MCGILL, POWER, BELL & ASSOC., LLP 1446 LIBERTY STREET FRANKLIN, PA 16323

NORTHWEST INSTITUTE OF RESEARCH 3823 WEST 12TH STREET ERIE, PA 16505

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Form **8868**

(Rev. January 2024)

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

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 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 - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** NORTHWEST INSTITUTE OF RESEARCH 25-1296727 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3823 WEST 12TH STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ERIE, PA 16505 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ELANA COMO 3823 WEST 12TH STREET - ERIE, PA 16505 Fax No. 814-836-9615Telephone No. 814-836-9295 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15 , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or JUL 1 ___ , 20 <u>23 __</u> , and ending ____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 D Employer identification number B Check if applicable C Name of organization Address NORTHWEST INSTITUTE OF RESEARCH Name change 25-1296727 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 814-836-9295 3823 WEST 12TH STREET 39,520,930. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ERIE, PA 16505 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELANA COMO for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NWIR.ORG H(c) Group exemption number J Website: Year of formation: 1975 M State of legal domicile: PA K Form of organization: X Corporation Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: MANAGEMENT AND OPERATION OF Governance VARIOUS GOVERNMENT PROGRAMS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 46 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 39,064,417. 42,861,161. 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 225,861. 188,025. 123,899. 73,151. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 263,514. 126,665. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,503,006. 43,423,687. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,331,883. 9,194,923. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,560,951. 2,573,716. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 34,564,370. 31,039,850. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,469,969. 42,795,724. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,037. 627,963. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 0 7,232,287. 7,386,018. 20 Total assets (Part X, line 16) 3,437,654. 3,363,864. 21 Total liabilities (Part X, line 26) i et Net assets or fund balances. Subtract line 21 from line 20 3,794,633. 4,022,154. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ELANA COMO, Here Type or print name and title PTIN Print/Type preparer's name clo P01359507 Paid JOY S. STRAIN self-employed MCGILL, POWER, BELL ASSOC LLP Firm's EIN 25-1031405 Preparer Firm's name Firm's address 1446 LIBERTY STREET Use Only

No

X Yes

Phone no. 814-437-9568

FRANKLIN, PA 16323

| Dowt III | 6 | + | of Duograp | m Camina | Accomplishments |
|----------|-------|--------|------------|-------------|-----------------|
| Part III |) Oli | nemeni | oi Prograi | III 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: THE NORTHWEST INSTITUTE OF RESEARCH, A NONPROFIT RESEARCH AND |
| | TECHNICAL ASSISTANCE ORGANIZATION, PARTNERS WITH PUBLIC AND PRIVATE |
| | HUMAN SERVICE ORGANIZATIONS AND THEIR STAKEHOLDERS TO BUILD AND |
| | OPERATE HIGH QUALITY, ACCOUNTABLE, AND RESULTS-DRIVEN PROGRAMS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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 services? Yes X No |
| | 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 allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$38,349,670. including grants of \$2,309,612.) (Revenue \$38,425,040.) |
| | MANAGEMENT AND OPERATION OF RESEARCH AND SOCIAL SERVICES WITH A FOCUS |
| | ON EARLY CHILDHOOD. SERVICE DOLLARS ARE PROVIDED TO QUALIFIED |
| | ORGANIZATIONS. THE 2023-2024 ANNUAL REVIEW OF THE EARLY LEARNING |
| | RESOURCE CENTER REGION 1 INDICATED WE MET ALL GOALS AND PERFORMANCE |
| | STANDARDS. ELRC REGION 1 ISSUED OVER 41 MILLION DOLLARS TO CHILD CARE |
| | PROGRAMS ON BEHALF OF SUBSIDY CLIENTS AND TO PROVIDERS IN THE FORM OF |
| | GRANTS. GRANT FUNDS INCLUDED ARPA FUNDING. THE REGIONAL LEADERSHIP |
| | COUNCIL CONVENED VIRTUALLY TO FACILITATE COLLABORATIVE CONVERSATIONS |
| | SHARING IDEAS FOR IMPROVING SERVICES AND ACTIVITIES AVAILABLE TO |
| | CHILDREN AND FAMILIES INCLUDING SUPPORTS FOR NAVIGATING THE COVID-19 |
| | PANDEMIC AND PROVIDING HEALTH AND SAFETY AND SOCIAL EMOTIONAL SUPPORTS |
| | |
| 4b | (Code:) (Expenses \$ 268,000 • including grants of \$) (Revenue \$) |
| | PROVIDES KNOWLEDGE, SKILLS, AND FINANCIAL ASSISTANCE SUPPORTING |
| | FAMILIES TO ACCESS EARLY LEARNING SERVICES, ASSISTING PROVIDERS TO |
| | ELEVATE THEIR QUALITY STAR RATING. COLLABORATING WITH COMMUNITY |
| | PARTNERS TO CONNECT FAMILIES TO RESOURCES TO SUPPORT THEIR CHILD'S |
| | GROWTH AND DEVELOPMENT WITH THE GOAL OF IMPROVING THE QUALITY OF EARLY |
| | CARE AND EDUCATION. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 22,271. including grants of \$ 22,271.) (Revenue \$) |
| | THE JAM (JOYCE'S AMAZING MIRACLE) TEAM WAS ORIGINALLY CREATED AS A |
| | SUPPORT TEAM FOR DR. JOYCE A. MILLER DURING HER BATTLE WITH |
| | GLIOBLASTOMA, A DEADLY FORM OF BRAIN CANCER. AS PART OF HER |
| | POST-SURGICAL RECOVERY, DR. MILLER TRANSFORMED HER JAM TEAM INTO A |
| | FOUNDATION UNDER HER NON-PROFIT CORPORATION. THE JAM TEAM WILL BE A |
| | DRIVING FORCE IN REALIZING DR. MILLER'S VISION THAT ALL PARENTS SHOULD |
| | BE ABLE TO GO TO WORK EVERY DAY KNOWING THAT THEIR CHILDREN ARE CARED |
| | FOR AND RECEIVING THE BEST EARLY CHILDHOOD EDUCATION AND CHILD CARE |
| | POSSIBLE. THE JAM TEAM WILL ACCOMPLISH THIS VISION THROUGH A NUMBER OF |
| | INITIATIVES, RANGING FROM ASSISTING NEEDY FAMILIES WITH SCHOLARSHIPS TO |
| | THE ESTABLISHMENT OF MIRACLE SPACES AND MIRACLE MICRO-CENTERS. |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 38,639,941. |
| | Form 990 (2023) |

Form 990 (2023) NORTHWEST INSTITUTE OF RESEARCH Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | 77 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | ., |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | | Х |
| 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 | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | Х | |

Form 990 (2023)

| | | | 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 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| ZTU | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| L | Schedule K. If "No," go to line 25a | | | 125 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | \vdash |
| 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 | | |
| | 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 | | | l |
| | 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): | | | |
| _ | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | | 28a | | X |
| | "Yes," complete Schedule L, Part IV | | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | - V |
| | "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 | | | l |
| | 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 | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| 55 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| J, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 20 | , , , | 31 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 20 | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Λ | |
| ı aı | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

NORTHWEST INSTITUTE OF RESEARCH
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|------------|--|------|-----|----|
| 2 a | 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 46 | 1 | | v |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| | 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 | 4- | | х |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Λ |
| 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). | | | |
| 50 | | 5a | | Х |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | - 50 | | |
| ou | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 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 | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders 11a | - | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 40- | amounts due or received from them.) Casting 1007(a)(1) and account about the latter than 1007(a)(1) and 1007(a | 40- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| и | Note: See the instructions for additional information the organization must report on Schedule O. | 104 | | |
| h | 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 | | | |
| С | Enter the amount of reserves on hand | 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | 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 | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

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.

| | to line day day, or you solow, decorrise the directinated one of the direction of the direc | | | 77 |
|-----|--|-------|---------|-----|
| 800 | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | l | Γ |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 8 | - | | |
| | 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 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 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 approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | 10.0 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed PA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | 37 | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | ELANA COMO - 814-836-9295 | | | |
| | 3823 WEST 12TH STREET, ERIE, PA 16505 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization n | or any related | orga | ıniza | tion | con | nper | sate | ed any current officer, di | rector, or trustee. | |
|--|---------------------|--------------------------------|-----------------------|---|--------------|------------------------------|------|----------------------------|----------------------------------|-----------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do not o box, unle | | Pos heck | | | one | Reportable | Reportable | Estimated |
| | hours per | | | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | compensation | compensation | amount of |
| | week | | | | recio |)r/trus | lee) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation |
| | related | e or d | tee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | from the organization |
| | organizations | ruste | l trus | | 99 | Highest compensated employee | | 1099-NEC) | 1099-1420) | and related |
| | below | dual t | rtiona | L | uploy | st cor | | 10001120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | -lighe | orme | | | 5.ga <u>=</u> a55 |
| (1) ELANA COMO | 40.00 | _ | - | | _ | " | | | | |
| CEO | | | | X | | | | 187,053. | 0. | 15,315. |
| (2) LEAH MANINO | 40.00 | | | | | | | | | |
| FORMER CFO | | | | | | | Х | 155,813. | 0. | 5,534. |
| (3) ALDO JACKSON, PHD. | 1.00 | | | | | | | | | |
| TREASURER | | | | X | | | | 0. | 0. | 0. |
| (4) PHILIP BELFIORE, PHD. | 1.00 | | | | | | | | | |
| SECRETARY | | | $oxed{oxed}$ | X | | _ | | 0. | 0. | 0. |
| (5) LINDA HOLMAN, MBA, SPHR | 1.00 | | | | | | | | | |
| CHAIR | | | ╙ | Х | | _ | | 0. | 0. | 0. |
| (6) DR. BEN WILSON | 1.00 | | | | | | | | | |
| AT-LARGE | | | ╙ | Х | | _ | | 0. | 0. | 0. |
| (7) DR. APRIL TORRENCE | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | | | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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332007 12-21-23 Form **990** (2023)

| (A) Name and title | (B) Average hours per | (do | not cl | (C Posi neck i | C) ition | | one | (D) (E) Reportable Reportable compensation compensation | | | ion amount of | | |
|--|--|--------|--------|----------------------|-------------|------------------------------|-------|---|--|---------------|----------------------------|---|--|
| | week (list any hours for related organizations below line) | | | | irecto | Highest compensated employee | tee) | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organization (W-2/1099-MIS 1099-NEC) | d s SC/ | comp fro orga and | other pensation om the anization d related anizations | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 342,866. | | 0. | 20 | 0,849. | |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | I, Section A | | | | | | | 342,866. | | 0. | | 0. | |
| Total number of individuals (including but n compensation from the organization | | | | | | | | • | 000 of reportable | | | 2 | |
| 3 Did the organization list any former officer, | | | - | - | - | | _ | • | - | | | Yes No | |
| line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 | ım of reportabl | е со | mpe | nsa | tion | and | oth | | he organization | | 3 | X | |
| Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com- | accrue comper | satio | on fr | om : | any | unre | elate | ed organization or individ | | | 5 | X | |
| Section B. Independent Contractors 1 Complete this table for your five highest contractors | | | | | | | | | \$100,000 of comp | pensat | tion fro | om | |
| the organization. Report compensation for (A) | the calendar ye | ear e | ndin | g w | ith c | or wi | thin | the organization's tax y (B) | ear. | | (C | ;) | |
| Name and business | address | NC | NE | : | | | | Description of s | services | С | | nsation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors (in \$100,000 of compensation from the organization) | • | ot lin | nited | l to t | thos (| | ted | above) who received mo | ore than | | | | |

25-1296727

Form 990 (2023) NORTHWE
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or | r note to any lin | e in this Part VIII | | | |
|--|------|--|-------------------|---------------------|--------------------------|------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt | | (D) Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| ω ω | 1 4 | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 6 | b Membership dues 1b | | | | | |
| | , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | e Government grants (contributions) 1e | | | | | |
| utic | ı | f All other contributions, gifts, grants, and | 39 064 417 | | | | |
| oib et | | | 39,064,417. | | | | |
| non | , | g Noncash contributions included in lines 1a-1f 1g \$ | | 39,064,417. | | | |
| <u>O</u> 6 | r | h Total. Add lines 1a-1f | Business Code | 33,004,417. | | | |
| | • | DDOEEGGEOUSE DELIEF ODVENIE | 611430 | 188,025. | 188,025. | | |
| ice | 2 6 | | 011430 | 100,025. | 100,023. | | |
| erv ue | r | b | | | | | |
| n S /en | (| c _. | | | | | |
| gra Re | (| d | | | | | |
| Program Service Revenue | • | e | | | | | |
| _ | | f All other program service revenue | | 188,025. | | | |
| | | g Total. Add lines 2a-2f | | 100,025. | | | |
| | 3 | Investment income (including dividends, interest other similar amounts) | | 141,823. | | | 141,823. |
| | 4 | other similar amounts) | | 111,023. | | | 111,020. |
| | 5 | Royalties | | | | | |
| | 3 | (i) Real | (ii) Personal | | | | |
| | 6 . | | (ii) i ciociiai | | | | |
| | | a Gross rents 6a b Less: rental expenses 6b | | | | | |
| | | | | | | | |
| | | . , | | | | | |
| | | d Net rental income or (loss) a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | / 6 | | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| Ф | , | b Less: cost or other basis and sales expenses 7b 17,924. | | | | | |
| 'nué | | and sales expenses 7b 17,924. c Gain or (loss) 7c -17,924. | | | | | |
| her Revenue | | d Net gain or (loss) | | -17,924. | | | -17,924. |
| FΡ | | a Gross income from fundraising events (not | | | | | |
| Oth | 0. | including \$ of | | | | | |
| 0 | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | ŀ | b Less: direct expenses 8b | | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | ŀ | b Less: direct expenses 9b | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | | a Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | ŀ | b Less: cost of goods sold 10b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| sno § | 11 a | a RENTAL INCOME | 531120 | 96,769. | | | 96,769. |
| ane | k | b OTHER INCOME | 900099 | 29,896. | 29,896. | | |
| sells eve | (| с | | | | | |
| Miscellaneous Revenue | (| d All other revenue | | | | | |
| _ | • | e Total. Add lines 11a-11d | | 126,665. | | | |
| | 12 | Total revenue. See instructions | | 39,503,006. | 217,921. | 0. | 220,668. |

| | rt IX Statement of Functional Expense for 501(c)(3) and 501(c)(4) organizations must complete. | | r organizations | anlata calumn (A) | |
|--------|---|---------------------|-----------------------|---------------------------------|--------------------------|
| seci | Check if Schedule O contains a respons | | | ripiete columni (A). | |
| Do | not include amounts reported on lines 6b. | (A) | (B) Program service | (C) | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,321,383. | 2,321,383. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 10,500. | 10,500. | | |
| 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, | 363,714. | 63,267. | 300,447. | |
| 6 | trustees, and key employees Compensation not included above to disqualified | 303,714. | 05,207 | 300,447. | |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,751,757. | 1,751,757. | | |
| 8 | Pension plan accruals and contributions (include | , , , , , , , , , | , , , , , , , , , , , | | |
| | section 401(k) and 403(b) employer contributions) | 41,164. 241,934. | 41,164. | | |
| 9 | Other employee benefits | | 41,164. 238,546. | 3,388. | |
| 0 | Payroll taxes | 175,147. | 152,750. | 22,397. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) | 126,603. | 80,159. | 46 444 | |
| 12 | Advertising and promotion | 9,983. | 00,133. | 46,444. 9,983. | |
| 13 | Office expenses | 3,3001 | | 3,73031 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 60,066. | | 60,066. | |
| 17 | Travel | 25,457. | 19,574. | 5,883. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 1 | Payments to affiliates | 00 450 | | 02 450 | |
| 2 | Depreciation, depletion, and amortization | 83,450. | 0.006 | 83,450. | |
| 3 | Insurance | 22,250. | 9,086. | 13,164. | |
| 4 | 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 Schodule (A). | | | | |
| а | amount, list line 24e expenses on Schedule 0.) ELRC PROVIDER PAYMENTS | 32,561,334. | 32,561,334. | | |
| b | SUBCONTRACTORS | 614,313. | 614,313. | | |
| c | OTHER PROGRAM EXPENSES | 377,928. | 337,500. | | 40,428 |
| d | MISCELLANEOUS | 368,227. | 357,549. | 10,678. | |
| е | All other expenses | 314,759. | 81,059. | 233,700. | |
| 5 | Total functional expenses. Add lines 1 through 24e | 39,469,969. | 38,639,941. | 789,600. | 40,428 |
| 6 | 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) | | | | F 990 (99 |

Form 990 (2023)
Part X Balance Sheet

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|----------------|-------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or | note to any li | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 4,754,814. | 1 | 4,614,309. | |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | 162,433. | 4 | 122,294. | | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | bstantial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese persons | s <u> </u> | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified perso | | | | |
| | | under section 4958(f)(1)), and persons describ | oed in section | n 4958(c)(3)(B) | | 6 | |
| S. | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | D :: | | | 53,058. | 9 | 218,331. |
| | 10a | Land, buildings, and equipment: cost or othe | | | | | |
| | | basis. Complete Part VI of Schedule D | | 873,418. | | | |
| | b | Less: accumulated depreciation | | 116,563. | 760,651. | 10c | 756,855. |
| | 11 | Investments - publicly traded securities | | | 1,408,837. | 11 | 1,586,990. |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | | | | 13 | |
| | 14 | Intangible assets | | | 22 121 | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 92,494. | 15 | 87,239. |
| | 16 | Total assets. Add lines 1 through 15 (must e | 7,232,287. | 16 | 7,386,018. | | |
| | 17 | Accounts payable and accrued expenses | | | 3,130,392. | 17 | 3,033,788. |
| | 18 | Grants payable | | | 100 420 | 18 | 220 265 |
| | 19 | Deferred revenue | | | 198,430. | 19 | 228,265. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| es | 22 | Loans and other payables to any current or fo | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| iab | | controlled entity or family member of any of t | - | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to uni | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lin | , | · . | 108,832. | 0.5 | 101,811. |
| | 06 | of Schedule D | | 1 | 3,437,654. | 25 26 | 3,363,864. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or | | X | 3,437,034. | 20 | 3,303,004. |
| S | | and complete lines 27, 28, 32, and 33. | Heck Here | | | | |
| ü | 27 | Net assets without donor restrictions | | | 3,794,633. | 27 | 4,022,154. |
| ala | 28 | Net assets with donor restrictions | 3773170331 | 28 | 1/022/1310 | | |
| P | 20 | Organizations that do not follow FASB ASC | | 20 | | | |
| Fun | | and complete lines 29 through 33. | o ooo, cricci | | | | |
| ō | 29 | Capital stock or trust principal, or current fun | ds | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 3,794,633. | 32 | 4,022,154. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 7,232,287. | 33 | 7,386,018. |
| | | . C.aapintioc and not about on and balances | | | : , = = = , = = , • | 55 | .,, |

Form **990** (2023)

| 0111 | 1000 (2020) | | | | | 90 |
|------|--|----------|----|-----|-----|-----|
| 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 | 39 | ,50 | 3,0 | 06. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 39 | ,46 | 9,9 | 69. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 3,0 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3 | ,79 | 4,6 | 33. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 21 | 7,0 | 63. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | -2 | 2,5 | 79. |
| 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 | 4 | ,02 | 2,1 | 54. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | 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 | | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X 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 | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | _ | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200. Subpart F? | | | 3a | Х | |

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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X Form **990** (2023)

3b

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization MODMUMECH INCHIMITE OF DECENDOU Employer identification number 25_1206727

| | L | | | TIOLE OF KESI | | | | 3-1290121 | |
|-----|------------|--|---------------------------------------|---|--------------------|------------------|---|---|--|
| Pa | art I | Reason for Public (| onarity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | |
| The | organ | ization is not a private found | | | | | | | |
| 1 | | A church, convention of chi | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describ | ed in | |
| · | | section 170(b)(1)(A)(iv). (C | | g , | | , 3 - | | | |
| 6 | | A federal, state, or local gov | | contal unit described in | soction 17 | 70/6\/4\/4\ | (v) | | |
| 7 | X | | | | | | | nublic described in | |
| ' | 21 | An organization that norma | | iliai part of its support if | om a gove | mmemai | unit or from the general | public described in | |
| _ | | section 170(b)(1)(A)(vi). (C | | (4)(A)(-1) (O | | | | | |
| 8 | Н | A community trust describe | | | | | | | |
| 9 | | An agricultural research org | | | | | | | |
| | | or university or a non-land-g | grant college of agrice | ulture (see instructions). | Enter the i | name, city | , and state of the college | eor | |
| | | university: | | | | | | | |
| 10 | | An organization that norma | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membership fees, an | d gross receipts from | |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its support f | rom gross investment | |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the organization a | after June 30, 1975. | |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sat | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | ne functio | ns of, or to carry out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section ! | 509(a)(2). | See section 509(a)(3). (| Check the box on | |
| | | lines 12a through 12d that | describes the type of | f supporting organization | n and com | plete lines | 12e, 12f, and 12g. | | |
| á | a 🗆 | Type I. A supporting orga | * * | | | | | giving | |
| | | the supported organization | · · · · · · · · · · · · · · · · · · · | | | - | | | |
| | | organization. You must o | | | ,, - | | | 9 | |
| k | , _ | Type II. A supporting org | | | ion with its | s sunnorte | nd organization(s) by ha | /ina | |
| • | , <u> </u> | control or management o | • | | | | | - | |
| | | organization(s). You mus | | | arric perso | iis triat co | Titlor of manage the sup | ported | |
| | | Type III functionally inte | - | | in connect | ion with | and functionally intograte | od with | |
| , | , L | | - | | | | | ou with, | |
| | | its supported organization | | · | | | | | |
| (| d | | | | | | | * * | |
| | | that is not functionally int | | • | • | | • | veness | |
| | | requirement (see instructi | • | | | | | | |
| • | • L | Check this box if the orga | | | | | Type I, Type II, Type III | | |
| | | functionally integrated, or | | nally integrated supporting | ng organiz | ation. | | | |
| 1 | | er the number of supported of | | | | | | | |
| | | vide the following information (i) Name of supported | | | (iv) Is the orga | unization lietad | | (-1) A | |
| | (| organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | Organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | |
| | | | | | | | | | |
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 36026098. | 44028369. | 51142587. | 42861161. | 39064417. | 213122632 | |
| 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 | 36026098. | <u>44028369.</u> | 51142587. | 42861161. | 39064417. | 213122632 | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 213122632 | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 7 | Amounts from line 4 | 36026098. | <u>44028369.</u> | 51142587. | <u>42861161.</u> | <u>39064417.</u> | 213122632 | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | -10,309. | 2,728. | 11,190. | 66,394. | 141,823. | 211,826. | |
| 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.) | 6,332. | 665. | 28,390. | 26,757. | 29,896. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 213426498 | |
| | Gross receipts from related activities, | • | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | - | | | | | | |
| 800 | organization, check this box and sto | | | | | | <u></u> | |
| | tion C. Computation of Publi | | | 1 (0) | | | 99.86 % | |
| | Public support percentage for 2023 (| | | | | 14 | | |
| | Public support percentage from 2022 | | | | | 15 | | |
| юа | 33 1/3% support test - 2023. If the | | | | | | | |
| h | stop here. The organization qualifies 33 1/3% support test - 2022. If the | | | | | | | |
| b | | | | | | | | |
| 172 | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 114 | 7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | meets the facts-and-circumstances to | | | | | | | |
| h | 10% -facts-and-circumstances test | - | | * | - | | | |
| J | more, and if the organization meets the | - | | | | | 10/0 01 | |
| | organization meets the facts and circ | | • | | | | | |
| 12 | Private foundation. If the organization | | | | | | | |
| | ato roundation. It the organization | ala fiot dificolt a | 20x 011 mile 10, 10 | a, 100, 170, 01 170 | , cricon and box a | ing doc matractions | | |

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

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

| Section A. Pul | blic Support | | , | | | | |
|---------------------------------|--|---------------------|--------------------|--------------------|---------------------|----------------------|-----------|
| Calendar year (or fis | scal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, | contributions, and | | | | | | |
| membership ¹ | fees received. (Do not | | | | | | |
| include any " | unusual grants.") | | | | | | |
| 2 Gross receipt | s from admissions, | | | | | | |
| | sold or services per- | | | | | | |
| | cilities furnished in nat is related to the | | | | | | |
| | s tax-exempt purpose | | | | | | |
| 3 Gross receipt | s from activities that | | | | | | |
| are not an un | related trade or bus- | | | | | | |
| iness under s | ection 513 | | | | | | |
| 4 Tax revenues | levied for the organ- | | | | | | |
| ization's bene | efit and either paid to | | | | | | |
| or expended | on its behalf | | | | | | |
| 5 The value of s | services or facilities | | | | | | |
| furnished by | a governmental unit to | | | | | | |
| the organizat | ion without charge | | | | | | |
| | nes 1 through 5 | | | | | | |
| | uded on lines 1, 2, and | | | | | | |
| | om disqualified persons | | | | | | |
| | on lines 2 and 3 received | | | | | | |
| | squalified persons that | | | | | | |
| | r of \$5,000 or 1% of the for the year | | | | | | |
| | and 7b | | | | | | |
| | ort. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Tot | tal Support | | | | | | |
| Calendar vear (or fis | scal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | n line 6 | (4) 23 :3 | (2) 2020 | (5) = 5 = 1 | (4) = 3 = 2 | (5) = 5 = 5 | (1) 10101 |
| 10a Gross income | | | | | | | |
| | yments received on | | | | | | |
| securities loa | ns, rents, royalties, rom similar sources | | | | | | |
| | ness taxable income | | | | | | - |
| | 11 taxes) from businesses | | | | | | |
| acquired after a | , | | | | | | |
| • | a and 10b | | | | | | |
| | rom unrelated business | | | | | | |
| | included on line 10b, | | | | | | |
| whether or no regularly carr | ot the business is ied on | | | | | | |
| | e. Do not include gain | | | | | | |
| or loss from t | he sale of capital | | | | | | |
| | in in Part VI.)(Add lines 9, 10c, 11, and 12.) | | | | | | |
| | If the Form 990 is for th | e organization's fi | ret second third t | ourth or fifth tax | Vear as a section 5 | N1(c)(3) organizatio | <u> </u> |
| = | x and stop here | - | | | • | | |
| | mputation of Publi | | | | | | |
| | rt percentage for 2023 (I | | | column (f)) | | 15 | % |
| | rt percentage from 2022 | | | | | 16 | % |
| | mputation of Inves | | | | | 1.0 | 70 |
| | come percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | come percentage from | | | | | 18 | % |
| | port tests - 2023. If the | | | | | | |
| | 1/3%, check this box ar | | | | | | |
| | oort tests - 2022. If the | | | | | | |
| | more than 33 1/3%, che | • | | | • | • | |
| | dation. If the organization | | | | | | |

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.
- 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")? |f "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).
- 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?
- 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).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | 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 | | |
| | A family member of a person described on line 11a above? | 11b | | |
| | 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 | | |
| Sect | 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 Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 1 | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | • | | |
| | 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, | 2 | | |
| Sect | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | | | |
| - | tion of Type in eapperting enganizations | | Vaa | Na |
| 4 | Ways a majority of the avagainstian's divestors by twisters duving the tay year also a majority of the divestors | | Yes | No |
| | 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 | | | |
| Sect | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| | aon B. All Type in Supporting Significations | | Vaa | Na |
| | | | Yes | No |
| | 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 | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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 | | |
| | 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 | _ | | |
| Sact | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns). | | |
| а | 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 | e instruction | | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | 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 | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | 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 | OI: | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 0 | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ole | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Minimum Asset Amount (add line 7 to line 6)

| Sche | edule A (Form 990) 2023 NORTHWEST INSTITUTE OF R | ESEZ | ARCH | 25-1296727 Page 6 |
|------|---|----------|------------------------------|--------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | nizations | <u>u</u> |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | n Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must c | | | |
| 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 | | |

| Sec | tion 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 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally i | integra | ated Type III supporting organ | nization (see |

8

instructions).

Schedule A (Form 990) 2023

| | | | | | 9 | | |
|----------|--|-------------------------------|---------------------------------------|----|---|--|--|
| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
| Sect | ion D - Distributions | | | | Current Year | | |
| _1_ | Amounts paid to supported organizations to accomplish exe | | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | | | |
| | organizations, in excess of income from activity | | | 2 | | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 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 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | (m) | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | s | (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 | | | | | | |
| a | From 2018 | | | | | | |
| b | From 2019 | | | | | | |
| c | From 2020 | | | | | | |
| d | From 2021 | | | | | | |
| <u>e</u> | From 2022 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | | | |
| i_ | Carryover from 2018 not applied (see instructions) | | | | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | | |
| | line 7: \$ | | | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | | | |
| <u>b</u> | Applied to 2023 distributable amount | | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | | |
| | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| | Excess from 2019 | | | | | | |
| | Excess from 2020 | | | | | | |
| | Excess from 2021 | | | | | | |
| d | Excess from 2022 | | | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NORTHWEST INSTITUTE OF RESEARCH

Employer identification number 25-1296727

| Pa | organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line | | illilai Fullus (| Complete if the |
|----------|---|-----------------------------|---------------------|---------------------------------------|
| | | (a) Donor advised | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets hel | d in donor advise | ed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that gra | nt funds can be ι | used only |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any | other purpose c | onferring |
| | impermissible private benefit? | | | |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered "Yes | " on Form 990, P | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | Preservation of land for public use (for example, recreat | tion or education) | Preservation of | a historically important land area |
| | Protection of natural habitat | | Preservation of | a certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contribu | ition in the form o | f a conservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 1 1 |
| С | Number of conservation easements on a certified historic stru | ucture included on line 2a | | 2c |
| d | Number of conservation easements included on line 2c acqui | ired after July 25, 2006, a | nd not | |
| | on a historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or te | erminated by the | organization during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspecti | on, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | handling of violations, and | d enforcing conse | ervation easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ling of violations, and enf | orcing conservati | on easements during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above | | . , | |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its reven | ue and expense s | statement and |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's | financial stateme | nts that describes the |
| Da | organization's accounting for conservation easements. | Aut Historia al Tua | | ou Cincilan Acceta |
| Pa | rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form | • | isures, or Oti | ier Similar Assets. |
| | | | nua atatamant an | ad balance about works |
| ıa | If the organization elected, as permitted under FASB ASC 958 | | | |
| | of art, historical treasures, or other similar assets held for pub | | | |
| L | service, provide in Part XIII the text of the footnote to its finan | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or | research in furthe | erance or public service, |
| | provide the following amounts relating to these items. | | | Φ. |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| • | | | | <u>'</u> |
| 2 | If the organization received or held works of art, historical trea | | | gain, provide |
| _ | the following amounts required to be reported under FASB AS | - | | Φ. |
| a | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| h | ACCOTO INCILIDAD IN FORM USUA LIGHT V | | | |

| | | T INSTITU | | | | 0.1 | | 129672 | | age 2 |
|-----|---|---------------------|-------------|----------------|----------------|----------------|------------------|------------------------|----------|--------------|
| Par | t III Organizations Maintaining Co | llections of Ai | rt, Histo | orical Tre | easures, o | r Other | Similar As | sets _{(conti} | nued) | |
| 3 | Using the organization's acquisition, accession | n, and other record | ds, check | any of the | following tha | t make sig | nificant use o | f its | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | | | | hange progra | | | | | |
| b | Scholarly research | • | е 🔲 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's coll | ections and explai | n how th | ey further th | ne organizatio | on's exemp | ot purpose in | Part XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations | of art, his | storical treas | sures, or othe | er similar a | ssets | | | |
| | to be sold to raise funds rather than to be main | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arrange | ements Comple | ete if the | organizatior | n answered " | Yes" on Fo | orm 990, Part | IV, line 9, or | | |
| | reported an amount on Form 990, Part | X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | n, or other interme | diary for | contribution | ns or other as | sets not ir | ncluded | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | | | | |
| | | | | | | | | Amour | nt | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on For | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | , · | | |] |
| Par | | | | | | | | | | |
| | | (a) Current year | | rior year | (c) Two yea | | d) Three years I | back (e) Fou | ır years | back |
| 12 | Beginning of year balance | , | \ \ \ \ \ \ | | () | <u> </u> | , | () | <u></u> | |
| b | Contributions | | | | | | | | | |
| 0 | Net investment earnings, gains, and losses | | | | | | | | | |
| ٦ | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| Ť | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | | | g, column (a |)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment% | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the possess | sion of the organiz | ation tha | t are held ar | nd administer | red for the | | | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | |
| | (ii) Related organizations? | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ons listed as requi | red on S | chedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the o | | wment f | unds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipme | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 99 | 0, Part IV | , line 11a. S | See Form 990 |), Part X, lii | ne 10. | | | |
| | Description of property | (a) Cost or | other | (b) Cost | t or other | (c) Acc | cumulated | (d) Boo | ok value |) |
| | <u> </u> | basis (invest | ment) | basis | (other) | | reciation | <u> </u> | | |
| 1a | Land | | | 29 | 0,272. | | | 29 | 0,27 | 72. |
| | Buildings | | | | 3,146. | 1 | 16,563. | | 6,58 | |
| | Leasehold improvements | | | | - | | - | | - | |
| | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |

Schedule D (Form 990) 2023

756,855.

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

| Part VI | Investments - Other Securities | | | <u> </u> |
|---------------|--|----------------------------|--|-----------------------|
| | Complete if the organization answered "Yes" of | | | |
| | iption of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| | cial derivatives | | + | |
| | y held equity interests | | | |
| (3) Other | | | + | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) (E) | | | | |
| | | | | |
| (F) (G) | | | + | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VI | III Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" o | on Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX | | | | |
| | Complete if the organization answered "Yes" of | | e 11d. See Form 990, Part X, line 15. | |
| | (a) l | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | house (h) source a source Forms 2000 Point V line 15 and | (D)) | | |
| Part X | lumn (b) must equal Form 990, Part X, line 15, col. Other Liabilities | . (B)) | | |
| 1 41171 | Complete if the organization answered "Yes" of | on Form 990. Part IV. line | e 11e or 11f. See Form 990. Part X. line 25. | |
| 1. | (a) Description of liability | | | (b) Book value |
| | ederal income taxes | | | () |
| | CCRUED WAGES AND TAXES | | | 99,942. |
| $\overline{}$ | ECURITY DEPOSIT PAYABLE | | | 1,869. |
| (4) | | | | , |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, line 25, col. | (B)) | | 101,811. |

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

| i di e XI | econciliation of Revenue per Audited Financial Stat | ements with F | evenue per ne | um | | |
|---|---|----------------|----------------|-------|----------|----------------|
| Co | mplete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | | |
| 1 Total reve | nue, gains, and other support per audited financial statements | | | 1 | 39,697 | <u>,490.</u> |
| 2 Amounts | included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a Net unrea | lized gains (losses) on investments | 2a | 217,063. | | | |
| b Donated | services and use of facilities | 2b | | | | |
| c Recoverie | s of prior year grants | 2c | | | | |
| d Other (De | scribe in Part XIII.) | 2d | | | | |
| e Add lines | 2a through 2d | | | 2e | | <u>,063.</u> |
| 3 Subtract | ine 2e from line 1 | | | 3 | 39,480 | <u>,427.</u> |
| 4 Amounts | included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| a Investme | nt expenses not included on Form 990, Part VIII, line 7b | 4a | 22,579. | | | |
| b Other (De | scribe in Part XIII.) | 4b | | | | |
| c Add lines | 4a and 4b | | | 4c | | <u>,579.</u> |
| 5 Total reve | nue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |) | | 5 | 39,503 | <u>,006.</u> |
| | econciliation of Expenses per Audited Financial Sta | | Expenses per P | eturi | n | |
| Co | implete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | | |
| 1 Total exp | enses and losses per audited financial statements | | | 1 | 39,469 | 060 |
| 2 Amounts | included on line 1 but not on Form 990, Part IX, line 25: | | | | 05/205 | <u>, 303.</u> |
| | | 1 1 | | | 33,103 | , 303. |
| a Donated | services and use of facilities | 2a | | • | 03 / 103 | <u>, 909 •</u> |
| | services and use of facilities adjustments | | | • | 33 / 103 | , 909. |
| b Prior year | | 2b | | · | 33 / 203 | , 909. |
| b Prior yearc Other loss | adjustments | 2b 2c | | · | 03,203 | , 909. |
| b Prior yearc Other lossd Other (De | adjustments ses | 2b 2c 2d | | 2e | | 0. |
| b Prior yearc Other losd Other (Dee Add lines | adjustments ses scribe in Part XIII.) | 2b 2c 2d | | | 39,469 | 0. |
| b Prior yearc Other lossd Other (Dee Add lines3 Subtract | adjustments ses scribe in Part XIII.) 2a through 2d | 2b 2c 2d | | 2e | | 0. |
| b Prior yearc Other lossd Other (Dee Add lines3 Subtract4 Amounts | adjustments ses scribe in Part XIII.) 2a through 2d ine 2e from line 1 | 2b 2c 2d | | 2e | | 0. |
| b Prior year c Other loss d Other (De e Add lines 3 Subtract 4 Amounts a Investment | adjustments ses scribe in Part XIII.) 2a through 2d ine 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: | 2b 2c 2d | | 2e | | 0. |
| b Prior year c Other loss d Other (De e Add lines 3 Subtract 4 Amounts a Investment | adjustments ses scribe in Part XIII.) 2a through 2d ine 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: nt expenses not included on Form 990, Part VIII, line 7b scribe in Part XIII.) | 2b 2c 2d 4a 4b | | 2e | | 0. ,969. |

| Part XIII | Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BASED UPON THE STATUTES OF LIMITATION, THE INSTITUTE'S FEDERAL FORM 990 INFORMATION RETURNS COULD BE SUBJECTED TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS FROM THE DATE OF FILING INCLUDING EXTENSIONS. THE INSTITUTE WOULD BE LIABLE FOR ANY UNRELATED BUSINESS NET INCOME TAX DEFICIENCIES NOTED DURING SUCH AUDITS. MANAGEMENT IS NOT AWARE OF ANY MATERIAL ITEMS OF NON-COMPLIANCE OR ADJUSTMENTS WHICH WOULD RESULT IN AN ASSESSMENT OF TAX LIABILITIES. AS OF THE DATE OF THE FINANCIAL STATEMENTS, THERE WERE NO SUCH AUDITS IN PROCESS OR SCHEDULED.

| Schedule D (Form 990) 2023 Part XIII Supplemental Inform | NORTHWEST | INSTITUTE | OF | RESEARCH | 25-1296727 | Page 5 |
|---|--------------------|-----------|----|----------|------------|--------|
| Part XIII Supplemental Infor | mation (continued) | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

Open to Public OMB No. 1545-0047

Inspection

N X **Employer identification number** EARLY CHILDHOOD EDUCATION 25-1296727 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance KTQ/STARS CQI TTQ/STARS CQI KTQ/STARS CQI KTQ/STARS CQI KTQ/STARS CQI TTQ/STARS CQI AWARD AWARD AWARD AWARD AWARD AWARD (f) Method of valuation (book, FMV, appraisal, other) FMV6,000, FMV 7,000, FMV 68,000, FMV 5,500, FMV 6,000, FMV 6,500. (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 0 0 0 0 0 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table RESEARCH (c) IRC section (if applicable) ОF 501C3 501C3 46-4480268 501C3 501C3 501C3 501C3 NORTHWEST INSTITUTE 25-1202787 04-2949680 26-3794898 25-1198158 25-1382651 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? BRIGHT HORIZONS CHILDREN'S CENTERS - 3813 HADLEY ROAD - CLARKS BUILDING BLOCKS CHILD CENTER, INC. 1 (a) Name and address of organization LLC - PO BOX 98 - CONNEAUT LAKE, CONNEAUT LAKE CHILD CARE CENTER CHILD DEVELOPMENT CENTERS, INC. MA CLARKS MILLS UNITED METHODIST LLC - 2 WELLS AVE - NEWTON, CHILD DEVELOPMENT PROGRAMS or government HERMITAGE, PA 16148 BENEDICTINE SISTERS ERIE, PA 16503-1107 Name of the organization FRANKLIN, PA 16323 702 LIBERTY STREET 4075 LAMOR ROAD MILLS, PA 16114 PA 16316 Part I Part II CHURCH 02459 N

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

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

Schedule I (Form 990) 2023

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| NORTHWEST | of Grants and Other |
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| Schedul | Part II |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CREATIVE PRESCHOOL & DAY CARE DIANE C. LORIGAN SHARPSVILLE, PA 16150 | 26-1614382 | 50103 | .0 | .996,9 | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| EARLY CONNECTIONS, INC. 200 WEST 11TH STREET, SUITE 200 ERIE, PA 16501 | 25-0965635 | 501C3 | .0 | 18,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| EPS PENNBRIAR CHILDCARE, LLC 100 PENNBRIAR DRIVE ERIE, PA 16509 | 88-4381820 | 501C3 | 0. | 6,000,9 | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| FAMILY & COMMUNITY CHRISTIAN ASSOCIATION - 378 CHESTNUT STREET - MEADVILLE, PA 16335 | 25-0965638 | 501C3 | .0 | 26,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| FRENCH CREEK VALLEY CHRISTIAN SCHOOL, INC - 420 NORTH STREET - SAEGERTOWN, PA 16433 | 25-1385534 | 50103 | 0. | 6,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| GROWING AND LEARNING CENTER LLC 5390 ROUTE 6N WEST EDINBORO, PA 16412 | 37-1930208 | 501C3 | 0. | 7,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| HANDLED WITH CARE CHILDCARE, LLC NADINE LEACH ERIE, PA 16501-1405 | 26-4243077 | 50163 | 0. | 6,000,9 | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| IROCK FITNESS 2312 W. 15TH ST. ERIE, PA 16505 | 27-3155176 | 501C3 | .0 | 7,000.7 | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| KUEHG, CORP. 650 NE HOLLADAY ST., SUITE 1400 PORTLAND, OR 97232 | 47-4478313 | 501C3 | .0 | 6,000,9 | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
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| Schedule I (Form 990) NORTHWEST | INSTITUTE | E OF RESEARCH | CH CH | | (1 400 000 mg/) Loli bodo | | 25-1296727 Page 1 |
|--|------------|-------------------------------|--------------------------|---------|---|--|---------------------------------------|
| (a) Name and address of if applicable cash grant and address of section or government assistant and address of a cash grant assistant as | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | 1 5 5 0 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEADVILLE CHILDREN'S CENTER 400 N. MAIN STREET MEADVILLE, PA 16335 | 25-1723184 | 501C3 | 0. | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| MEADVILLE YMCA 356 CHESTNUT ST. MEADVILLE, PA 16335 | 25-0969495 | 50103 | .0 | 15,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| MERCYHURST CHILD LRNG CENTER, INC. 2703 ASH ST. ERIE, PA 16504 | 25-1529249 | 50103 | .0 | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| MILESTONES EARLY LEARNING CENTER, LLC - 5163 BUFFALO ROAD - ERIE, PA 16510 | 27-1525147 | 501C3 | 0. | 7,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| MONTESSORI IN THE WOODS, INC. 1390 TOWNHALL RD WEST ERIE, PA 16509 | 25-1811011 | 501C3 | 0. | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| MULTICULTURAL COMMUNITY RESOURCE CENTER - 554 E 10TH ST - ERIE, PA 16503 | 25-1271293 | 50103 | .0 | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| SCENIC RIVERS YMCA 316 WEST 1ST STREET OIL CITY, PA 16301 | 25-0965626 | 501C3 | 0. | 6,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| SOUTH HILLS CHILD DEV CENTER INC 3808 CAUGHEY ROAD ERIE, PA 16506 | 20-8087978 | 50103 | .0 | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| ST MARTIN CENTER INC. 1701 PARADE STREET ERIE, PA 16503 | 25-1211464 | 501C3 | 0. | 7,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
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| (a) Name and address of coganization or government or government (b) EIN (c) IRC section or ganization or government (a) EIN (b) EIN (c) IRC section or ganization or government (b) EIN (c) IRC section (a) Amount of cash grant noncash (b) EIN (c) IRC section (d) Amount of cash grant noncash (b) EIN (d) | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|--------------------------|----------------------------------|---|--|---------------------------------------|
| ST PAUL'S EVANGELICAL LUTHERAN CHURCH - 3108 STERRETTANIA RD - ERIE, PA 16506 | 25-1429296 | 501C3 | .0 | 6,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| STONE UNITED METHODIST CHURCH CHILD, CTR, - 956 SOUTH MAIN STREET - MEADVILLE, PA 16335 | 25-0990585 | 501C3 | 0. | 5,499. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| THE CHURCH OF THE CHRISTIAN & MISSIONARY - NORTHEAST ALLIANCE - NORTH EAST, PA 16428 | 25-1246164 | 501C3 | 0. | 6,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| YMCA OF FRANKLIN & GROVE CITY 543 EAST MAIN STREET EXT. GROVE CITY, PA 16127 | 25-0995782 | 50103 | .0 | 11,000. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| YMCA OF GREATER ERIE 31 W 10TH ST ERIE, PA 16501 | 25-0965621 | 50103 | 0. | 57,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| YOUNG MEN'S CHRISTIAN ASSOCIATION - CORRY - 906 NORTH CENTER STREET - CORRY, PA 16407 | 25-1032621 | 50103 | 0. | 5,500. | FMV | KTQ/STARS CQI AWARD | EARLY CHILDHOOD EDUCATION |
| EARLY CONNECTIONS, INC. 200 WEST 11TH ST, SUITE 200 ERIE, PA 16501 | 25-0965635 | 50103 | .0 | 448,000.E | FMV | ITCS | EARLY CHILDHOOD EDUCATION |
| TIMBER RIDGE CHILD CARE 505 HIGH ST CONNEAUTVILLE, PA 16406 | 86-1110653 | 501C3 | .0 | 256,000.E | FMV | ITCS | EARLY CHILDHOOD EDUCATION |
| YMCA OF GREATER ERIE 31 W 10TH ST ERIE, PA 16501 | 25-0965621 | 501C3 | 0. | 704,000. | FMV | ITCS | EARLY CHILDHOOD EDUCATION |
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Schedule I (Form 990) NORTHWEST INSTITUTE OF RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NORTHWEST INSTITUTE OF RESEARCH

EARLY CHILDHOOD EDUCATION EARLY CHILDHOOD EDUCATION (h) Purpose of grant or assistance (g) Description of non-cash assistance ITCS ITCS (f) Method of valuation (book, FMV, appraisal, other) 192,000, FMV 128,000, FMV (e) Amount of noncash assistance (d) Amount of cash grant 0 0 (c) IRC section if applicable 25-1032621 501C3 27-4525991 501C3 (p) EIN YOUNG MEN'S CHRISTIAN ASSOCIATION - CORRY - 906 NORTH CENTER STREET (a) Name and address of organization or government ZION EDUCATION CENTER - CORRY, PA 16407 FARRELL, PA 16121 602 ROEHMER BLVD

NORTHWEST INSTITUTE OF RESEARCH

Page 2

25-1296727

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2023

Part III Grants and Other

(f) Description of noncash assistance EARLY CHILDHOOD EDUCATION (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information. 10,500. FMV (d) Amount of non-cash assistance • (c) Amount of cash grant (b) Number of recipients 9 (a) Type of grant or assistance KTQ/STARS CQI AWARD

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

NORTHWEST INSTITUTE OF RESEARCH

Employer identification number 25-1296727

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | 1 |

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

Schedule J (Form 990) 2023

NORTHWEST INSTITUTE OF RESEARCH

Schedule J (Form 990) 2023 NORTHWEST INS

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | 2 and/or 1099-MISC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation in column (B) |
|--------------------|----------|--|-------------------------------------|-------------------------------------|-----------------------------------|----------------|----------------------|---|
| (A) Name and Title | • | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ELANA COMO | (5) | 187,053. | 0 | 0 | 0 | 0 | 187,053. | 0 |
| CEO | (ii) | | 0 | 0 | 0 | 15,315. | 15,315. | 0 |
| (2) LEAH MANINO | Ξ | 155,813. | 0 | 0 | 0 • | | 155,813. | 0 |
| FORMER CFO | (ii) | 0 | 0 | 0 | 0. | 5,534. | | 0 |
| | (i) | | | | | | | |
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| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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| |
| PART I, LINE 3: |
| THE BOARD OF DIRECTORS WILL MEET AND VOTE TO APPROVE THE CEO'S |
| COMPENSATION. |
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| Schedule J (Form 990) 2023 |

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Inspection

| NORTHWEST INSTITUTE OF RESEARCH | 25-1296727 |
|--|------------------|
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| EACH BOARD MEMBER RECEIVES A COPY OF FORM 990 TO REVIEW BE | FORE THE FORM IS |
| SUBMITTED. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| OFFICERS OF DIRECTORS DISCLOSE THE RELATIONSHIP OR INTERES | T TO THE BOARD |
| AND THE BOARD, IN GOOD FAITH, MAKES THE DECISION TO AUTHOR | IZE THE CONTRACT |
| OR TRANSACTION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| COMPENSATION PROCESS FOR TOP OFFICIAL DETERMINED BY THE BO | ARD OF DIRECTORS |
| AND BASED ON AVERAGE SALARIES OF COMPARABLE ORGANIZATIONS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS, DISCLOSURE EXPLANATION, AND CONFLICT | OF INTEREST |
| POLICY ARE AVAILABLE UPON REQUEST. | |
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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 25-1296727Direct controlling End-of-year assets Total income 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) NORTHWEST INSTITUTE OF RESEARCH Primary activity Name, address, and EIN (if applicable) of disregarded entity Partl

(g) Section 512(b)(13) controlled Ŷ entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Part II

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

Schedule R (Form 990) 2023

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Page 2

Schedule R (Form 990) 2023 NORTHWEST INSTITUTE OF RESEARCH

| ete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more rek | |
|---|--|
| Part III Identification of Related Organizations Taxable as a Partnership. Comp organizations treated as a partnership during the tax year. | |

| (j) (k) General or Percentage managing ownership partner? Yes No | | |
|---|--|--|
| (j) eneral or lanaging partner? es No | | |
| (i) (j) Code V-UBI General or P. amanaging o 20 of Schedule Partner? K-1 (Form 1065) Yes No | | |
| (h) Disproportionate allocations? | | |
| (g) Share of end-of-year assets | | |
| (f) Share of total income | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | |
| (d) Direct controlling entity | | |
| (c) Legal domicile (state or foreign country) | | |
| (b) Primary activity | | |
| (a) Name, address, and EIN of related organization | | |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| organizations treated as a colporation of trast during the tay year. | iiig iile tan yeai. | | | | | | | | |
|--|---------------------|--|--|---|-----------------------|-----------------------------------|-------------------------|-------------------------------------|-------|
| (a) | (q) | (c) | (p) | (e) | (£) | (b) | (h) | (i) | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling Type of entity (C corp, S corp, or trust) | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | 512(b)(13) controlled entity? | ء ا ہ |
| KEYSTONE UNIVERSITY RESEARCH CORP - | | | | | | | | 2 | 2 |
| 25-1393048, 3823 WEST 12TH STREET, ERIE, PA | | | | | | | | | |
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Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | _ | Yes No |
|---|----------------------------|--|--|------------|-------------|
| 1 During the tax year, did the organization engage in any of the following transactions | s with one or more rela | transactions with one or more related organizations listed in Parts II-IV? | n Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | , | | | 1 a | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1p | × |
| (8) | | | | 2 | × |
| Loans or loan quarantees to or for related organization(s) | | | | 79 | × |
| | | | | 2 | |
| e Loans of loan guarantees by related organization(s) | | | | e l | 4 |
| f Dividends from related organization(s) | | | | ¥ | × |
| 7 | | | | 7 | × |
| | | | | n ; | > |
| h Purchase of assets from related organization(s) | | | | 두 | 4 |
| i Exchange of assets with related organization(s) | | | | ÷ | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | × |
| V loses of familities an imment or other secote from related or conjugation (e) | | | | ÷ | × |
| | (0)(0) | | | € ₹ | > |
| I PERIORITIATIVE OF SERVICES OF HIEITIDES FIND OF TUTIONAISING SOLICITATIONS TO FERATED OF USATION(S) | nization(s) | | | = } | 4 × |
| | (s) | | | | 1 > |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | (s)uo | | | £ | × : |
| Sharing of paid employees with related organization(s) | | | | 우 | × |
| | | | | | Þ |
| p remindursement paid to related organization(s) for expenses | | | | <u>.</u> | + |
| q Reimbursement paid by related organization(s) for expenses | | | | 19 | × |
| r Other transfer of cash or property to related organization(s) | | | | ÷ | × |
| | | | | . 4 | × |
| If the answer to any of the above is "Yes." see the instructions for inform | ho must complete this | line, including covered r | nation on who must complete this line, including covered relationships and transaction thresholds. | 2 | |
| | (4) | 6 | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | /olved | |
| (1) KEYSTONE RESEARCH CORPORATION | Д | 10,424. | COST OF REIMBURSED EXPENSES | SES | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (9) | | | | | |
| 332163 09-28-23 | | | Schedule R (Form 990) 2023 | R (Form 9 | 990) 2023 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes No | (k) Percentage ownership |
|--------------------------------------|--------------------------------|---|---|--|------------------------------------|--|-----------------------------------|---|---|----------------------------|
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