East Cascades WORKS
Connecting Talent To Opportunity

Executive Committee Meeting Minutes

Date: May 11, 2026
Time: 12:30-1:30 pm
Location: Virtual via Zoom or Phone

Attendance

- Board: K'Lynn Lane, David Burger, Dave Baiocchi
- Staff: Heather Ficht, Jessica Fitzpatrick, Teresa Weir, Matt Gorman, Nickelle Haffey

Time	Topic	Presenter

12:30 pm **Consent Agenda** **K'Lynn Lane, Chair**

- Meeting called to order at 12:36 pm
- Check-in
  - The group discussed obstacles and goals.
- Ratify Minutes from March – *vote required*
  - The March 2026 Executive Committee meeting minutes were approved last month via e-vote. Dave Baiocchi moved to ratify the approval; Dave Burger seconded. Motion passed unanimously.
- Minutes from April ECW/EOWB Joint Executive Committee Meeting – *information only*
  - The draft minutes from the joint meeting with EOWB in April are included in the packet. Executive Committee members will vote to approve them at the next joint meeting with EOWB on June 15, 2026.
  - Dave Baiocchi noted he would abstain when the vote takes place, as he was not present at the April meeting.

12:45 pm **Budget** **Matt Gorman, Staff**

- Preliminary Tax Return/990 Filing – Federal and State – *information only*
  - Matt noted that we pay $470 in fees, which is standard; our CPA, Matt, and Heather will work together to file all the necessary documents.
  - There were no questions.
- Q3 Budget to Actual YTD Update – *information only*
  - Matt shared our year-end budget-to-actual forecast, which was developed using actual funds spent through the third quarter and spending forecasts from providers through the end of the year.
  - Highlights included an expected carry-in of 25% (11% board, 14% providers), or ~$1.6 million, of this year's budget into next year. Overall, this is a positive projection.
  - K'Lynn asked how much we normally carry over.

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Connecting Talent To Opportunity

        - Matt explained that it varies significantly from year to year due to the biennium, multi-year grants, and other factors.
- Draft PY26 Budget – *information only*
    - Heather led with an overview:
        - We had anticipated a 10% reduction in WIOA funding, but the State's allocation is actually higher than it was last year. However, that doesn't mean our region's allocation will increase. Our allocation is determined by last year's unemployment, poverty rate, and population density.
        - We are planning for a 5% decrease. Widespread job losses in Portland Metro may disproportionately affect regional allocations, but Klamath County also has very high unemployment, which boosts our funding. It's unlikely we'll know our allocation until after the next program year begins.
        - All expiring funds were known ahead of time, so the field is anticipating the loss. Our priority is preserving field positions as people deliver the workforce services.
        - Despite some cuts, the budget outlook is not as bad as we feared it would be.
        - The Executive Committee will see a detailed budget before the vote in June.
    - Matt shared some grant updates, including being able to spend the full YDO grant, receiving a $60k Rapid Response contract, applying for a BJA grant, and losing PGE and Pathways over the course of the year. Overall, we will see a 17-18% (~$1.6 million) decrease in resources.
    - Matt noted that Board spending will decrease due to Pathways funding ending Dec 31 (when the Pathways grant expires), and the cost savings of moving our office from The Haven to WSO-Bend. Program expenses will decrease because we can discontinue software subscriptions used for grants that are expiring.
    - Matt and Heather noted that if there were room in the budget, we would love to resume incumbent worker training grants.
    - Heather let the group know that the draft budget does not include a 3% staff salary increase to reflect the increased cost of living. This would amount to $36k overall.
        - The Executive Committee recommended including a 3% cost of living increase in the PY26 proposed budget.
    - Matt reiterated that the field was already aware they would need to make cuts this year. He noted that compared to actual past spending, the upcoming year's funding will be approximately level.
    - Matt noted that we're already looking ahead to FY 2027-2028 and starting to plan for future carry-in where possible.

1:00 pm **Updates** **Heather Ficht, Staff and K'Lynn Lane, Chair**

- EOWB and ECW – Heather Ficht, Staff
    - Heather announced that Leif Ryman is EOWB's new executive director. Heather, Leif, Erin Carpenter (EOWB's outgoing Director), Jim Pfarrer from OED, Sara Means from Gov. Kotek's office, and Julia Pontoni from HECC-OWI met in April to discuss proactive

alignment between ECW and EOWB. We learned that they have some concerns about the size of a combined East Cascades region, but that they would support the merger if our boards and local elected officials were in favor.
    - A follow-up meeting to develop actionable next steps is scheduled between our directors and EOWB's CEO and CFO. Our boards will begin comparing and aligning areas such as organizational structure, policies, and scope of work. Heather and Leif will meet weekly to share best practices based on our boards' respective strengths.
    - Heather noted that there is not as much urgency around the decision to merge as we originally anticipated.
    - Dave Burger asked about the county commissioners' reactions and role.
        - Heather answered that we plan to initiate conversations with county commissioners in person over the next 6 months. We will present a mini-Impact Report that includes introducing the conversation around consolidation. Heather noted that we want to involve all the commissioners, not just our COWC representatives, due to turnover.
- CIC – K'Lynn Lane, Chair
    - K'lynn shared that there were nine applicants to the CIC's RFP, a significant increase from years past. The committee unanimously selected EDSI (Educational Data Systems Incorporated) and expects the contract to be signed this week.

1:15 pm Debrief Board Meeting Heather Ficht, Staff

- Heather requested feedback from the Executive Committee about the meeting.
    - K'Lynn noted that it's still hard to hear participants in person in Bend.
        - Dave Burger expressed support for purchasing an OWL and noted that side-talk generally causes the most audio issues in hybrid meetings.
        - Dave Baiocchi offered to host a Board Meeting using his OWL in the interim.
    - Everyone agreed that success stories are always a highlight, especially when presented by the providers who worked with the participants in person.
        - K'Lynn suggested sharing success stories when meeting with our county commissioners as well.
    - Heather shared that she loved learning via text during the meeting that Teresa won the Workforce Champion award.
        - Teresa added that although she typically doesn't want recognition, it was amazing to be recognized for her work with the reentry program. She worked with over 40 partners to get the program up and running, and while she is proud of her role, she credited the individuals on the front lines as the real heroes.
- Heather and K'Lynn discovered they will both be in Salem at the Talent Summit next week. Heather will speak about the WSO Reentry program, highlighting that we have a 4% recidivism rate compared to the state's 19%. Heather added that we will be moving forward with a Reentry display at the capitol; she also credited WorkSource Reentry as a major factor in Oregon receiving the JFF Fair Chance to Advance grant.

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1:30 pm **Adjourn** **K'Lynn Lane, Chair**

- The meeting adjourned at 1:30 pm.

Attachments:

- March Executive Committee Meeting Minutes
- Draft April ECW/EOWB Joint Executive Committee Meeting Minutes
- Q3 Budget to Actual
- Draft PY26 Budget
- Tax Return/990

EAST CASCADES WORKS
BUDGET VS. ACTUAL
JULY 1, 2025 THROUGH JUNE 30, 2026

EXPENDITURES BY FUNDING SOURCES

GRANTS & FUNDING	BUDGET	FUNDS SPENT	Q4 FORECAST	BALANCE REMAINING	BALANCE REMAINING %
WIOA - Adult	$ 1,770,697	$ 908,800	$ 302,933	$ 558,960	
WIOA - Dislocated Worker	823,504	427,337	142,446	253,720	
WIOA - Youth	1,600,186	1,028,350	342,783	229,050	
WIOA - Rapid Response	89,483	63,667	21,222	4,590	
WIOA - Quest	271,375	196,549	74,827	-	
WIOA - Admin	609,002	264,530	88,177	256,300	
Federal - Future Ready (Prosperity 10K)	355,986	309,618	46,368	-	
Federal - Benefits Navigator	660,640	485,361	175,279	-	
Federal - DOL/OWP - Pathways Home	424,617	218,246	75,000	131,370	
State - Industry Engagement (Sectors)	123,055	103,203	9,350	10,500	
State - Work Experience	165,992	84,160	28,053	53,780	
State - Oregon Youth Employment (OYEP)	434,133	329,649	90,000	14,480	
State - Competitive Strategies (Board Support)	121,457	96,956	24,500	-	
State - GED Wraparound Grant	74,466	34,282	11,427	28,760	
State - Maritime	26,077	-	-	26,080	
State - YDD Re-Engagement	245,800	-	-	245,800	
Local - COHC - OHA Behavioral Health match	336,266	117,652	35,000	183,610	
Local - Youth Career Connect (YCC)	110,375	78,745	31,630	-	
Local - Meta : Facebook	77,530	7,682	-	69,850	
Other - PGE	250,845	82,154	82,154	86,540	
TOTALS	**$ 8,571,484**	**$ 4,836,939**	**$ 1,581,150**	**$ 2,153,390**	25%

EAST CASCADES WORKS
BUDGET VS. ACTUAL
JULY 1, 2025 THROUGH JUNE 30, 2026

EXPENDITURES BY LINE ITEM

BOARD EXPENSES	BUDGET	FUNDS SPENT	Q4 FORECAST	BALANCE REMAINING	BALANCE REMAINING %
Staffing					
Salaries	$ 1,189,634	$ 873,227	$ 306,076	$ 10,331	
Taxes & Benefits	415,252	256,321	110,440	48,490	
Total Staffing	**1,604,886**	**1,129,548**	**416,516**	**58,822**	4%
Operating Expenses					
Professional services	$ 32,000	$ 26,895	$ 8,965	$ (3,860)	
Legal services	4,400	-	-	4,400	
Audit services	39,600	36,250	12,083	(8,733)	
Fees/taxes	9,600	7,352	2,451	(203)	
Phone & internet	15,900	10,892	3,631	1,377	
Insurance	27,600	21,188	7,063	(650)	
Facilities	20,500	17,211	5,737	(2,448)	
Office supplies/expenses	3,100	8,442	2,814	(8,156)	
Memberships	25,400	16,256	5,419	3,725	
Printing	500	137	46	317	
Postage	300	265	88	(54)	
Staff/Board travel	50,000	37,036	12,345	619	
Meetings	5,400	2,831	944	1,626	
Staff development	17,300	5,635	1,878	9,786	
Total Operating Expenses	**251,600**	**190,391**	**63,464**	**(2,255)**	-1%
Program Expenses					
I-Trac	$ 75,000	$ 29,250	$ 10,750	$ 35,000	
WSO Exp - Leases	68,600	34,719	13,573	20,309	
WSO Phone / Internet	9,000	5,796	1,932	1,272	
One Stop Operator	10,000	7,906	2,635	(542)	
COHC	131,700	66,913	22,304	42,483	
Program General Expenses	182,200	53,941	17,980	110,279	
Total Program Expenses	**476,500**	**198,524**	**69,175**	**208,802**	44%
TOTAL BOARD EXPENSES	**$ 2,332,986**	**$ 1,518,463**	**$ 549,154**	**$ 265,368**	11%

PROVIDER EXPENSES	BUDGET	FUNDS SPENT	Q4 FORECAST	BALANCE	BALANCE %
WIOA - Adult	$ 1,203,170	$ 712,404	$ 237,468	$ 253,299	
WIOA - Dislocated Worker	667,310	375,415	125,138	166,757	
WIOA - Youth	1,210,710	930,462	245,154	35,094	
WIOA - DWG-Quest	175,960	120,829	40,276	14,855	
State - Work Experience	89,130	72,746	15,249	1,135	
Future Ready - Prosperity 10K	379,850	269,384	97,795	12,671	
State - OR Youth Empl (OYEP)	427,250	294,371	119,124	13,756	
State - GED Wraparound Grant	67,020	30,853	10,284	25,882	
Federal - Benefits Navigator	479,150	326,456	138,819	13,876	
Federal - DOL/OWP - Pathways Home	103,870	67,794	22,598	13,478	
State - YDD Re-Engagement	117,100	-	-	117,100	
Local - Youth Career Connect (YCC)	103,150	77,732	24,911	508	
Local - PGE	108,400	46,168	15,389	46,843	
TOTAL PROVIDER EXPENSES	**5,132,070**	**3,324,613**	**1,092,204**	**715,253**	14%
GRAND TOTAL EXPENSES	**$ 7,465,056**	**$ 4,843,076**	**$ 1,641,359**	**$ 980,621**	13%

EC Works Budget 2026-2027

Summary of Proposed Budget

Carry- in Resources:

Carry-in resources have declined for the second consecutive year, driven primarily by funds expiring June 30 of this year, most notably P10K, Benefits Navigator, and Quest. Several additional funds are carrying over but are scheduled to expire within the upcoming budget period: PGE (September 30, 2026), DOL Pathways (December 31, 2026), and COHC and YDD (June 30, 2026).

Current- year Resources:

As discussed at the Board Meeting on April 22nd, the initial forecast incorporated a 10% reduction to WIOA funds as a conservative planning assumption. Following DOL's recent announcement that Oregon's WIOA allocation will increase this program year, that reduction has been revised down to 5%. Additional context on the continued conservative approach to this forecast will be provided at the meeting. It should be noted that WIOA figures represent preliminary estimates based on federal allocations to the state; final county level allocations have not yet been received and are not expected until after the program year has begun.

The organization continues to pursue competitive grants to help offset the impact of declining formula funding. This includes a pending $900,000 application under the BJA Second Chance Act reentry program, which if awarded would be distributed over three years including a large portion going to support a subcontract with Willamette Workforce Partnership.

Overall, this budget reflects a 20% decrease in total funding compared to the prior fiscal year. This decline is attributable to a combination of one-time factors, including the expiration of several significant grant funds and structural reductions in formula-based allocations, both of which are expected to continue shaping the funding landscape in the near term.

Board Expenses:

Staffing reflects a modest decrease, primarily an adjustment correcting for excess benefit costs budgeted in the prior year. The Reentry Program Manager position is funded only through December 30, 2026. All other board expenses show a slight decrease for the second consecutive year. Notable changes in operating expenses include reduced rent associated with the move to the new office. Program expenses are lower year-over-year, reflecting reduced software costs for iTrac, along with the elimination of Metrix Learning, Inside Out Network, and SurveyMonkey.

Provider Expenses:

Providers will absorb the largest share of budget reductions this year, totaling approximately $1.58 million. Of that amount, $1.1 million is attributable to expiring funds, with the remainder resulting from reduced formula allocations. Providers are aware of the expiring funds as Prosperity Program funding was not included in the Governor’s budget nor were they approved through the short legislative session in 2026.

East Cascades WORKS
Connecting Talent To Opportunity

East Cascades Works
Proposed Budget
July 1, 2026 to June 30, 2027

Resources	FY 2026	FY 2025	Variance	% Change
Carry In Resources				
WIOA - Adult	558,960	513,070		
WIOA - Dislocated Worker	253,720	7,500		
WIOA - Youth	229,050	180,470		
WIOA - Rapid Response	4,590	-		
WIOA - Quest	-	269,830		
WIOA - Admin	256,300	77,890		
Federal - Future Ready (Prosperity 10K)	-	140,140		
Federal - Benefits Navigator	-	680,170		
Federal - DOL/OWP - Pathways Home	131,370	308,300		
State - Industry Engagement (Sectors)	10,500	-		
State - Work Experience	53,780	-		
State - Oregon Youth Employment (OYEP)	14,480	-		
State - Competitive Strategies (Board Support)	-	-		
State - GED Wraparound Grant	28,760	-		
State - Maritime	26,080	-		
State - YDD Re-Engagement	245,800	-		
Local - COHC - OHA Behavioral Health match	183,610	262,180		
Local - Youth Career Connect (YCC)	-	9,430		
Local - Meta : Facebook	69,850	72,670		
Other - Strategic Innovation	-	88,000		
Other - PGE	86,540	231,540		
Total Carry In Resources	**2,153,390**	**2,841,190**	**(687,800)**	**-24.2%**
Current Year Resources				
WIOA - Adult	1,274,400	1,341,500		
WIOA - Dislocated Worker	673,000	708,400		
WIOA - Youth	1,206,700	1,270,200		
WIOA - Rapid Response	64,100	43,500		
WIOA - Quest	-	-		
WIOA - Admin	350,500	368,900		
Federal - Future Ready (Prosperity 10K)	-	232,000		
Federal - Benefits Navigator	-	-		
Federal - DOL/OWP - Pathways Home	-	118,500		
State - Industry Engagement (Sectors)	123,100	123,100		
State - Work Experience	166,000	166,000		
State - Oregon Youth Employment (OYEP)	434,100	434,100		
State - Competitive Strategies (Board Support)	121,500	121,500		
State - GED Wraparound Grant	74,500	74,500		
State - Maritime	-	26,100		
State - YDD Re-Engagement	-	269,300		
Local - COHC - OHA Behavioral Health match	-	-		
Local - Youth Career Connect (YCC)	-	110,000		
Local - Meta : Facebook	-	-		
Other - Strategic Innovation	-	-		
Other - PGE	-	42,700		
Total Current Year Resources	**4,487,900**	**5,450,300**	**(962,400)**	**-17.7%**
Total Available Resources	**6,641,290**	**8,291,490**	**(1,650,200)**	**-19.9%**

East Cascades WORKS
Connecting Talent To Opportunity

East Cascades Works
Proposed Budget
July 1, 2026 to June 30, 2027

Board Expenses	FY 2026	FY 2025	Variance	% Change
Staffing				
Salaries	1,131,300	1,189,600		
Taxes & Benefits	382,500	415,300		
Total Staffing	**1,513,800**	**1,604,900**	**(91,100)**	**-5.7%**
Operating Expenses				
Professional services	35,900	32,000		
Legal services	2,500	4,400		
Audit services	48,300	39,600		
Fees/taxes	9,800	9,600		
Phone & internet	14,500	15,900		
Insurance	28,300	27,600		
Facilities	6,900	20,500		
Office supplies/expenses	5,300	3,100		
Memberships	17,100	25,400		
Printing	200	500		
Postage	400	300		
Staff/Board travel	50,000	50,000		
Meetings	5,400	5,400		
Staff development	11,000	17,300		
Total Operating Expenses	**235,600**	**251,600**	**(16,000)**	**-6.4%**
Program Expenses				
I-Trac Database	40,000	75,000		
WSO Leases	68,600	68,600		
WSO Phone/Internet	9,000	9,000		
One Stop Operator	10,000	10,000		
8186 Program General Expenses 1099 NEC	139,700	182,200		
8187 Program General Expenses COBHC	131,800	131,700		
Total Program Expenses	**399,100**	**476,500**	**(77,400)**	**-16.2%**
Total Board Expenses	**2,148,500**	**2,333,000**	**(184,500)**	**-7.9%**
Funding Balance to Support Programs	**4,492,790**	**5,958,490**	**(1,465,700)**	**-24.6%**
Provider Expenses	**FY 2026**	**FY 2025**	**Variance**	**% Change**
WIOA - Adult	1,076,150	1,203,200		
WIOA - Dislocated Worker	568,300	667,300		
WIOA - Youth	1,018,990	1,210,700		
WIOA - Direct Services	140,180	-		
State - Work Experience	149,390	89,100		
Future Ready - Prosperity 10K	-	379,900		
State - OR Youth Empl (OYEP)	276,400	427,300		
State - GED Wraparound Grant	67,020	67,000		
Federal - Benefits Navigator	-	479,200		
Federal - DOL/OWP - Pathways Home	-	103,900		
State - YDD Re-Engagement	195,200	117,100		
Local - Youth Career Connect (YCC)	-	103,200		
Local - PGE	60,000	108,400		
Total Provider Expenses	**3,551,630**	**5,132,300**	**(1,580,670)**	**-30.8%**
Grand Total Expenses	**5,700,130**	**7,465,300**	**(1,396,170)**	**-18.7%**

03660

2024 INCOME TAX RETURNS

East Cascades Workforce Investment

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25

EAST CASCADES WORKFORCE INVESTMENT BOARD 47-3187533

Net Asset / Fund Balance at Beginning of Year			1,099,549
Revenue			
Contributions	6,412,885		
Program service revenue	343,256		
Investment income	473		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	1,750		
Total revenue		6,758,364	
Expenses			
Program services	6,269,890		
Management and general	880,770		
Fundraising			
Total expenses		7,150,660	
Excess / (deficit)			-392,296
Changes			
Net Asset / Fund Balance at End of Year			707,253

Taxpayer Copy

Reconciliation of Revenue

Total revenue per financial statements	6,758,364
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	6,758,364

Reconciliation of Expenses

Total expenses per financial statements	7,150,660
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	7,150,660

Balance Sheet

	Beginning	Ending	Differences
Assets	2,561,928	2,175,072	
Liabilities	1,462,379	1,467,819	
Net assets	1,099,549	707,253	-392,296

Miscellaneous Information

Amended return	
Return / extended due date	05/15/26
Failure to file penalty	

03660

Jones & Roth
CPAs and Business Advisors
PO Box 10086
Eugene, OR 97440
541-687-2320

May 6, 2026

CONFIDENTIAL

East Cascades Workforce Investment
1007 SW Emkay Dr
Bend, OR 97702

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jones & Roth, P.C.
PO Box 10086
Eugene, OR 97440

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

State Filing Instructions - Form CT-12

Your Form CT-12 for the year ended 6/30/25 shows a balance due of $470. The form is due on May 15, 2026 and must be physically received by the DOJ within 5 business days after this due date in order to be considered timely. An authorized officer of the Organization should sign and date the return on page 2 and mail it with a check payable to the Oregon Department of Justice. Write "EIN 47-3187533, 2024 Form CT-12" on the check and mail to:

Charitable Activities Section
Oregon Department of Justice
100 SW Market Street
Portland, OR 97201-5702

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jones & Roth, P.C.

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Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 20 25

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* **for the latest information.**

OMB No. 1545-0047

2024

Name of filer: EAST CASCADES WORKFORCE INVESTMENT BOARD

EIN or SSN: 47-3187533

Name and title of officer or person subject to tax: HEATHER FICHT
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 6,758,364
2a	**Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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PIN: check one box only

[X] I authorize JONES & ROTH, P.C. to enter my PIN 43211 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/06/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 93761210086

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SARA HUMMEL Date 05/06/26

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 **, and ending** 06/30/25

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: EAST CASCADES WORKFORCE INVESTMENT BOARD
Doing business as: EAST CASCADES WORKS
Number and street (or P.O. box if mail is not delivered to street address): 1007 SW EMKAY DR
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: BEND OR 97702

D Employer identification number: 47-3187533

E Telephone number: 541-604-6382

G Gross receipts $: 6,758,364

F Name and address of principal officer:
HEATHER FICHT
1007 SW EMKAY DR
BEND OR 97702

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.EASTCASCADESWORKS.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2015

M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE EAST CASCADES WORKFORCE INVESTMENT BOARD SUPPORTS THE TALENT NEEDS OF EMPLOYERS, AND MAXIMIZES AND ALIGNS INVESTMENTS IN THE CAREER GOALS OF INDIVIDUALS TO FUEL A THRIVING ECONOMY.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	19
7a	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	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,186,299	6,412,885
9	Program service revenue (Part VIII, line 2g)	355,230	343,256
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71	473
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,855	1,750
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,577,455	6,758,364
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,100,050	4,959,165
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,475,645	1,508,220
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	852,930	683,275
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,428,625	7,150,660
19	Revenue less expenses. Subtract line 18 from line 12	148,830	-392,296

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,561,928	2,175,072
21	Total liabilities (Part X, line 26)	1,462,379	1,467,819
22	Net assets or fund balances. Subtract line 21 from line 20	1,099,549	707,253

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.

Sign Here

Signature of officer — Date

HEATHER FICHT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SARA HUMMEL	SARA HUMMEL	05/06/26	[ ]	P00991199

Firm's name: JONES & ROTH, P.C. — Firm's EIN: 93-0819646
Firm's address: PO BOX 10086 EUGENE, OR 97440 — Phone no. 541-687-2320

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2024)

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:

THE EAST CASCADES WORKFORCE INVESTMENT BOARD SUPPORTS THE TALENT NEEDS OF EMPLOYERS, AND MAXIMIZES AND ALIGNS INVESTMENTS IN THE CAREER GOALS OF INDIVIDUALS TO FUEL A THRIVING ECONOMY.

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 $ 6,269,890 including grants of $ 4,959,165) (Revenue $ 343,256)

EC WORKS SERVES AS THE ADMINISTRATIVE ENTITY FOR WORKFORCE DEVELOPMENT PROGRAMS FOR GILLIAM, HOOD RIVER, SHERMAN, WASCO, WHEELER, JEFFERSON, CROOK, DESCHUTES, KLAMATH, AND LAKE COUNTIES, OREGON.

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4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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

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

4e Total program service expenses 6,269,890

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)? *If "Yes," complete Schedule A*	1	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	55		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
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 amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, 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? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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	16		
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	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			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

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			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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OR

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)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ 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 financial 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.

HEATHER FICHT 1007 SW EMKAY DR

BEND OR 97702 541-604-6382

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER FICHT	40.00									
EXECUTIVE DIRECTOR	0.00			X				204,832	0	27,745
(2) JESSICA FITZPATRICK	40.00									
COO	0.00				X			156,568	0	32,928
(3) TERESA CUMMINGS-WEIR	40.00									
DIRECTOR OF PROGRAMS	0.00					X		115,226	0	15,746
(4) ROBERT A. DICKEY	40.00									
DIRECTOR CENTRAL OR	0.00					X		111,979	0	15,286
(5) K'LYNN LANE	0.75									
CHAIR	0.00	X		X				0	0	0
(6) DAVID BURGER	0.75									
VICE CHAIR	0.00	X		X				0	0	0
(7) DAVE BAIOCCHI	0.75									
SECRETARY/TREASURER	0.00	X		X				0	0	0
(8) GREG DAVIS	0.25									
BOARD MEMBER	0.00	X						0	0	0
(9) KENNY DECRANS	0.25									
BOARD MEMBER	0.00	X						0	0	0
(10) JAIME EDER	0.25									
BOARD MEMBER	0.00	X						0	0	0
(11) CORTNEY GIBSON	0.25									
BOARD MEMBER	0.00	X						0	0	0

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SOLEDAD HAINES										
(12)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(13) JOHN HANNER										
(13)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(14) SUSAN LEWIS										
(14)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(15) KIMBERLI MUNN										
(15)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(16) ROBBIE SMITH										
(16)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(17) ERIC STROBEL										
(17)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(18) BRIAN WIESSMEYER										
(18)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(19) CHAD YOUNG										
(19)	0.25									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								588,605		91,705
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								588,605		91,705

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2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 4

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,384,663			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,222			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a–1f		6,412,885			
Program Service Revenue		Business Code				
	2a SERVICE REVENUE	561300	237,329	237,329		
	b PROGRAM INCOME	561300	105,927	105,927		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		343,256			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		473			473
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental inc. or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales exps. 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a MISCELLANEOUS REVENUE	900099	1,750	1,750		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		1,750			
	12 **Total revenue.** See instructions		6,758,364	345,006	0	473

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,872,185	4,872,185		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,980	86,980		
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, trustees, and key employees	432,639	311,967	120,672	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	792,023	361,879	430,144	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,661	18,509	23,152	
9 Other employee benefits	140,668	71,383	69,285	
10 Payroll taxes	101,229	54,949	46,280	
11 Fees for services (nonemployees):				
a Management	51,500		51,500	
b Legal				
c Accounting	39,325		39,325	
d Lobbying				
e 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 Schedule O.)	135,550	113,054	22,496	
12 Advertising and promotion				
13 Office expenses	20,042	12,271	7,771	
14 Information technology				
15 Royalties				
16 Occupancy	20,975	11,923	9,052	
17 Travel	42,470	36,438	6,032	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,839	2,104	1,735	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	21,362		21,362	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a WORKSOURCE OREGON CENTER	75,696	75,696		
b ITRAC DATABASE	75,000	75,000		
c MEMBERSHIPS	59,182	49,359	9,823	
d PROGRAM OUTREACH	40,257	34,610	5,647	
e All other expenses	98,077	81,583	16,494	
25 Total functional expenses. Add lines 1 through 24e	7,150,660	6,269,890	880,770	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	1,573,826
	2	Savings and temporary cash investments	1,233,874	2	50,397
	3	Pledges and grants receivable, net	1,279,797	3	530,005
	4	Accounts receivable, net	9,612	4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	38,645	9	20,844
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,561,928	16	2,175,072
Liabilities	17	Accounts payable and accrued expenses	1,023,563	17	885,434
	18	Grants payable		18	
	19	Deferred revenue	438,816	19	582,385
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,462,379	26	1,467,819
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	398,788	27	222,246
	28	Net assets with donor restrictions	700,761	28	485,007
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,099,549	32	707,253
	33	Total liabilities and net assets/fund balances	2,561,928	33	2,175,072

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Part 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	6,758,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,150,660
3	Revenue less expenses. Subtract line 2 from line 1	3	-392,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,099,549
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	707,253

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CHARLES MASSIE										
(12)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(21) WENDY JACKSON										
(13)	0.25									
BOARD MEMBER	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization EAST CASCADES WORKFORCE INVESTMENT BOARD

Employer identification number 47-3187533

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(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 organization described in **section 170(b)(1)(A)(iii).**

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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,842,991	5,115,054	6,853,100	7,186,299	6,412,885	30,410,329
2 Tax revenues levied for the organization'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	4,842,991	5,115,054	6,853,100	7,186,299	6,412,885	30,410,329
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						30,410,329

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,842,991	5,115,054	6,853,100	7,186,299	6,412,885	30,410,329
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,479	8,649	151	71	473	23,823
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						30,434,152

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12 Gross receipts from related activities, etc. (see instructions) **12** 1,383,676

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** 99.92 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 99.92 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** 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 test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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		

Section 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section 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**		

Section 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):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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Section 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 integrated Type III supporting organization (see instructions).

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide 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 organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
EAST CASCADES WORKFORCE INVESTMENT BOARD

Employer identification number
47-3187533

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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General Rule

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

Special Rules

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

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

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

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

Name of organization
EAST CASCADES WORKFORCE INVESTMENT

Employer identification number
47-3187533

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OREGON HIGHER EDUCATION COORDINATING COMMISSION 255 CAPITOL ST. NE SALEM OR 97201	$ 5,871,334	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	OREGON HEALTH AUTHORITY 500 SUMMER STREET, NE E 654 SALEM OR 97301	$ 142,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	OREGON WORKFORCE PARTNERSHIP 11575 SW PACIFIC HWY #2135 TIGARD OR 97223	$ 324,474	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
EAST CASCADES WORKFORCE INVESTMENT BOARD

Employer identification number
47-3187533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered 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 organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

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Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,758,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	6,758,364
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,758,364

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,150,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,150,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,150,660

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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 XIII Supplemental Information *(continued)*

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SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EAST CASCADES WORKFORCE INVESTMENT BOARD

Employer identification number 47-3187533

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) CENTRAL OREGON INTERGOVERNMENTAL 334 NE HAWTHORNE AVE BEND OR 97701	93-0620261	GOV	2,952,016				SUBRECIPIENT
(2) COLUMBIA GORGE COMMUNITY COLLEGE 400 EAST SCENIC DRIVE THE DALLES OR 97058	93-0700843	GOV	759,431				SUBRECIPIENT
(3) OREGON MANUFACTURING EXTENSION PART 7650 SW BEVELAND STREE, SUITE 750 PORTLAND OR 97223	93-1315027	501C3	22,607				SUBRECIPIENT
(4) KLAMATH WORKS 1930 S 6TH STREET KLAMATH FALLS OR 97601	81-1337449	501C3	1,090,566				SUBRECIPIENT
(5) EASTER SEALS OF OREGON 7300 SW HUNZIKER RD 103 PORTLAND OR 97223	93-0386885	501C3	47,315				SUBRECIPIENT
(6)							
(7)							
(8)							
(9)							

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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

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

Part III **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.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	STIPENDS	84	86,980			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
EC WORKS PROCEDURES INCLUDE ANNUAL SUBRECIPIENT FISCAL AND PROGRAM MONITORING TO ENSURE COMPLIANCE WITH ALL FEDERAL AND STATE REQUIREMENTS FOR THE FUNDS GRANTED. EC WORKS STAFF PREPARE CLOSEOUT REPORTS NOTING ANY RECOMMENDATIONS, RESOLVED AND/OR UNRESOLVED OBSERVATIONS, AND FINDINGS, IF ANY. THE SUBRECIPIENT PREPARES A CORRECTIVE ACTION PLAN IF FINDINGS ARE NOTED, AND EC WORKS STAFF MONITORS THE SUBRECIPIENT'S PROGRESS TOWARDS RESOLVING THE ISSUES FOUND.

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SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EAST CASCADES WORKFORCE INVESTMENT BOARD

Employer identification number: 47-3187533

Part 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		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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		
	☐ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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:		
a	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
c	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:		
a	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:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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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.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
	HEATHER FICHT	(i)	204,832	0	0	12,350	15,395	232,577	0
1	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	JESSICA FITZPATRICK	(i)	156,568	0	0	9,394	23,534	189,496	0
2	COO	(ii)	0	0	0	0	0	0	0
		(i)							
3		(ii)							
		(i)							
4		(ii)							
		(i)							
5		(ii)							
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

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Part III Supplemental Information

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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SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
EAST CASCADES WORKFORCE INVESTMENT BOARD	47-3187533

FORM 990, PART I, LINE 6
BOARD OF DIRECTORS MEMBERS ARE VOLUNTEERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE IRS FORM 990 IS REVIEWED BY THE CFO, EXECUTIVE DIRECTOR, AND MADE AVAILABLE TO THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE SECRETARY OR THE SECRETARY'S DESIGNEE SHALL MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING THE LIST OF SUBSTANTIAL INFLUENCERS AND THE DISCLOSURE AND ACKNOWLEDGEMENT FORMS EACH YEAR AND BY BRINGING POTENTIAL OR ACTUAL CONFLICTS TO THE ATTENTION OF THE CHAIRPERSON OF THE BOARD. THE CHAIRPERSON SHALL DISCLOSE CONFLICTS TO THE BOARD AS THEY ARISE AND ENSURE THAT THE PROCEDURES IN THIS POLICY ARE FOLLOWED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD SHALL GATHER APPROPRIATE DATA TO ENSURE THAT EXECUTIVE COMPENSATION IS REASONABLE. THE BOARD SHALL UTILIZE RELIABLE SURVEYS OF COMPENSATION FOR COMPARABLE POSITIONS OR SHALL UTILIZE DATA FOR AT LEAST THREE SIMILARLY SITUATED EMPLOYEES IN COMPARABLE POSITIONS.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
PUBLIC RECORDS, EXCEPT THOSE EXEMPT FROM DISCLOSURE, SHALL BE MADE AVAILABLE UPON REQUEST FOR REVIEW, AND COPIES SHALL BE PROVIDED AT A FEE REASONABLY CALCULATED TO REIMBURSE THE EC WORKS FOR THE ACTUAL COSTS INCURRED IN MAKING THE RECORDS AVAILABLE.

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST						
	$ 473		14			
TOTAL	$ 473					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
EC WORKS BOARD EXPENSES	$ 135,550	$ 113,054	$ 22,496	$
TOTAL	$ 135,550	$ 113,054	$ 22,496	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPERVISION SERVICES	$ 36,939	$ 36,939	$	$
MISCELLANEOUS EXPENSE	20,411	16,202	4,209	
INCUMBENT WORKER TRAINING	18,669	18,669		
STAFF TRAINING	10,077	9,773	304	
FEES AND TAXES	9,720		9,720	
ONE STOP OPERATOR	2,261		2,261	
TOTAL	$ 98,077	$ 81,583	$ 16,494	$ 0

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
META	$ 250,000	$
TOTAL	$ 250,000	$ 0

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Form **CT-12**

For Oregon Charities

For Accounting Periods Beginning in:

2024

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
Portland, OR 97201-5702
Email: charitable@doj.oregon.gov
Website: https://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

Line-by-line instructions for completing the annual report form can be found on our website.

You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/paymentportal/Account/Login

Section I. General Information

1.

48928

East Cascades Workforce Investment Board

1007 SW Emkay Dr

Bend, OR 97702

541-604-6382
heather@ecworks.org

07/01/2024 06/30/2025

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #:

Organization Name:

Address:

City, State, Zip:

Phone: Fax:
Email:

Amended Report? ☐

Period Beginning: / / Period Ending: / /

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☑ Yes ☐ No

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations: ☐ in-person; ☐ direct mail; ☐ advertising; ☐ vending machine; ☐ telephone; or ☐ other solicitations. If yes, also write the name of the fundraising firm(s) here: _____ (If you checked "other solicitations", attach an explanation.) ☐ Yes ☑ No

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☑ No

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5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☑ No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☑ No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Heather Ficht	Executive Director	541-604-6382	1007 SW Emkay Dr, Bend, OR 97702 heather@ecworks.org

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter $0 if position unpaid)
Name: Address: Phone:	See attached IRS Form 990. ( ) Email:		
Name: Address: Phone:	( ) Email:		
Name: Address: Phone:	( ) Email:		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue ..... (From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF. For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. **Attach explanation if Total Revenue is $0.)**		9.	$6,758,364.00	
10.	Revenue Fee ..... (See chart below. Minimum fee is $20, even if total revenue is $0 or a negative amount.) The revenue fee is determined by the amount on line 9.				10. $400.00
11.	Net Assets or Fund Balances at End of the Reporting Period ... (From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. **Attach explanation if amount is $0 or a negative number**)	11.	$707,253.00		
12.	Net Fixed Assets Used to Conduct Charitable Activities..... (Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	$0.00		
13.	Amount Subject to Net Assets or Fund Balances Fee ..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than $50,000, write $0.)		13.	$707,253.00	
14.	Net Assets or Fund Balances Fee ..... (Line 13 multiplied by .0001. If the fee is less than $5, enter $0. **Not to exceed $2,000**. Round cents to the nearest whole dollar.)				14. $70.00
15.	Are you filing this report late? ☐ Yes ☑ No ..... (If yes, the late fee is a minimum of $20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)				15. $0.00
16.	Total Amount Due ..... (Add Lines 10, 14, and 15. Make check payable to the **Oregon Department of Justice**.)				16. $470.00

Amount on Line 9			Revenue Fee
$0	-	$24,999	$20
$25,000	-	$49,999	$50
$50,000	-	$99,999	$90
$100,000	-	$249,999	$150
$250,000	-	$499,999	$200
$500,000	-	$999,999	$300
$1,000,000	or	more	$400

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17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of $50,000 or more, or Net Assets or Fund Balances of $100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒

Signature of officer | Date | Title

Officer's name (printed)

1007 SW Emkay Dr, Bend, OR 97702
Address

541-604-6382
Phone

Paid Preparer's Use Only

⇒ Sara Hummel
Preparer's signature

05/06/2026
Date

541-687-2320
Phone

Jones & Roth, P.C.
Preparer's name (printed)

PO Box 10086, Eugene, OR 97440
Address

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.oregon.gov.