expenses			18,596.	17	29,408.
	18	Grants payable and accrued expenses		10,000	18	25,1000	
	19	Deferred revenue				19	
	20					20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		Collected D		21	
	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated				23	
	2 <del>.</del> 25	Other liabilities (including federal income tax, pay					
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24).			25	
	26			·····	18,596.	25	29,408.
	20	Organizations that follow FASB ASC 958, che		X	10,000.	20	25,4000
ŝ		and complete lines 27, 28, 32, and 33.					
ů Ľ	27				4,442,133.	27	5,609,051.
ala	27 28				1,234,573.	28	1,234,573.
р	20	Organizations that do not follow FASB ASC 9		1,254,575.	20	1,254,5750	
5		-	bo, cried				
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
ets	29 20	Capital stock or trust principal, or current funds		t fund		29	
SSE	30 21	Paid-in or capital surplus, or land, building, or eq				30	
<	31	Retained earnings, endowment, accumulated inc Total net assets or fund balances			5,676,706.	31 32	6,843,624.
*	32						

## Part X Balance Sheet

Form 990	(2023)
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Form	1 990 (2023) WENATCHEE RIVER INSTITUTE	20-56	11326	Pag	_{ge} 12
Pa	rt XI Reconciliation 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	1,957	,72	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	856	, 58	<u>31.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,101	,14	44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,676	,70	06.
5	Net unrealized gains (losses) on investments	5	65	,7'	74.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,843	, 62	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

### Name of the organization

Nam	e of t	he organization							identification number
_	-			R INSTITUTE					0-5611326
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6	37	A federal, state, or local gov	-						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
40		university:		than 00 1/00/ of its sum	art from a	ontribution	o momborob	in face and	d areas ressints from
10		An organization that norma							
		activities related to its exer		-					-
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized a		vely to test for public sa	fotv Soo	section 50	9(a)(4)		
12		An organization organized a	-	•	•			rry out the	nurnoses of one or
			-	-	-			•	
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
		the supported organization	-	-	•	-			
		organization. You must o							
b		<b>Type II.</b> A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness					/eness			
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
f		r the number of supported o	• • • • • • • • • • • • • • • • • • • •						
g		ride the following information ) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroz	inization listed	(v) Amount of	monoton	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)
				above (see instructions))	Yes	No			
Tota									

Part II

### WENATCHEE RIVER INSTITUTE

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	317,428.	968,429.	1150547.	785,508.	1639469.	4861381.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	317,428.	968,429.	1150547.	785,508.	1639469.	4861381.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	6 Public support. Subtract line 5 from line 4. 4861381.							
Sec	Section B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total	
7	Amounts from line 4	317,428.	968,429.	1150547.	785,508.	1639469.	4861381.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	30,529.	35,980.	53,089.	93,346.	111,360.	324,304.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						5185685.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	498,092.	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	bhere						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>93.75 %</u>	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>93.72 %</u>	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain ii	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		
	Schedule A (Form 990) 2023							

Schedule A			WENATCHEE			
Part III	Support	Schedule	for Organizations	Describe	ed in Section 50	9(a)(2)

### WENATCHEE RIVER INSTITUTE

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

Se	ction A. Public Support		-	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0010	(1-) 0000	(=) 0001	(4) 0000	(-) 000	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	0 <b>23</b> (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2023. If the	organization did r				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2022.</b> If the						/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

#### WENATCHEE RIVER INSTITUTE

Yes

No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	990) 2023	WENATCHEE	RIVER	INSTITUTE
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1

2

1

Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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,

rait vi now 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
--	--------------------------------------------------

Schedule A (Form

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization use	d to satisfy the Integral Part	Test during the ye	ar (see instructions).
---	----------------------------------	-----------------------------	--------------------------------	--------------------	------------------------

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	ns).
	 5 11 5 7	Beechoo in you supported a governmental entity (eee methodie	· <u>· · · · · · · · · · · · · · · · · · </u>

- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes

No

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Type III Non-Funct				
(Form 990) 2023	WENATCHEE	RTVER	TNSTTTUT	Е

Part V grated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-			T	/

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

1

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

_	dule A (Form 990) 2023 WENATCHEE RIV				0-5611326 _{Pag}
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	1	1	10	
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
			1		
_	than zero, explain in Part VI. See instructions.				
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2023. Subtract lines 3h				

Page 7

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	WENATCHEE	RIVER	INSTITUTE	20-5611326 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	, 6, 9a, 9b, Section E,	9c, 11a, 11b, and 11c; Part IV, S	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, : V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.

Form 990)	
concretement of the Treasury	

Organization type (check one):

Department of the Treasur Internal Revenue Service

Schedule B

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

20-5611326

Filers of:	Section:	
Form 990 or 990-EZ X 501(c)( 3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	

WENATCHEE RIVER INSTITUTE

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

20-5611326

### WENATCHEE RIVER INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>70,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,250,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oronash Oronash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	BUILDING AND LAND				
3					
		\$1,250,000.	03/31/23		
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		\$			
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		\$			
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I					
		\$			
		÷			
(a)					
No.	(b)	(c) FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I		, ,			
		\$			
		Ψ			
(a)					
No.	(b)	(c) EMV( (or estimate)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I					
		¢			
		\$			

Schedule B (Form 990) (2023) Name of organization

WENATCHEE RIVER INSTITUTE

Schedule B (Form 990) (2023)

### Employer identification number

20-5611326

Schedule I	B (Form 990) (2023)		Page <b>4</b>			
Name of o	rganization		Employer identification number			
WENAT	CHEE RIVER INSTITUTE		20-5611326			
		<ul> <li>h) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less</li> </ul>	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
·	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

<b>(Fori</b> Depar	HEDULE D m 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10, A	Al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		OMB No. 1545-0047 <b>2023</b> Open to Public
	al Revenue Service		0 for instructions and the latest information.		Inspection
Nam	e of the organizati	WENATCHEE RIVER INS	<u>כתדתוותה</u>	Emplo	byer identification number 20-5611326
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac	count	
		on answered "Yes" on Form 990, Part IV, line			
		, ,		b) Funds	s and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fund	ls	
	are the organization	on's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purp	poses and not for the benefit of the donor or	r donor advisor, or for any other purpose conferr	ing	
_	impermissible priv				Yes No
Ра	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	· · · · ·		
		n of land for public use (for example, recreat		•	-
		of natural habitat	Preservation of a certi	fied histo	oric structure
•		n of open space	ta da anticipation de la companya d		
2	day of the tax yea		ied conservation contribution in the form of a co		Ield at the End of the Tax Year
•				2a	
a b				2a 2b	
c	•	vation easements on a certified historic stru	ucture included on line 2a	20 2c	
d		vation easements included on line 2c acqui			
		•		2d	
3			eased, extinguished, or terminated by the organi	zation du	uring the tax
	year				-
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of		
		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservation	n easem	ents during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements	during the year
ø			nation the requirements of eastion 170/b)/4//D//		
8	and section 170(h		satisfy the requirements of section 170(h)(4)(B)(i		Yes No
9	-		on easements in its revenue and expense statem	ent and	
5			ote to the organization's financial statements that		bes the
		counting for conservation easements.			
Pa			Art, Historical Treasures, or Other S	imilar	Assets.
	_	f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and bala	ance she	et works
			lic exhibition, education, or research in furtherar		
	service, provide in	Part XIII the text of the footnote to its finan	icial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958	8, to report in its revenue statement and balance	sheet w	orks of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of publi	c service,
	provide the follow	ing amounts relating to these items.			
	(i) Revenue inclu	ided on Form 990 Part VIII line 1		\$	

b	Assets included in Form 990, Part X	\$	
а	Revenue included on Form 990, Part VIII, line 1	\$	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	е	
	(ii) Assets included in Form 990, Part X	\$	<u>75,825.</u>
	(i) Revenue included on Form 990, Part VIII, line 1	\$	

Schedule D (Form 990) 2023

		EE RIVER IN						<u>11326</u>		age <b>2</b>			
Par	t III   Organizations Maintaining C	ollections of Art	;, Historical Tre	asures, or	Other	Simila	r Assets	continu	ued)				
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	make sig	gnificant ι	use of its						
	collection items (check all that apply).												
а	X Public exhibition	d	Loan or exc	hange prograr	n								
b	Scholarly research	е	Other										
с	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatior	ı's exem	npt purpo	se in Part	XIII.					
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other	similar a	assets				_			
	to be sold to raise funds rather than to be ma							Yes	X	No			
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		e if the organizatior	answered "Ye	es" on F	orm 990,	Part IV, li	ne 9, or					
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other ass	ets not i	included							
	on Form 990, Part X?		-					Yes		No			
b							······ <b></b>			,			
-	b If "Yes," explain the arrangement in Part XIII and complete the following table: Amoun												
с	Beginning balance					1c							
	Additions during the year												
	Distributions during the year												
	Ending balance					1f							
	Did the organization include an amount on Fo					ty?		Yes		No			
b	If "Yes," explain the arrangement in Part XIII.									]			
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV	/, line 10	).		-					
		(a) Current year	<b>(b)</b> Prior year	(c) Two years	back (	<b>(d)</b> Three y	/ears back	(e) Four	years	back			
1a	Beginning of year balance												
b	Contributions 2,907. 20,640. 723,733. 490,200												
с	c Net investment earnings, gains, and losses 195, 616215, 143. 95, 318. 55, 112												
d	Grants or scholarships	1,005.											
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses	15,958.	16,283.		,098.		2,095.						
g	End of year balance	1,204,645.	1,071,374.	1,323	,408.	5	42,212.						
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:									
а	Board designated or quasi-endowment		_%										
b	Permanent endowment100	%											
с	Term endowment	%											
	The percentages on lines 2a, 2b, and 2c sho												
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administere	d for the	Э							
	organization by:								Yes	No			
	(i) Unrelated organizations?							3a(i)	X				
	(ii) Related organizations?							3a(ii)		X			
b	If "Yes" on line 3a(ii), are the related organiza							3b					
4	Describe in Part XIII the intended uses of the		vment funds.										
Par			Devisitive data of	<b>E 200</b>									
	Complete if the organization answere												
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)	. ,	ccumulate preciation		<b>(d)</b> Book	value	;			
1a	Land		2,70	9,358.				2,709	, 35	58.			
	Buildings			3,735.	1,0	)51,38		2,322					
	Leasehold improvements												
	Equipment			5,594.		82,3			, 21				
	Other		6	2,690.		58,4			, 21				
	. Add lines 1a through 1e. (Column (d) must e		K. line 10c. column	(B))				5,049	,13	38.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WENATCHEE RI	VER INSTITUT	E 20	-5611326 Pag
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" of	In Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

(8) (9)

Sche	edule D (Form 990) 2023 WENATCHEE RIVER INSTITU	TE	20-5611326 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
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	<u>2</u> a	
b	Prior year adjustments	<u>2</u> b	
С	Other losses	<u>2</u> c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
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	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt 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.

LHA

332141 09-11-23

For Paperwork Reduction A	ct Notice,	see the	Instructions f	or Form

# Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Name of the organization

**Types of Property** 

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

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

WENATCHEE RIVER INSTITUTE

**Open to Public** Inspection Employer identification number

#### (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Х 1 1,250,000. FEE SIMPLE APPRAISAL Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other ( ) 26 Other ( ) 27 Other ( ) Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a If "Yes," describe in Part II. b If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

990.

Schedule M (Form 990) 2023



20-5611326

Schedule M	l (Form 990) 2023	WENATCHEE RIVER		20-5611326 Page
Part II	Supplemental is reporting in Part	<b>Information.</b> Provide the in I, column (b), the number of conditional information.	formation required by Part I, lines 30b htributions, the number of items receive	o, 32b, and 33, and whether the organization ved, or a combination of both. Also complete

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



WENATCHEE RIVER INSTITUTE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES AND THE NATURAL WORLD.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

IT IS THE INTENTION OF THE ORGANIZATION'S BOARD TO REVIEW THE FORM 990 AT A

REGULARLY SCHEDULED BOARD MEETING PRIOR TO FILING THE RETURN. THIS MAY NOT

ALWAYS BE FEASIBLE IN SOME INSTANCES DUE TO FILING DEADLINES. THE BOARD

REVIEWS AND APPROVES THE RETURN SUBSEQUENT TO FILING IT IN THESE INSTANCES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD

MEMBERS MUST COMPLETE. ALL BOARD MEMBERS AGREE TO NOTIFY THE BOARD SHOULD THEIR STATUS CHANGE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD MEMBERS SET THE SALARY FOR THE EXECUTIVE DIRECTOR ("ED") UPON

HIRE AND THEN REVIEW YEARLY.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
	BUILDING - IMPROVEMENTS														
3	241712676105	07/01/07	SL	39.00	MM	16:	.,374,872.				1,374,872.	405,410.		35,253.	440,663.
	BUILDING & IMPROVEMENTS														
11	241712676085	07/01/07	SL	39.00	MM	16:	.,208,850.				1,208,850.	480,438.		30,996.	511,434.
115	SITE PLANNING	06/01/09	SL	39.00	MM	16	5,180.				5,180.	1,806.		133.	1,939.
116	FLOOR RENOVATION	02/02/09	SL	39.00	MM	16	1,274.				1,274.	459.		33.	492.
117	EXHIBIT DESIGN	03/24/09	SL	39.00	MM	16	9,632.				9,632.	3,396.		247.	3,643.
121	SITE PLANNING-LANDSCAPING	05/15/10	SL	15.00		16	31,834.				31,834.	26,879.		2,122.	29,001.
126	LANDSCAPING	12/07/10	SL	15.00		16	24,049.				24,049.	19,370.		1,603.	20,973.
129	LANDSCAPING	05/18/12	SL	15.00		16	12,249.				12,249.	8,646.		817.	9,463.
132	RIVER HAUS PAINT	09/08/11	SL	15.00		16	11,913.				11,913.	8,999.		794.	9,793.
142	SIGNNAGE	11/17/14	SL	15.00		16	1,990.				1,990.	1,074.		133.	1,207.
146	2018 BUILDING IMPROVEMENTS	05/22/18	SL	39.00	MM	16	17,591.				17,591.	2,067.		451.	2,518.
147	PLUMBING REPAIRS	10/21/19	SL	15.00		16	11,232.				11,232.	2,372.		749.	3,121.
150	OUTDOOR CLASSROOM	11/14/22	GT.	39.00	MN	16	100,069.				100,069.	428.		2,566.	2,994.
130	* 990 PAGE 10 TOTAL	11/11/22	01	55.00	TH:	10	100,005.				100,005.	420,		2,500.	2,554.
	BUILDINGS					:	2,810,735.				2,810,735.	961,344.		75,897.	L,037,241.
	FURNITURE & FIXTURES														
	BEDROOM SET, ART NOUVEAU														
25	STYLE	07/01/07	SL	7.00		16	5,000.				5,000.	5,000.		0.	5,000.
26	BEDROOM SET, HANDMADE PINE	07/01/07	SL	7.00		16	3,000.				3,000.	3,000.		0.	3,000.

328111 04-01-23

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FOLDING CHAIR - LIFETIME														
	(50)	07/01/07	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
	ARMCHAIRS, ANTIQUE-STYLE, STUFFED (2)	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
32	CHAIRS, QUEEN ANNE STYLE, DINING (4)	07/01/07	SL	7.00		16	800.				800.	800.		0.	800.
34	CHAINSAW (STIHL)	07/01/07	SL	5.00		16	195.				195.	195.		0.	195.
40	LAMPS	07/01/07	SL	7.00		16	600.				600.	600.		0.	600.
44	OFFICE EQUIPMENT (MISC)	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
46	CHAIRS, WINGBACKED, STUFFED (2)	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
47	OUTDOOR FURNITURE	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
48	ARMCHAIRS, ANTIQUE-STYLE	07/01/07	SL	7.00		16	600.				600.	600.		0.	600.
51	DESKS (3)	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
52	FILING CABINETS (4)	07/01/07	SL	7.00		16	400.				400.	400.		0.	400.
54	NIGHTSTANDS	07/01/07	SL	7.00		16	100.				100.	100.		0.	100.
58	SERVIN CART W/ IN-LAID TOP	07/01/07	SL	7.00		16	200.				200.	200.		0.	200.
59	SHELVING (WHALEN)	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
	STORAGE BINS	07/01/07	SL	7.00		16	500.				500.	497.		0.	497.
	DINING SET, GLASS TOP, 4 CHAIRS	07/01/07	SL	7.00		16	200.				200.	200.		0.	200.
	FOLDING TABLE (15)	07/01/07	SL	7.00		16	750.				750.	750.		0.	750.
	BIRD FEST FLAG POLES, SUPPLIES	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FC

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	WOOD TABLES (MISC)	07/01/07	SL	7.00		16	800.				800.	800.		0.	800.
84	DESK (ANTIQUE)	07/01/07	SL	7.00		16	300.				300.	300.		0.	300.
85	OFFICE SHELVING	07/01/07	SL	7.00		16	250.				250.	250.		0.	250.
88	FILE CABINET	07/01/07	SL	7.00		16	100.				100.	100.		0.	100.
89	OAK SHELVING	07/01/07	SL	7.00		16	600.				600.	600.		0.	600.
91	KITCHENWARE	07/01/07	SL	5.00		16	350.				350.	350.		0.	350.
92	WEATHER INSTRUMENTS, CLOCKS	07/01/07	SL	5.00		16	400.				400.	400.		0.	400.
103	SHELVING (BASEMENT)	07/01/07	SL	7.00		16	300.				300.	300.		0.	300.
106	WASTE CONTAINERS STACKING CHAIRS (120), CARTS	07/01/07	SL	7.00		16	250.				250.	250.		0.	250.
108		07/01/07	SL	7.00		16	10,000.				10,000.	10,000.		0.	10,000.
114	CHAIRS - DOLLYS	07/01/07	SL	7.00		16	9,805.				9,805.	9,805.		0.	9,805.
119	BARN SHADES	08/11/08	SL	7.00		16	783.				783.	783.		0.	783.
130	SIGNAGE	05/28/12	SL	7.00		16	1,702.				1,702.	1,702.		0.	1,702.
136	SIGNAGE	01/07/13	SL	7.00		16	12,746.				12,746.	12,746.		0.	12,746.
139	SIGNAGE * 990 PAGE 10 TOTAL	12/02/13	SL	7.00		16	1,215.				1,215.	1,215.		0.	1,215.
	FURNITURE & FIXTURES						56,446.				56,446.	56,425.		0.	56,425.
	MACHINERY & EQUIPMENT														
14	DELL DESKTOP COMPUTER	07/01/07	SL	5.00		16	200.				200.	200.		0.	200.

328111 04-01-23

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### FO

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	SONY VAIO FS NOTEBOOK LAPTOP														
15	COMPUTER	07/01/07	SL	5.00		16	1,225.				1,225.	1,225.		0.	1,225.
16	DELL LATITUDE D610 NOTEBOOK COMPUTER	07/01/07	SL	5.00		16	1,124.				1,124.	1,124.		0.	1,124.
17	DELL DHS DESKTOP COMPUTER	07/01/07	SL	5.00		16	200.				200.	200.		0.	200.
18	AT&T SMALL BUSINESS TELELPHONES (3)	07/01/07	SL	5.00		16	600.				600.	600.		0.	600.
19	HP DESKJET 5740 PRINTER	07/01/07	SL	5.00		16	80.				80.	80.		٥.	80.
20	HP OFFICEJET 6110XI PRINTER	07/01/07	SL	5.00		16	250.				250.	250.		0.	250.
21	DELL PRINTER	07/01/07	SL	5.00		16	80.				80.	80.		0.	80.
	MICROSOFT OFFICE														
22	PROFESSIONAL	07/01/07	SL	3.00		16	310.				310.	310.		0.	310.
23	ADOBE CREATIVE SUITE	07/01/07	SL	3.00		16	160.				160.	160.		0.	160.
36	CLOTHES WASHER (IPSO COMMERCIAL)	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
38	DISHWASHER	07/01/07	SL	5.00		16	350.				350.	350.		0.	350.
42	LEAF BLOWER	07/01/07	SL	5.00		16	100.				100.	100.		0.	100.
49	CHAIR HAULER	07/01/07	SL	5.00		16	120.				120.	120.		0.	120.
50	CLOTHES DRYER (MAYTAG)	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
53	LAWN TOOLS (MISC)	07/01/07	SL	5.00		16	200.				200.	200.		0.	200.
55	DOUBLE OVEN (GAGGENAU)	07/01/07	SL	5.00		16	4,539.				4,539.	4,539.		0.	4,539.
56	PROJECTIONS SCREENS	07/01/07	SL	5.00		16	100.				100.	100.		0.	100.
57	REFRIGERATOR/FREEZER (SUB ZERO)	07/01/07	SL	5.00		16	7,000.				7,000.	7,000.		0.	7,000.

328111 04-01-23

(D) - Asset disposed

#### FO

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60	SPOTTING SCOPES & TRIPODS	07/01/07	at	F 00		1.0	600				600	600		0	600
60	(BIRD FEST) (2)	07/01/07	SL	5.00		16	600.				600.	600.		0.	600.
61	STEREO EQUIPMENT (MISC)	07/01/07	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
65	TELESCOPE	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
66	TELEVISION, FLAT SCREEN (GATEWAY)	07/01/07	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
69	BINOCULARS (20)	07/01/07	SL	5.00		16	400.				400.	400.		٥.	400.
70	FIELD GUIDES (25)	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
71	PHOTO PRINTER KIT	07/01/07	SL	5.00		16	150.				150.	150.		0.	150.
72	DIGITAL CAMERAS	07/01/07	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
73	MULTI-MEDIA CAMERA	07/01/07	SL	5.00		16	900.				900.	900.		0.	900.
74	RUBBER BOOTS	07/01/07	SL	5.00		16	375.				375.	375.		0.	375.
75	WATER TESTING KITS	07/01/07	SL	5.00		16	700.				700.	700.		0.	700.
76	TARPS	07/01/07	SL	5.00		16	100.				100.	100.		0.	100.
77	ELECTRONIC BALANCES	07/01/07	SL	5.00		16	700.				700.	700.		0.	700.
78	HAND MAGNIFIERS	07/01/07	SL	5.00		16	250.				250.	250.		0.	250.
79	CLIP BOARDS	07/01/07	SL	5.00		16	100.				100.	100.		0.	100.
80	SPOTTING SCOPES & TRIPODS	07/01/07	SL	5.00		16	900.				900.	900.		0.	900.
81	TWO-WAY RADIO	07/01/07	SL	5.00		16	150.				150.	150.		0.	150.
82	STEREO-MICROSCOPES	07/01/07	SL	5.00		16	750.				750.	750.		0.	750.

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(D) - Asset disposed

#### FO

FORM 9	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
83	REFRIGERATOR	07/01/07	SL	5.00		16	300.				300.	300.		0.	300.
86	MICROSCOPES	07/01/07	SL	5.00		16	700.				700.	700.		0.	700.
87	GPS UNITS	07/01/07	SL	5.00		16	600.				600.	600.		0.	600.
90	HP ALL-IN-ONE PRINTER	07/01/07	SL	5.00		16	200.				200.	200.		0.	200.
93	LAB GLASSWARE, PLASTICWARE	07/01/07	SL	5.00		16	400.				400.	400.		0.	400.
94	SNOWSHOES	07/01/07	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
95	SOCKS	07/01/07	SL	5.00		16	300.				300.	300.		0.	300.
96	POP-UP CANOPIES	07/01/07	SL	7.00		16	400.				400.	400.		0.	400.
97	ARTHROPOD NET AND JARS	07/01/07	SL	5.00		16	300.				300.	300.		٥.	300.
98	LAB EQUIPMENT (MISC)	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
99	DVD/VCR PLAYER	07/01/07	SL	5.00		16	200.				200.	200.		٥.	200.
100	DIGITAL PROJECTOR	07/01/07	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
101	AQUARIA EQUIPMENT	07/01/07	SL	5.00		16	500.				500.	500.		٥.	500.
102	GARDEN WAGON	07/01/07	SL	5.00		16	100.				100.	100.		0.	100.
104	OVERHEAD PROJECTORS	07/01/07	SL	5.00		16	400.				400.	400.		0.	400.
105	PROJECTIONS SCREENS (7X9)	07/01/07	SL	5.00		16	900.				900.	900.		0.	900.
107	ELECTRONIC BLINDS (2 SETS)	07/01/07	SL	5.00		16	800.				800.	800.		0.	800.
109	CLEANING EQUIPMENT	07/01/07	SL	5.00		16	200.				200.	200.		0.	200.

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(D) - Asset disposed

#### FC

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	ELECTRONIC CABINETS (CUSTOM)	07/01/07	SL	5.00		16	750.				750.	750.		٥.	750.
111	CURRICULUM MATERIALS	07/01/07	SL	5.00		16	500.				500.	500.		0.	500.
112	OFFICE EQUIPMENT (MISC)	07/01/07	SL	7.00		16	200.				200.	200.		0.	200.
113	DISHWASHER	07/01/07	SL	5.00		16	350.				350.	350.		0.	350.
118	TRACTOR	10/27/08	SL	7.00		16	11,335.				11,335.	11,335.		٥.	11,335.
120	COMPUTER	05/18/09	SL	5.00		16	960.				960.	960.		0.	960.
122	COMPUTER	11/16/09	SL	5.00		16	1,039.				1,039.	1,039.		0.	1,039.
123	BINOCULARS	09/27/10	SL	5.00		16	960.				960.	960.		0.	960.
124	INCUBATOR	09/27/10	SL	5.00		16	551.				551.	551.		٥.	551.
125	MICROSCOPES	03/01/11	SL	5.00		16	832.				832.	832.		٥.	832.
133	STEREOSCOPES	10/25/11	SL	5.00		16	507.				507.	507.		٥.	507.
134	PORTABLE PA SYSTEM	06/30/12	SL	5.00		16	162.				162.	162.		0.	162.
135	ZOOM STEREOSCOPES	06/30/12	SL	5.00		16	550.				550.	550.		٥.	550.
137	BARN SPEAKERS09	09/17/13	SL	5.00		16	305.				305.	305.		0.	305.
138	LENOVO COMPUTER	03/31/14	SL	5.00		16	1,490.				1,490.	1,490.		٥.	1,490.
140	(2) LENOVO COMPUTERS	01/27/14	SL	5.00		16	619.				619.	619.		0.	619.
141	IPAD	03/06/15	SL	5.00		16	950.				950.	950.		٥.	950.
143	LENOVO LAPTOP (INTERN)	09/30/14	SL	5.00		16	541.				541.	541.		0.	541.

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(D) - Asset disposed

FORM 9	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
144	AMANA REFRIGERATOR * 990 PAGE 10 TOTAL	09/05/14	SL	5.00		16	1,094.				1,094.	1,094.		0.	1,094.
	MACHINERY & EQUIPMENT						64,508.				64,508.	64,508.		0.	64,508.
	TRANSPORTATION EQUIPMENT														
145	2016 FORD TRANSIT VAN	11/30/16	SL	5.00		21	31,086.				31,086.	17,868.		2,075.	19,943.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						31,086.				31,086.	17,868.		2,075.	19,943.
	LAND														
4	LAND 241712676105	07/01/07	L	39.00	MM	1	473,106.				473,106.			0.	
5	LAND 241712676155	07/01/07	L				90,000.				90,000.			0.	
6	LAND 241712676160	07/01/07	L				125,000.				125,000.			0.	
7	LAND 241712662510	07/01/07	L				47,920.				47,920.			0.	
8	LAND 241712120150	07/01/07	L	39.00	MM		727,452.				727,452.			٥.	
9	LAND 241712676080	07/01/07	L				279,440.				279,440.			0.	
10	LAND 241712676085	07/01/07	L				279,440.				279,440.			0.	
	* 990 PAGE 10 TOTAL LAND						2,022,358.				2,022,358.	0.		0.	0.
	OTHER														
148	SONY Z50 PROJECTOR	06/19/21	SL	5.00		16	2,794.				2,794.	838.		559.	1,397.
149	LENOVO THINKPAD	04/12/21	SL	5.00		16	3,450.				3,450.	1,208.		690.	1,898.
151	DONATED BUILDING ELY HOUSE	03/31/23	SL	39.00		16	563,000.				563,000.			10,827.	10,827.

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## FORM 990 PAGE 10

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o l v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
152	DONATED LAND ELY HOUSE	03/31/23	L				687,000.				687,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						,256,244.				1,256,244.	2,046.		12,076.	14,122.
	PROGRAM SERVICES														
1	WATERSHED ARTWORK	07/01/07		.000	HY	L6	75,000.				75,000.			0.	
24	MISC FRAMED ART	07/01/07		.000	нү	L6	500.				500.			0.	
	MISC FRAMED ART (INKIND JEFF PARSONS)	04/02/12		.000	HY1	L6	325.				325.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						75,825.				75,825.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6	5,317,202.				6,317,202.1				1,192,239.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE					5	5,067,202.			0.	5,067,202.1	,102,191.		:	L,181,412.
	ACQUISITIONS						,250,000.			0.	1,250,000.	0.			10,827.
	DISPOSITIONS/RETIRED						0.			0.	0.	٥.			Ο.
	ENDING BALANCE					6	5,317,202.			٥.	6,317,202.1	,102,191.			L,192,239.
	ENDING ACCUM DEPR										1	,192,239.			
	ENDING BOOK VALUE										Į	,124,963.			

Form <b>4562</b>			iation and A					OMB No. 1545-0172
		(morading	Attach to your tax		operty	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2023
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	rm4562 for instruct		latest in	formation.		Attachment Sequence No. 179
Name(s) shown on return						n this form relates	i	Identifying number
WENATCHEE RIV	VER INSTIT	UTE		FORM 9	90 PA	GE 10		20-5611326
Part I Election To Exp	ense Certain Propert	y Under Section 17	79 Note: If you have a	any listed pr	operty, co	omplete Part	V before y	ou complete Part I.
1 Maximum amount (s	ee instructions)						. 1	1,160,000.
2 Total cost of section	179 property place	d in service (see	instructions)				2	
3 Threshold cost of se	ction 179 property b	pefore reduction	in limitation				3	2,890,000.
4 Reduction in limitation	on. Subtract line 3 fr	om line 2. If zero	or less, enter -0				4	
5 Dollar limitation for tax year.	Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separatel	y, see instructior	is		5	
6	(a) Description of prop	perty	(b) Cos	t (business use o	only)	(c) Elected of	cost	
7 Listed property. Ente	er the amount from I	ine 29			7			
8 Total elected cost of								
9 Tentative deduction.	Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallow	ved deduction from	line 13 of your 20	022 Form 4562				10	
11 Business income lim			•	,				
12 Section 179 expense	e deduction. Add lin	es 9 and 10, but	don't enter more tha	n line 11	<u></u>	<u></u>	12	
13 Carryover of disallow					13			
Note: Don't use Part II o								
	-		epreciation (Don't i			-		
14 Special depreciation	allowance for quality	fied property (oth	er than listed proper	ty) placed in	service d	uring		
•								
15 Property subject to s		tion					15	
16 Other depreciation (i							16	87,973.
Part III MACRS De	epreciation (Don't	nclude listed pro	perty. See instruction	ns.)				
			Section A					
17 MACRS deductions	•		5 5				17	
18 If you are electing to group a								
3	ection B - Assets I	(b) Month and	e During 2023 Tax ) (c) Basis for depreciat	ian		al Deprecia	tion Syste	m
(a) Classification	of property	year placed in service	(business/investment i only - see instruction	use (u)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property								
<b>b</b> 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs.		S/L	
h Residential renta	l property	/			.5 yrs.	MM	S/L	
		/		27	.5 yrs.	MM	S/L	
i Nonresidential re	al property	/		3	9 yrs.	MM	S/L	
		/				MM	S/L	
	ction C - Assets Pl	aced in Service	During 2023 Tax Ye	ear Using the	e Alterna	tive Depreci		em
20a Class life					-		S/L	
b 12-year					2 yrs.	· · · ·	S/L	
c 30-year		/			D yrs.	MM	S/L	
d 40-year	<b>~</b> • • • •	/		4	0 yrs.	MM	S/L	
	See instructions.)							
21 Listed property. Ente							21	2,075.
22 Total. Add amounts		-						
Enter here and on th		•	-	-	ee instr.		22	90,048.
23 For assets shown ab	-	-	e current year, enter t	he				
portion of the basis a	attributable to section	DI 203A COStS			23			

Form 4562 (2023) WENATCHE	E RIVE	R INS	TIT	UTE					20-	5611	326	Page 2
Part V Listed Property (Include automobiles		ner vehicle	es, cert	ain aircra	aft, an	d property	used f	or				<u> </u>
entertainment, recreation, or amusem <b>Note:</b> For any vehicle for which you a	,	standard	mileac	na rata ai	dodu	cting leas		nee comp	lata ar	$h_{2/2}$		
24b, columns (a) through (c) of Section							e expei	ise, comp		<b>IIY</b> 24a,		
Section A - Depreciation and Oth	ner Informa	tion (Cau	tion: S	See the ii	nstruc	tions for li	mits fo	passeng	er autor	nobiles. <b>)</b>		
24a Do you have evidence to support the business/invest	stment use cla	aimed?	ΧY	es 🗌	No	24b If "Y	'es," is	the evider	nce writ	ten? 🛛	Yes	No
(a) (b) (c)		(d)		(e)		(f)		(g)		(h)		(i)
Type of property Date Busin (list vehicles first) placed in investr	nent	Cost or		sis for depre siness/inve		Recovery		lethod/ nvention		eciation	Elec sectio	
(list venicles list) service use perce	entage ⁰	ther basis		use only	)	period			ueu	uction	CO	
25 Special depreciation allowance for qualified list	ted property	placed in	servic	e during	the ta	x year and	b					
used more than 50% in a qualified business us								25				
26 Property used more than 50% in a qualified bu												
2016 FORD TRAN 113016100.0	0 % 3	1,086		<u>31,0</u>	86.	5.00	SL	-HY	2,	075.		
	%											
	%											
27 Property used 50% or less in a qualified busine	ess use:								•			
	%						S/L ·					
	%						S/L ·					
	%						S/L -					
28 Add amounts in column (h), lines 25 through 2										075.		
29 Add amounts in column (i), line 26. Enter here a	and on line	7, page 1		<u></u>				<u></u>	<u></u>	29		
	Section	B - Inforn	nation	on Use	of Veh	nicles						
Complete this section for vehicles used by a sole p	1 71	,				,		•	· ·		rehicles	
to your employees, first answer the questions in Se	ection C to s	see if you	meet a	n except	ion to	completir	ng this s	section fo	r those	vehicles.		
							1					
	(	a)	(	b)		(c)		(d)	(	e)	(f	)
<b>30</b> Total business/investment miles driven during the		icle 1	Veh	icle 2	Ve	ehicle 3	Ve	hicle 4	Veh	icle 5	Vehic	cle 6
year ( <b>don't</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles												
driven												
<b>33</b> Total miles driven during the year.												
Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?	X											
<b>35</b> Was the vehicle used primarily by a more												
than 5% owner or related person?		X										
<b>36</b> Is another vehicle available for personal		x										
use?							<b>.</b>					
Section C - Questio		-										
Answer these questions to determine if you meet a	in exception	to compi	eting S	Section B	for ve	enicies use	ea by e	mpioyees	who a	renít		
more than 5% owners or related persons.	t probibito o			fuchiolo		udina oom					Vee	No
37 Do you maintain a written policy statement tha	-	-				-					Yes	No
employees? 38 Do you maintain a written policy statement tha												
	-											
employees? See the instructions for vehicles u	• •	•										
<b>39</b> Do you treat all use of vehicles by employees a	•											
<b>40</b> Do you provide more than five vehicles to your the use of the vehicles, and retain the informat												
<ul><li>the use of the vehicles, and retain the informat</li><li>41 Do you meet the requirements concerning qua</li></ul>												
Note: If your answer to 37, 38, 39, 40, or 41 is Part VI Amortization	165, UUII	t complet	e Secu									
(a)	(b)		(c)			(d)		(e)			(f)	
Description of costs	Date amortization		Amortizat amount			Code		Amortiza			nortization r this year	
	honino									10		
42 Amortization of costs that begins during your 2	begins 2023 tax vea	<u> </u>	amouni			section		period or per	oonago			
<b>42</b> Amortization of costs that begins during your 2	2023 tax yea	 ar: 	amouni			Section						
42 Amortization of costs that begins during your 2	2023 tax yea	 ar: 	amouni			section						
<ul> <li>42 Amortization of costs that begins during your 2</li> <li>43 Amortization of costs that began before your 2</li> </ul>	2023 tax yea							· · ·	43			

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## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
3	BUILDING -IMPROVEMENTS 24171 BUILDING &	0701	L07	SL	39.00	16	1374872.			1374872.	405,410.		35,253.
	IMPROVEMENTS 241712	0701	107	SL	39.00	16	1208850.			1208850.	480,438.		30,996.
115	SITE PLANNING	0601	109	SL	39.00	16	5,180.			5,180.	1,806.		133.
116	FLOOR RENOVATION	0202	209	SL	39.00	16	1,274.			1,274.	459.		33.
		0324	109	SL	39.00	16	9,632.			9,632.	3,396.		247.
	SITE PLANNING-LANDSCAPIN	0515	510	SL	15.00	16	31,834.			31,834.	26,879.		2,122.
126	LANDSCAPING	1207	710	SL	15.00	16	24,049.			24,049.	19,370.		1,603.
129	LANDSCAPING	0518	312	SL	15.00	16	12,249.			12,249.	8,646.		817.
132	RIVER HAUS PAINT	0908	311	SL	15.00	16	11,913.			11,913.	8,999.		794.
		1117	714	SL	15.00	16	1,990.			1,990.	1,074.		133.
	2018 BUILDING IMPROVEMENTS	0522	218	SL	39.00	16	17,591.			17,591.	2,067.		451.
147	PLUMBING REPAIRS	1021	19	SL	15.00	16	11,232.			11,232.	2,372.		749.
150		1114	122	SL	39.00	16	100,069.			100,069.	428.		2,566.
	* 990 PAGE 10 TOTAL BUILDINGS						2810735.		0.	2810735.	961,344.		75,897.
	FURNITURE & FIXTURES												
	BEDROOM SET, ART NOUVEAU STYLE	0701	L07	$\mathtt{SL}$	7.00	16	5,000.			5,000.	5,000.		0.
	BEDROOM SET, HANDMADE PINE	0701	L07	SL	7.00	16	3,000.			3,000.			0.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
28		070:	107	SL	7.00	16	1,000.			1,000.	1,000.		0.
30	ARMCHAIRS, ANTIQUE-STYLE, STUF	070:	107	SL	7.00	16	500.			500.	497.		0.
	CHAIRS, QUEEN ANNE STYLE, DINING (4)	070:	107	SL	7.00	16	800.			800.	800.		0.
34	CHAINSAW (STIHL)	070:	107	SL	5.00	16	195.			195.	195.		0.
-	LAMPS OFFICE EQUIPMENT	070:	107	SL	7.00	16	600.			600.	600.		0.
44		070:	107	SL	7.00	16	500.			500.	497.		0.
		070:	107	SL	7.00	16	500.			500.	497.		0.
	OUTDOOR FURNITURE ARMCHAIRS,	070:	107	SL	7.00	16	500.			500.	497.		0.
	-	070:	107	SL	7.00	16	600.			600.	600.		0.
51	DESKS (3)	070:	107	SL	7.00	16	500.			500.	497.		0.
52	FILING CABINETS (4)	070:	107	SL	7.00	16	400.			400.	400.		0.
	NIGHTSTANDS SERVIN CART W/	070:	107	SL	7.00	16	100.			100.	100.		0.
		070:	107	SL	7.00	16	200.			200.	200.		0.
59	SHELVING (WHALEN)	070:	107	SL	7.00	16	500.			500.	497.		0.
	STORAGE BINS DINING SET, GLASS	070:	107	SL	7.00	16	500.			500.	497.		0.
		070:	107	SL	7.00	16	200.			200.	200.		0.
	FOLDING TABLE (15) BIRD FEST FLAG	070:	107	SL	7.00	16	750.			750.	750.		0.
		070:	107	SL	5.00	16	500.			500.	500.		0.

328102 04-01-23

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	WOOD TABLES (MISC)	0701	.07	SL	7.00	16	800.			800.	800.		0.
84	DESK (ANTIQUE)	0701	.07	SL	7.00	16	300.			300.	300.		0.
85	OFFICE SHELVING	0701	.07	SL	7.00	16	250.			250.	250.		0.
88	FILE CABINET	0701	07	SL	7.00	16	100.			100.	100.		0.
89	OAK SHELVING	0701	.07	SL	7.00	16	600.			600.	600.		0.
		0701	.07	SL	5.00	16	350.			350.	350.		0.
	WEATHER INSTRUMENTS, CLOCKS	0701	07	SL	5.00	16	400.			400.	400.		0.
103	SHELVING (BASEMENT)	0701	.07	SL	7.00	16	300.			300.	300.		0.
		0701	07	SL	7.00	16	250.			250.	250.		0.
	STACKING CHAIRS (120), CARTS (4)	0701	.07	SL	7.00	16	10,000.			10,000.	10,000.		0.
114	CHAIRS - DOLLYS	0701	.07	SL	7.00	16	9,805.			9,805.	9,805.		0.
119	BARN SHADES	0811	.08	SL	7.00	16	783.			783.	783.		0.
130	SIGNAGE	0528	12	SL	7.00	16	1,702.			1,702.	1,702.		0.
136	SIGNAGE	0107	13	SL	7.00	16	12,746.			12,746.	12,746.		0.
139		1202	13	SL	7.00	16	1,215.			1,215.	1,215.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE						56,446.		0.	56,446.	56,425.		0.
	MACHINERY & EQUIPMENT												
	DELL DESKTOP COMPUTER	0701	07	SL	5.00	16	200.			200.	200.		0.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description		)ate quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	SONY VAIO FS NOTEBOOK LAPTOP COM	070	010	7SL	5.00	16	1,225.			1,225.	1,225.		0.
16		070	010	7SL	5.00	16	1,124.			1,124.	1,124.		0.
17	DELL DHS DESKTOP COMPUTER AT&T SMALL BUSINESS	070	010	7SL	5.00	16	200.			200.	200.		0.
18		070	010	7SL	5.00	16	600.			600.	600.		0.
19		070	010	7SL	5.00	16	80.			80.	80.		0.
		070	010	7SL	5.00	16	250.			250.	250.		0.
		070	010	7SL	5.00	16	80.			80.	80.		0.
22		070	010	7SL	3.00	16	310.			310.	310.		0.
23		070	010	7SL	3.00	16	160.			160.	160.		0.
	CLOTHES WASHER (IPSO COMMERCIAL)	070	010	7SL	5.00	16	500.			500.	500.		0.
38	DISHWASHER	070	010	7SL	5.00	16	350.			350.	350.		0.
42	LEAF BLOWER	070	010	7SL	5.00	16	100.			100.	100.		0.
_		070	010	7SL	5.00	16	120.			120.	120.		0.
	CLOTHES DRYER (MAYTAG)	070	010	7SL	5.00	16	500.			500.	500.		0.
		070	010	7SL	5.00	16	200.			200.	200.		0.
	DOUBLE OVEN (GAGGENAU)	070	010	7SL	5.00	16	4,539.			4,539.	4,539.		0.
	PROJECTIONS SCREENS		010	7SL	5.00	16	100.			100.	100.		0.
	REFRIGERATOR/FREEZE R (SUB ZERO)		010	7SL	5.00	16	7,000.			7,000.	7,000.		0.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	SPOTTING SCOPES & TRIPODS (BIRD FEST)	070	107	SL	5.00	16	600.			600.	600.		0.
	STEREO EQUIPMENT (MISC)	070:	107	SL	5.00	16	2,000.			2,000.	2,000.		0.
		070	107	SL	5.00	16	500.			500.	500.		0.
	TELEVISION, FLAT SCREEN (GATEWAY)	070:	107	SL	5.00	16	2,000.			2,000.	2,000.		0.
69	BINOCULARS (20)	070	107	SL	5.00	16	400.			400.	400.		0.
70	FIELD GUIDES (25)	070:	107	SL	5.00	16	500.			500.	500.		0.
71	PHOTO PRINTER KIT	070	107	SL	5.00	16	150.			150.	150.		0.
72	DIGITAL CAMERAS	070:	107	SL	5.00	16	1,500.			1,500.	1,500.		0.
73	MULTI-MEDIA CAMERA	070	107	SL	5.00	16	900.			900.	900.		0.
74	RUBBER BOOTS	<b>07</b> 0:	107	SL	5.00	16	375.			375.	375.		0.
75	WATER TESTING KITS	070	107	SL	5.00	16	700.			700.	700.		0.
76	TARPS	070	107	SL	5.00	16	100.			100.	100.		0.
77	ELECTRONIC BALANCES	070	107	SL	5.00	16	700.			700.	700.		0.
78	HAND MAGNIFIERS	070	107	SL	5.00	16	250.			250.	250.		0.
		070	107	SL	5.00	16	100.			100.	100.		0.
	SPOTTING SCOPES & TRIPODS	070	107	SL	5.00	16	900.			900.	900.		0.
81	TWO-WAY RADIO	070	107	SL	5.00	16	150.			150.	150.		0.
82	STEREO-MICROSCOPES	070:	107	SL	5.00	16	750.			750.	750.		0.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	REFRIGERATOR	070107	SL	5.00	16	300.			300.	300.		0.
86	MICROSCOPES	070107	SL	5.00	16	700.			700.	700.		0.
		070107	SL	5.00	16	600.			600.	600.		0.
90		070107	SL	5.00	16	200.			200.	200.		0.
	LAB GLASSWARE, PLASTICWARE	070107	SL	5.00	16	400.			400.	400.		0.
94	SNOWSHOES	070107	SL	5.00	16	2,000.			2,000.	2,000.		0.
95	SOCKS	070107	SL	5.00	16	300.			300.	300.		0.
		070107	SL	7.00	16	400.			400.	400.		0.
97		070107	SL	5.00	16	300.			300.	300.		0.
	LAB EQUIPMENT (MISC)	070107	SL	5.00	16	500.			500.	500.		0.
99	DVD/VCR PLAYER	070107	SL	5.00	16	200.			200.	200.		0.
100	DIGITAL PROJECTOR	070107	SL	5.00	16	1,800.			1,800.	1,800.		0.
101	AQUARIA EQUIPMENT	070107	SL	5.00	16	500.			500.	500.		0.
102	GARDEN WAGON	070107	SL	5.00	16	100.			100.	100.		0.
	OVERHEAD PROJECTORS		SL	5.00	16	400.			400.	400.		0.
105		070107	SL	5.00	16	900.			900.	900.		0.
	ELECTRONIC BLINDS (2 SETS)	070107	SL	5.00	16	800.			800.	800.		0.
109	CLEANING EQUIPMENT	070107	SL	5.00	16	200.			200.	200.		0.

328102 04-01-23

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquire		Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
110		0701	07SL	5.00	16	750.			750.	750.		0.
111		0701	07SL	5.00	16	500.			500.	500.		0.
	OFFICE EQUIPMENT (MISC)	0701	07SL	7.00	16	200.			200.	200.		0.
113	DISHWASHER	0701	07SL	5.00	16	350.			350.	350.		0.
118	TRACTOR	1027	08SL	7.00	16	11,335.			11,335.	11,335.		0.
120	COMPUTER	0518	09SL	5.00	16	960.			960.	960.		0.
122	COMPUTER	1116	09SL	5.00	16	1,039.			1,039.	1,039.		0.
123	BINOCULARS	0927	10SL	5.00	16	960.			960.	960.		0.
124	INCUBATOR	0927	10SL	5.00	16	551.			551.	551.		0.
125	MICROSCOPES	0301	11SL	5.00	16	832.			832.	832.		0.
133	STEREOSCOPES	1025	11SL	5.00	16	507.			507.	507.		0.
134	PORTABLE PA SYSTEM	0630	12SL	5.00	16	162.			162.	162.		0.
135	ZOOM STEREOSCOPES	0630	12SL	5.00	16	550.			550.	550.		0.
137	BARN SPEAKERS09	0917	13SL	5.00	16	305.			305.	305.		0.
		0331	14SL	5.00	16	1,490.			1,490.	1,490.		0.
	(2) LENOVO COMPUTERS	0127	14 SL	5.00	16	619.			619.	619.		0.
		0306	15SL	5.00	16	950.			950.	950.		0.
	LENOVO LAPTOP (INTERN)	0930	14SL	5.00	16	541.			541.	541.		0.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
144		090514	SL	5.00	16	1,094.			1,094.	1,094.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME TRANSPORTATION EQUIPMENT					64,508.		0.	64,508.	64,508.		0.
145	2016 FORD TRANSIT VAN	113016	SL	5.00	21	31,086.			31,086.	17,868.		2,075.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUI					31,086.		0.	31,086.			2,075.
	LAND											
4	LAND 241712676105	070107	г	39.00		473,106.			473,106.			0.
5	LAND 241712676155	070107	L			90,000.			90,000.			0.
6	LAND 241712676160	070107	г			125,000.			125,000.			0.
7	LAND 241712662510	070107	ь			47,920.			47,920.			0.
8	LAND 241712120150	070107	L	39.00		727,452.			727,452.			0.
9	LAND 241712676080	070107	ь			279,440.			279,440.			0.
		070107	L			279,440.			279,440.			0.
	* 990 PAGE 10 TOTAL LAND					2022358.		0.	2022358.	0.		0.
	OTHER											
148	SONY Z50 PROJECTOR	061921	SL	5.00	16	2,794.			2,794.	838.		559.
		041221	SL	5.00	16	3,450.			3,450.	1,208.		690.
	DONATED BUILDING ELY HOUSE	033123	SL	39.00	16	563,000.			563,000.			10,827.

328102 04-01-23

(D) - Asset disposed

## - CURRENT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Da Acqu	ite Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
152		033	123	L			687,000.			687,000.			0.
	* 990 PAGE 10 TOTAL OTHER						1256244.		0.	1256244.	2,046.		12,076.
	PROGRAM SERVICES												
1	WATERSHED ARTWORK	070	107		.000	16	75,000.			75,000.			0.
	MISC FRAMED ART MISC FRAMED ART	070	107		.000	16	500.			500.			0.
131	(INKIND JEFF PARSON * 990 PAGE 10 TOTAL	040	212		.000	16	325.			325.			0.
	PROGRAM SERVICES * GRAND TOTAL 990						75,825.		0.	75,825.	0.		0.
	PAGE 10 DEPR						6317202.		0.	6317202.	1102191.		90,048.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						5067202.		0.	5067202.	1102191.		
	ACQUISITIONS						1250000.		0.	1250000.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						6317202.		0.	6317202.	1102191.		

# - NEXT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
3	BUILDING -IMPROVEMENTS 241712676105	070107	SL	39.00	1374872.		1374872.	440,663.	35,253.
11	BUILDING & IMPROVEMENTS 241712676085	070107	SL	39.00	1208850.		1208850.	511,434.	30,996.
115		060109		39.00	5,180.		5,180.	1,939.	133.
116	FLOOR RENOVATION	020209	SL	39.00	1,274.		1,274.	492.	33.
117		032409		39.00	9,632.		9,632.		247.
121		051510		15.00	31,834.		31,834.	29,001.	2,122.
126		120710		15.00			24,049.		
129		051812		15.00			12,249.		817.
132		090811		15.00			11,913.		794.
142		111714		15.00			1,990.		133.
		052218		39.00			17,591.		451.
147		102119		15.00			11,232.		749.
		111422	SL	39.00			100,069.		2,566.
	* 990 PAGE 10 TOTAL BUILDINGS				2810735.		2810735.	1037241.	75,897.
	FURNITURE & FIXTURES								
		070107		7.00	5,000.		5,000.		0.
		070107		7.00	3,000.		3,000.		0.
		070107	SL	7.00	1,000.		1,000.	1,000.	0.
	ARMCHAIRS, ANTIQUE-STYLE, STUFFED								
		070107		7.00	500.		500.	497.	0.
	CHAIRS, QUEEN ANNE STYLE, DINING (4)			7.00	800.		800.		0.
		070107		5.00	195.		195.	195.	0.
		070107		7.00	600.		600.		0.
		070107		7.00	500.		500.	497.	0.
		070107		7.00	500.		500.		0.
		070107		7.00	500.		500.	497.	0.
	· ~	070107		7.00	600.		600.	600.	0.
		070107		7.00	500.		500.	497.	0.
		070107		7.00	400.		400.	400.	0.
		070107		7.00	100.		100.	100.	0.
		070107		7.00	200.		200.	200.	0.
		070107		7.00	500.		500.	497.	0.
62	STORAGE BINS	070107	SL	7.00	500.		500.	497.	0.

(D) - Asset disposed

# - NEXT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No. Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
63DINING SET, GLASS TOP, 4 CHAIRS	070107	SL	7.00	200.		200.	200.	0.
64FOLDING TABLE (15)	070107		7.00	750.		750.	750.	0.
67BIRD FEST FLAG POLES, SUPPLIES	070107		5.00	500.		500.	500.	0.
68WOOD TABLES (MISC)	070107		7.00	800.		800.	800.	0.
84DESK (ANTIQUE)	070107		7.00	300.		300.	300.	0.
850FFICE SHELVING	070107		7.00	250.		250.	250.	0.
88FILE CABINET	070107		7.00	100.		100.	100.	0.
890AK SHELVING	070107		7.00	600.		600.	600.	0.
91KITCHENWARE	070107		5.00	350.		350.	350.	0.
92WEATHER INSTRUMENTS, CLOCKS	070107		5.00	400.		400.	400.	0.
103 SHELVING (BASEMENT)	070107		7.00	300.		300.	300.	0.
106WASTE CONTAINERS	070107		7.00	250.		250.	250.	0.
108 STACKING CHAIRS (120), CARTS (4)	070107		7.00	10,000.		10,000.	10,000.	0.
114 CHAIRS - DOLLYS	070107		7.00	9,805.		9,805.		0.
119BARN SHADES	081108		7.00	783.		783.	783.	0.
130 SIGNAGE	052812		7.00	1,702.		1,702.		0.
136 SIGNAGE	010713		7.00	12,746.		12,746.	12,746.	0.
139SIGNAGE	120213	SL	7.00	1,215.		1,215.	1,215.	0.
* 990 PAGE 10 TOTAL FURNITURE &								
FIXTURES				56,446.		56,446.	56,425.	0.
MACHINERY & EQUIPMENT								
14 DELL DESKTOP COMPUTER	070107	SL	5.00	200.		200.	200.	0.
SONY VAIO FS NOTEBOOK LAPTOP								
15 COMPUTER	070107		5.00	1,225.		1,225.		0.
16 DELL LATITUDE D610 NOTEBOOK COMPUTER			5.00	1,124.		1,124.		0.
17 DELL DHS DESKTOP COMPUTER	070107		5.00	200.		200.	200.	0.
18 AT&T SMALL BUSINESS TELELPHONES (3)	070107		5.00	600.		600.	600.	0.
19HP DESKJET 5740 PRINTER	070107		5.00	80.		80.	80.	0.
20 HP OFFICEJET 6110XI PRINTER	070107		5.00	250.		250.	250.	0.
21 DELL PRINTER	070107		5.00	80.		80.	80.	0.
22MICROSOFT OFFICE PROFESSIONAL	070107		3.00	310.		310.	310.	0.
23 ADOBE CREATIVE SUITE	070107		3.00	160.		160.	160.	0.
36 CLOTHES WASHER (IPSO COMMERCIAL)	070107		5.00	500.		500.	500.	0.
38DISHWASHER	070107	SL	5.00	350.		350.	350.	0.

(D) - Asset disposed

- NEXT YEAR FEDERAL - WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LEAF BLOWER	070107		5.00	100.		100.	100.	0.
	CHAIR HAULER	070107		5.00	120.		120.	120.	0.
	CLOTHES DRYER (MAYTAG)	070107		5.00	500.		500.	500.	0.
	LAWN TOOLS (MISC)	070107		5.00	200.		200.	200.	0.
	DOUBLE OVEN (GAGGENAU)	070107		5.00	4,539.		4,539.	4,539.	0.
	PROJECTIONS SCREENS	070107		5.00	100.		100.	100.	0.
	REFRIGERATOR/FREEZER (SUB ZERO)	070107	SL	5.00	7,000.		7,000.	7,000.	0.
	SPOTTING SCOPES & TRIPODS (BIRD								
	FEST) (2)	070107		5.00	600.		600.	600.	0.
	STEREO EQUIPMENT (MISC)	070107		5.00	2,000.		2,000.	2,000.	0.
	TELESCOPE	070107		5.00	500.		500.	500.	0.
	TELEVISION, FLAT SCREEN (GATEWAY)	070107		5.00	2,000.		2,000.	2,000.	0.
	BINOCULARS (20)	070107		5.00	400.		400.	400.	0.
	FIELD GUIDES (25)	070107		5.00	500.		500.	500.	0.
	PHOTO PRINTER KIT	070107		5.00	150.		150.	150.	0.
	DIGITAL CAMERAS	070107		5.00	1,500.		1,500.	1,500.	0.
-	MULTI-MEDIA CAMERA	070107		5.00	900.		900.	900.	0.
	RUBBER BOOTS	070107		5.00	375.		375.	375.	0.
	WATER TESTING KITS	070107		5.00	700.		700.	700.	0.
-	TARPS	070107		5.00	100.		100.	100.	0.
	ELECTRONIC BALANCES	070107		5.00	700.		700.	700.	0.
	HAND MAGNIFIERS	070107		5.00	250.		250.	250.	0.
	CLIP BOARDS	070107		5.00	100.		100.	100.	0.
	SPOTTING SCOPES & TRIPODS	070107		5.00	900.		900.	900.	0.
	TWO-WAY RADIO	070107		5.00	150.		150.	150.	0.
	STEREO-MICROSCOPES	070107		5.00	750.		750.	750.	0.
	REFRIGERATOR	070107		5.00	300.		300.	300.	0.
	MICROSCOPES	070107		5.00	700.		700.	700.	0.
	GPS UNITS	070107		5.00	600.		600.	600.	0.
	HP ALL-IN-ONE PRINTER	070107		5.00	200.		200.	200.	0.
	LAB GLASSWARE, PLASTICWARE	070107		5.00	400.		400.	400.	0.
	SNOWSHOES	070107		5.00	2,000.		2,000.	2,000.	0.
	SOCKS	070107		5.00	300.		300.	300.	0.
96	POP-UP CANOPIES	070107	$\operatorname{SL}$	7.00	400.		400.	400.	0.

(D) - Asset disposed

## - NEXT YEAR FEDERAL -

WENATCHEE RIVER INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
97	ARTHROPOD NET AND JARS	070107		5.00	300.		300.	300.	0.
	LAB EQUIPMENT (MISC)	070107		5.00	500.		500.	500.	0.
	DVD/VCR PLAYER	070107		5.00	200.		200.	200.	0.
	DIGITAL PROJECTOR	070107		5.00	1,800.		1,800.	1,800.	0.
101	AQUARIA EQUIPMENT	070107		5.00	500.		500.	500.	0.
	GARDEN WAGON	070107		5.00	100.		100.	100.	0.
	OVERHEAD PROJECTORS	070107		5.00	400.		400.	400.	0.
	PROJECTIONS SCREENS (7X9)	070107		5.00	900.		900.	900.	0.
107	ELECTRONIC BLINDS (2 SETS)	070107		5.00	800.		800.	800.	0.
109	CLEANING EQUIPMENT	070107		5.00	200.		200.	200.	0.
110	ELECTRONIC CABINETS (CUSTOM)	070107	$\mathtt{SL}$	5.00	750.		750.	750.	0.
111	CURRICULUM MATERIALS	070107		5.00	500.		500.	500.	0.
112	OFFICE EQUIPMENT (MISC)	070107		7.00	200.		200.	200.	0.
	DISHWASHER	070107		5.00	350.		350.	350.	0.
118	TRACTOR	102708		7.00	11,335.		11,335.	11,335.	0.
120	COMPUTER	051809		5.00	960.		960.	960.	0.
122	COMPUTER	111609		5.00	1,039.		1,039.	1,039.	0.
123	BINOCULARS	092710		5.00	960.		960.	960.	0.
124	INCUBATOR	092710		5.00	551.		551.	551.	0.
125	MICROSCOPES	030111		5.00	832.		832.	832.	0.
133	STEREOSCOPES	102511		5.00	507.		507.	507.	0.
134	PORTABLE PA SYSTEM	063012		5.00	162.		162.	162.	0.
135	ZOOM STEREOSCOPES	063012	SL	5.00	550.		550.	550.	0.
137	BARN SPEAKERS09	091713		5.00	305.		305.	305.	0.
138	LENOVO COMPUTER	033114		5.00	1,490.		1,490.	1,490.	0.
140	(2) LENOVO COMPUTERS	012714		5.00	619.		619.	619.	0.
141	IPAD	030615		5.00	950.		950.	950.	0.
143	LENOVO LAPTOP (INTERN)	093014	SL	5.00	541.		541.	541.	0.
144	AMANA REFRIGERATOR	090514	SL	5.00	1,094.		1,094.	1,094.	0.
	* 990 PAGE 10 TOTAL MACHINERY &				-				
	EQUIPMENT				64,508.		64,508.	64,508.	0.
	TRANSPORTATION EQUIPMENT						-	-	
	2016 FORD TRANSIT VAN	113016	SL	5.00	31,086.		31,086.	19,943.	2,075.
					-		-	-	-

(D) - Asset disposed

# - NEXT YEAR FEDERAL -

# WENATCHEE RIVER INSTITUTE

Asset No.	Description		ate uired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION									
	EQUIPMENT					31,086.		31,086.	19,943.	2,075.
				_	~ ~ ~ ~	1 - 2 - 2 - 2				•
			107		39.00	473,106.		473,106.		0.
			107			90,000.		90,000.		0.
			107			125,000.		125,000.		0.
			107		~ ~ ~ ~	47,920.		47,920.		0.
			107		39.00	727,452.		727,452.		0.
			107			279,440.		279,440.		0.
10		070	107	L		279,440.		279,440.		0.
	* 990 PAGE 10 TOTAL LAND					2022358.		2022358.	0.	0.
	OTHER		001						4 9 9 5	0
			.921		5.00	2,794.		2,794.	1,397.	559.
			221		5.00	3,450.		3,450.		690.
			123		39.00	563,000.		563,000.	10,827.	14,436.
		033	123	L		687,000.		687,000.		0.
	* 990 PAGE 10 TOTAL OTHER					1256244.		1256244.	14,122.	15,685.
	PROGRAM SERVICES					==		==		
			107		.000	75,000.		75,000.		0.
		0.70	107		.000	500.		500.		0.
	MISC FRAMED ART (INKIND JEFF							205		•
	•	040	212		.000	325.		325.		0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES									
						75,825.		75,825.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6317202.		6317202.	1192239.	93,657.

(D) - Asset disposed