

SEC. RECEIVED  
 APR 19 2007  
 WASH, D.C. 203  
 SECTION

FORM D  
 NOTICE OF SALE OF SECURITIES  
 PURSUANT TO REGULATION D,  
 SECTION 4(6), AND/OR  
 UNIFORM LIMITED OFFERING EXEMPTION

Pr  
  
 07052495

of Offering  (check if this is an amendment and name has changed, and indicate change.)

of Beneficial Interests of Newport Cascade Fund, LLC

1171589

Under (Check box(es) that apply):  
 Rule 504     Rule 505     Rule 506     Section 4(6)     ULOE  
 of Filing:     New Filing     Amendment

**A. BASIC IDENTIFICATION DATA**

Enter the information requested about the issuer

of Issuer  (check if this is an amendment and name has changed, and indicate change.)

of Newport Cascade Fund, LLC

Address of Executive Offices: (Number and Street, City, State, Zip Code)  
 Pacific Alternative Asset Management Co., LLC, 19540 Jamboree Road, Suite 400, Irvine, CA 92612

Telephone Number (Including Area Code)  
 (949)261.4900

Address of Principal Offices (Number and Street, City, State, Zip Code)  
 Different from Executive Offices

Telephone Number (Including Area Code)

PROCESSED

of Description of Business: Private Investment Company

MAY 03 2007

of Business Organization

corporation     limited partnership, already formed     other (please specify)  
 business trust     limited partnership, to be formed    Limited Liability Company

THOMSON FINANCIAL

ual or Estimated Date of Incorporation or Organization:    Month: 0 3    Year: 0 2     Actual     Estimated

isdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State; CN for Canada; FN for other foreign jurisdiction)    D E

**GENERAL INSTRUCTIONS**

**ederal:**  
*ho Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 S.C. 77d(6).

*hen To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*here to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*opies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

*ormation Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes hereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

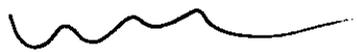
*iling Fee:* There is no federal filing fee.

**ate:**  
 his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be made, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



Each promoter of the issuer, if the issuer has been organized within the past five years;  
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  
Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual): **Pacific Alternative Asset Management Company, LLC**

Business or Residence Address (Number and Street, City, State, Zip Code): **19540 Jamboree Road, Suite 400, Irvine, CA 92612**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual): **Watters, Patricia**

Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Pacific Alternative Asset Management Co., LLC, 19540 Jamboree Road, Suite 400, Irvine, CA 92612**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual): **Catholic Health Initiatives**

Business or Residence Address (Number and Street, City, State, Zip Code): **199 Broadway, Suite 2605, Denver, Colorado 80202**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. Is the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.....

Yes  No

Answer also in Appendix, Column 2, if filling under ULOE.

2. What is the minimum investment that will be accepted from any individual? .....

\$1,000,000\*

May be waived

3. Does the offering permit joint ownership of a single unit?.....

Yes  No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
(Check "All States" or check individual States).....

All States

- [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]
- [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]
- [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]
- [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
(Check "All States" or check individual States).....

All States

- [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]
- [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]
- [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]
- [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
(Check "All States" or check individual States).....

All States

- [AL]  [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]
- [IL]  [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]
- [MT]  [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]
- [RI]  [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and ready exchanged.

| Type of Security   | Aggregate Offering Price | Amount Already Sold   |
|--|--------------------------|-----------------------|
| Debt .....   | \$ _____                 | \$ _____              |
| Equity .....   | \$ _____                 | \$ _____              |
| <input type="checkbox"/> Common <input type="checkbox"/> Preferred |                          |                       |
| Convertible Securities (including warrants) .....                  | \$ _____                 | \$ _____              |
| Partnership Interests .....  | \$ _____                 | \$ _____              |
| Other (Specify <b>(Beneficial Interests)</b> ) .....               | \$ <b>500,000,000</b>    | \$ <b>153,200,000</b> |
| <b>Total</b> .....   | <b>\$ 500,000,000</b>    | <b>\$ 153,200,000</b> |

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

|  | Number Investors | Aggregate Dollar Amount of Purchases |
|--|------------------|--------------------------------------|
| Accredited Investors .....                           | 1                | \$ <b>153,200,000</b>                |
| Non-accredited Investors .....                       | 0                | \$ <b>0</b>                          |
| <b>Total (for filings under Rule 504 only)</b> ..... | <b>n/a</b>       | \$ <b>n/a</b>                        |

Answer also in Appendix, Column 4, if filing under ULOE

If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.

| Type of Offering   | Types of Security | Dollar Amount Sold |
|--------------------|-------------------|--------------------|
| Rule 505 .....     | n/a               | \$ <b>n/a</b>      |
| Regulation A ..... | n/a               | \$ <b>n/a</b>      |
| Rule 504 .....     | n/a               | \$ <b>n/a</b>      |
| <b>Total</b> ..... | <b>n/a</b>        | \$ <b>n/a</b>      |

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

|  |                                     |                  |
|--|-------------------------------------|------------------|
| Transfer Agent's Fees .....                                | <input type="checkbox"/>            | \$ _____         |
| Printing and Engraving Costs .....                         | <input type="checkbox"/>            | \$ _____         |
| Legal Fees .....   | <input checked="" type="checkbox"/> | \$ <b>13,894</b> |
| Accounting Fees .....                                      | <input type="checkbox"/>            | \$ _____         |
| Engineering Fees .....                                     | <input type="checkbox"/>            | \$ _____         |
| Sales Commissions (specify finders' fees separately) ..... | <input type="checkbox"/>            | \$ _____         |
| Other Expenses (identify _____) .....                      | <input type="checkbox"/>            | \$ _____         |
| <b>Total</b> .....   | <input checked="" type="checkbox"/> | \$ <b>13,894</b> |

is proceeds to the issuer.".....  
 5 State below the amount of the adjusted gross proceeds to the issuer used or proposed to be  
 d for each of the purposes shown. If the amount for any purpose is not known, furnish an  
 estimate and check the box to the left of the estimate. The total of the payments listed must equal  
 adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.

|  |                          | Payments to<br>Officers,<br>Directors &<br>Affiliates |                                     | Payments to<br>Others |
|--|--------------------------|---|-------------------------------------|-----------------------|
| Salaries and fees .....  | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Purchase of real estate .....  | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Purchase, rental or leasing and installation of machinery and equipment.....   | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Construction or leasing of plant buildings and facilities.....   | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Acquisition of other businesses (including the value of securities involved in this<br>offering that may be used in exchange for the assets or securities of another issuer<br>pursuant to a merger..... | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Repayment of indebtedness.....   | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Working capital .....  | <input type="checkbox"/> | \$ 0  | <input checked="" type="checkbox"/> | \$ 499,986,106        |
| Other (specify): .....   | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| .....  | <input type="checkbox"/> | \$ 0  | <input type="checkbox"/>            | \$ 0                  |
| Column Totals.....   | <input type="checkbox"/> | \$ 0  | <input checked="" type="checkbox"/> | \$ 499,986,106        |
| Total payments Listed (column totals added).....   | <input type="checkbox"/> | <input checked="" type="checkbox"/>                   | \$ 499,986,106                      |                       |

**D. FEDERAL SIGNATURE**

Issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature  
 constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished  
 to issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

|   |   |                        |
|---|---|------------------------|
| Issuer (Print or Type)<br>Newport Cascade Fund, LLC | Signature<br><i>Patricia Watters</i>  | Date<br>April 16, 2007 |
| Name of Signer (Print or Type)<br>Patricia Watters  | Title of Signer (Print or Type)<br>Chief Operating Officer of Pacific Alternative Asset Management Company, LLC, its<br>Manager |                        |

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.

The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

Issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

|   |   |                        |
|---|---|------------------------|
| Issuer (Print or Type)<br>Newport Cascade Fund, LLC | Signature<br><i>Patricia Watters</i>  | Date<br>April 16, 2007 |
| Name of Signer (Print or Type)<br>Patricia Watters  | Title of Signer (Print or Type)<br>Chief Operating Officer of Pacific Alternative Asset Management Company, LLC,<br>its Manager |                        |

Instruction:

The names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.



