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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

Cascade Connections mission is : Empowering individuals with disabilities to enhance their quality of life.

Cascade Connections achieves its mission through their statement of values which include:

Service Excellence, Integrity, Empowerment, Competencies, Christian Leadership, Servant Leadership, Equal Opportunity, Individualized Services, and Community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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  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 \$ 2,948,090 including grants of \$ \_\_\_\_\_) (Revenue \$ 3,049,823)

Residential Services: Cascade Connections supported 74 individuals to live in our community in 2014. The services provided include 24 hour care, respite, and intermittent supports based on individual needs. Those supported range from children to elderly adults. Individuals receiving residential services from CC are typically referred to us by the Developmental Disabilities Administration and Home and Community Services.

4b (Code: \_\_\_\_\_) (Expenses \$ 1,417,058 including grants of \$ \_\_\_\_\_) (Revenue \$ 1,737,030)

Vocational Services served a total of 172 individuals with disabilities in 2014. Our customers range from transition students coming out of high school at 21 to those approaching retirement in their 70's. The customers of CC are referred to us through Division of Vocational Rehabilitation, the Developmental Disabilities, and Department of Services for the Blind. Cascade Connections serves a wide variety of individuals who have a variety of skills and abilities as well as support needs. CC works with hundreds of local businesses throughout Whatcom County assisting them to increase the diversity in their workforce. We offer information for local employers, set up informational interviews and working interviews, negotiate reasonable accommodations if needed, and provide on-site training when needed. CC belongs to the Lynden, Ferndale and Bellingham Chamber of Commerce, The Society of Human Resource Management and the Lions Club. CC has created 706 jobs since 1994, 68 of them in 2014 alone. Cascade Connections commercial operations employed a total of 55 people with disabilities on their crews in 2014. Those individuals earned a total of \$268,848 last year. CC works with hundreds of local businesses throughout Whatcom County assisting them to increase the diversity.

4c (Code: \_\_\_\_\_) (Expenses \$ 57,792 including grants of \$ \_\_\_\_\_) (Revenue \$ 14,296)

Training Services: Cascade Connections Training Department is licensed as a private school certifying our training center to teach classes to the public. We offer in-house trainings including, but not limited to- CPR/First Aid, HCA licensing training, and population specific trainings : DD Specialty, Mental Health and Dementia, and many CEU qualifying classes. We offer both on-site and off-site trainings in the community and have a wide variety of information available through our resource library of books, videos and workshops. Cascade Connections is able to offer on-site prometrics testing for both our staff and the community. We are developing online trainings routinely in order to meet the needs of our customers and our community.

4d Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 4,422,940

**SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open To Public  
Inspection

Name of the organization

CASCADE CONNECTIONS

Employer identification number

91-1017868

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?	(h) Approved by board or committee?		(i) Written agreement?	
							To	From	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ► \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Schedule L (Form 990 or 990-EZ) 2014

Page **2****Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues*	
				Yes	No
(1) CADE'Z Construction, Inc	Key Employee Spouse	2,335	Cabinetry & Trim Work		✓
(2) John Crane Painting, Inc	Key Employee Father	9,989	Exterior & Interior Painting		✓
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)