

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

T	lentification				
Type or Print	Name of exempt organization, employer, or othe	er filer, see instru	uctions.	Taxpayer identification numb	er (TIN)
	ENERGY TRUST OF OREGON INC			93-1313663	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. b 421 SW OAK STREET, 300	oox, see instruct	ions.		
nstructions.	City, town or post office, state, and ZIP code. For PORTLAND, OR 97204	or a foreign add	ress, see instructions.		
Enter the	Return Code for the return that this application is for	or (file a separat	e application for each return)		01
Application	on Is For	Return	Application Is For		Return
		Code			Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09
Form 472	0 (individual)	03	Form 5227		10
Form 990	PF	04	Form 6069		11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12
Form 990	-T (trust other than above)	06	Form 5330 (individual)		13
Form 990	P-T (corporation)	07	Form 5330 (other than individual)		14
Form 104	1-A	08			
•	ou enter your Return Code, complete either Part II o	or Part III. Part II	l, including signature, is applicable	only for an extension of	
time to file	e Form 5330.			only for an extension of	
time to file • If this a	e Form 5330. pplication is for an extension of time to file Form 53	330, you must e	nter the following information.	only for an extension of	
time to file ● If this a _l Plai	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e	nter the following information.	only for an extension of	
time to file ● If this aj Plai Plai	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e	nter the following information.	only for an extension of	
time to file ● If this aj Plai Plai Plai	e Form 5330. pplication is for an extension of time to file Form 53 n Name n Number n Year Ending (MM/DD/YYYY)	330, you must e	nter the following information.	only for an extension of	
time to file ● If this aj Plai Plai Plai vart II - Au	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e	nter the following information.	only for an extension of	
time to file ● If this aj Plai Plai Plai Plai Part II - A u	e Form 5330. pplication is for an extension of time to file Form 53 n Name n Number n Year Ending (MM/DD/YYYY)	330, you must e P rganizations (s FINANCIAL C	nter the following information.	only for an extension of	
time to file ● If this a Plar Plar Plar Plar The bo	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e P rganizations (s FINANCIAL C	nter the following information.	only for an extension of	
time to file If this ap Plan Plan Plan Plan Cart II - Au The bo Teleph	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e Prganizations (s FINANCIAL C JITE 300 - F	the following information.		
time to file If this all Plan Plan Plan Plan transformed Teleph If the co	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e Prganizations (s FINANCIAL C JITE 300 - F - siness in the Uni	ted States, check this box	- 	heck this
time to file If this all Play Pla	e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e Figanizations (s FINANCIAL C JITE 300 - F - siness in the Unidigit Group Exe	eee instructions) FFICER ORTLAND, OR 97204 Fax No ted States, check this box mption Number (GEN)	If this is for the whole group, cl	
time to file If this all Plan Plan Plan Plan Plan Plan Cart II - Au The book Teleph If the c If this i book[e Form 5330. pplication is for an extension of time to file Form 53 n Name	330, you must e Figanizations (s FINANCIAL C JITE 300 - F - siness in the Unidigit Group Exe and atta	tee instructions) FFICER ORTLAND, OR 97204 Fax No ted States, check this box mption Number (GEN) ch a list with the names and TINs c	If this is for the whole group, cl	for.
time to file If this ap Plan Plan Plan Plan Plan Plan Comparison Pla	e Form 5330. pplication is for an extension of time to file Form 53 n Name	B30, you must e	tee instructions) FFICER ORTLAND, OR 97204 Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs c L5, 2024, to fi	If this is for the whole group, cl	for.
time to file • If this ap Plan Pla	e Form 5330. pplication is for an extension of time to file Form 53 n Name	B30, you must e	tee instructions) FFICER ORTLAND, OR 97204 Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs c L5, 20_24, to fi	If this is for the whole group, cl	for.

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tent	ative tax, less

	any nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Final return

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. REG #7663

Form **990**

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



Department of the Treasury

Interr	al Revenue	e Service Go to www.iis.gow/Formaao for instructions and			inspection
AF	or the 2	2023 calendar year, or tax year beginning and	l ending		
B c a	heck if oplicable:	C Name of organization		D Employer identifi	cation number
	Address change	ENERGY TRUST OF OREGON INC			
	Name change	Doing business as		93-1313663	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	421 SW OAK STREET	300	503-493-8888	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	222,712,591.
	Amende return	FORTLAND, OR 37204		H(a) Is this a group r	
	Applica-	F Name and address of principal officer: MICHAEL COLGROVE		for subordinates	s? Yes X No
	pending	421 SW OAK STREET, SUITE 300, PORTLAND, OR		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>]	ax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Vebsite			H(c) Group exemption	n number
		rganization: X Corporation Trust Association Other	L Year	of formation: 2002	VI State of legal domicile: OR
Pa		Summary			
đ	1 B	riefly describe the organization's mission or most significant activities: SEE SC	HEDULE O		
ũ	_				
Activities & Governance	2 C	heck this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
٥ ٨	3 N	umber of voting members of the governing body (Part VI, line 1a)			13
ۍ ح	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			13
es		otal number of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			163
, İİ	6 To	otal number of volunteers (estimate if necessary)			56
_ct i				<u>7a</u>	0.
_	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		et unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year 206,756,631.	Current Year 219,475,447.
	8 C 9 P	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		Prior Year 206,756,631. 0.	Current Year 219,475,447. 0.
	8 C 9 P 10 In	rontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 206,756,631. 0. 420,113.	Current Year 219,475,447. 0. 3,223,718.
Revenue /	8 C 9 P 10 In	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		Prior Year 206,756,631. 0. 420,113. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426.
	 8 C 9 P 10 In 11 O 12 Te 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591.
	 8 C 9 P 10 In 11 O 12 To 13 G 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550.
	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> irants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0.
Revenue	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Investment - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838.
Revenue	8 C 9 P 10 In 11 O 12 T 13 G 14 B 15 S 16a P	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0.
Revenue	8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0.
	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To 17 O 	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070.
Revenue	8 C 9 P 10 In 11 O 12 T 13 G 14 B 15 S 16a P b T 17 O 18 T	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) total fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16)	0. B	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26)	0. Bu	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. 25,071,78. 24,926,157. 25,058. 20,058. 20	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379.
Net Assets or Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	0. Bu	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504.
The Assets or Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) frants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block	0. B	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N rt II	Prontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block res of perjury, I declare that I have examined this return, including accompanying schedule	0. Banda statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N rt II	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) frants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block	0. Banda statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To 17 O 18 To 19 R 20 To 21 To 22 N rt II correct,	Prontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block res of perjury, I declare that I have examined this return, including accompanying schedule	0. Banda statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.

Sign	Signature of on	ICEI				Dale		
Here	MICHAEL COL	GROVE, EXECUTIVE DIRECTOR						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature		Date	Check] PTIN	
Paid	WENDY CAMPO	S	WENDY CAMPOS		08/13/24	self-employed	P00448102	
Preparer	Firm's name	MOSS ADAMS LLP				Firm's EIN 91	-0189318	
Use Only	Firm's address	805 SW BROADWAY STE 1400						
		PORTLAND, OR 97205				Phone no. 503-2	242-1447	
May the II	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

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

	990 (2023) ENERGY TRUST OF OREGON INC	93-1313663	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	ENERGY TRUST PROVIDES COMPREHENSIVE, SUSTAINABLE ENERGY EFFICIENCY, CONSERVATION AND RENEWABLE ENERGY SOLUTIONS TO THOSE WE SERVE.		
	CONSERVATION AND RENEWABLE ENERGY SOLUTIONS TO THOSE WE SERVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🛛 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?	Y	es 🛛 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 m		
	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		\$)
	EFFICIENCY PROGRAMS BRING ENERGY SAVINGS OPPORTUNITIES TO RESIDENTIAL,		
	COMMERCIAL AND INDUSTRIAL CUSTOMERS THROUGHOUT OREGON, AND TO		
	RESIDENTIAL AND COMMERCIAL CUSTOMERS IN PARTS OF SW WASHINGTON STATE.		
	IN 2023, ELECTRIC EFFICIENCY PROJECTS SAVED 53.1 AMW OF ELECTRICITY.		
	GAS EFFICIENCY PROJECTS COMPLETED IN 2023 SAVED 6.8 MILLION ANNUAL THERMS OF NATURAL GAS.		
	THERMS OF NATURAL GAS.		
4b	(Code:) (Expenses \$ 16,461,115. including grants of \$) (Revenue		,
40	RENEWABLES PROGRAMS BRING ENERGY GENERATION OPPORTUNITIES TO	\$	·
	RESIDENTIAL AND BUSINESS CUSTOMERS THROUGHOUT OREGON. IN 2023,		
	RENEWABLE ENERGY PROJECTS ACHIEVED 6.7 AMW IN NEW GENERATION.		
4c	(Code:) (Expenses \$1, 379, 507. including grants of \$153, 550.) (Revenue	\$	
	LMI, COMMUNITY SOLAR, PGE SMART BETTERY, NWN GEO TLM PHASE 3, NREL,		
	SALMON, FEMA, PGE SMART INVERTER, ODOE COOLING, PGE FLEX FEEDER		
4d	Other program services (Describe on Schedule O.)		
14	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 212, 414, 967.)	n 990 (2023

Part IV	Checklist o	f Required	Scheo	lule	es
Form 990 (2023)	ENERGY	TRUST	OF	OI

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			w
_	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			w
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	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	15		<u> </u>
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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	''-		
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
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Form	990	(2023)

Par	t 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
a	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? <i>If</i> "Yes." <i>complete</i>			
		056		x
06	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	0		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D		25h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
57	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?			
00		38	х	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 876			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c	х	
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93-1313663

Form	990 (2023) ENERGY TRUST OF OREGON INC		93-131366	3	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				-	
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	163			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				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	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority ov	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			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 Ad	ccounts (FE	BAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizati	on 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 contribution	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	ed to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	-		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		orm 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-		
-				8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	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		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	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.			10-		—
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
L	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
•	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	13c		14-		x
14a h				14a 14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo		16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. in come?		16		
17	If "Yes," complete Form 4720, Schedule O.	tivition				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active two under section 4051, 4052 or 40522			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
000000				Form	990	(2023)
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⁷ 2023.04010 ENERGY TRUST OF OREGON IN 623688_1

Form	990 (2023) ENERGY TRUST OF OREGON INC			L313663		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, an	d for a "	No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sect	ion 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		13			
	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		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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						
	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 99			F	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5		x
6	Did the organization have members or stockholders?			F	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· [
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			E F			
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-		8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·····			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			Γ			
	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			Г	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····			
	on Schedule O how this was done				12c	х	
13	Did the organization have a written whistleblower policy?			F T	13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•				
а	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or key employees of the organization			Γ	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith 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						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedOR						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 50	1(c)(3)s	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(()()	,,,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	cy, and	financ	cial	
	statements available to the public during the tax year.			,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	CHRIS DUNNING, CHIEF FINANCIAL OFFICER - 503-548-1599						
	421 SW OAK STREET, SUITE 300, PORTLAND, OR 97204						
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Form 990 (2		93-1313663	Page 1							
Part VII	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.										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average browsper (weak browsper (burget and weakborning) browsper (burget and weakborning) browsper (burget and weakborning) (burget and weakborning) (comparison (com	(A)	(B)	(C)					(D)	(E)	(F)	
Hours per veck, interpret veck, interpr	Name and title	Average	(do	Position				ane	Reportable	Reportable	Estimated
Week (ist ary organizations organizations line) Week (ist ary pours for line) Inoritial and bit bit bit br>bit bit bit bit bit bit bit bit bit bit bit bit bit bit bit bit bit		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
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(11) ERIC HAYES 1.75 X X X 0. 0. 0. SECRETARY 2.00 X X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0. BOARD MEMBER X 0 0. 0. 0. 0. 0. BOARD MEMBER X 0 0. 0. 0. 0. 0. BOARD MEMBER X 0 0. 0. 0. 0. 0. BOARD MEMBER X 0 0. 0. 0. 0. 0. (14) ELLEN ZUCKERMAN 2.00 X 0. 0. 0. 0. 0. (15) ELLSWORTH LANG 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER X 0 0. 0. 0. 0. 0. (16) THELMA FLEMING 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0		3.25									
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(16) THELMA FLEMING2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(17) JANE PETERS2.250.0.0.0.BOARD MEMBERX0.0.0.0.	(15) ELLSWORTH LANG	2.00									
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(17) JANE PETERS 2.25 0.		2.00									
BOARD MEMBER X 0. 0. 0.			Х						0.	0.	0.
		2.25									
	BOARD MEMBER		Х						0.	0.	

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Form 990 (2023)

9

Form 990 (2023) ENERGY TRUST									93-13136	63	F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do			ition more) than c	ne	Reportable	Reportable		Estimat	ed
	hours per	box	, unles	ss per	rson i	s both pr/trust	an	compensation	compensation	;	amount	
	week			uau		i/irusi	ee)	from	from related		other	
	(list any hours for	recto						the	organizations	co	mpensa	
	related	e or di	ee			sated		organization	(W-2/1099-MISC/		from th	
	organizations	rustee	trus	ee	n pen:		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		rganiza [.] Ind rela		
	below	dual t	itiona	-	nploy	st cor yee	-			1	ganizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				94	
(18) MELISSA CRIBBENS	3.75				-							
BOARD MEMBER		Х						0.	0			0.
(19) PETER THERKELSEN	2.25											
BOARD MEMBER		Х						0.	0.			0.
(20) SILVIA TANNER	2.00											
BOARD MEMBER		Х						0.	0 .			0.
										_		
										_		
1b Subtotal								1,522,545.	0		243	465.
1b Subtotal c Total from continuation sheets to Part VI								0.	0	-		0.
d Total (add lines 1b and 1c)								1,522,545.	0	_	243	465.
2 Total number of individuals (including but n									000 of reportable			
compensation from the organization											_	122
										_	Yes	No
3 Did the organization list any former officer,	-		•	•	-		Ŭ		•			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	-		-						-			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .				5		X
1 Complete this table for your five highest con	moonsated ind	ana	ndor		ontra	actor	e th	hat received more than 4	100 000 of compens	ation	from	
the organization. Report compensation for t	•	•							•	ation	nom	
(A)	ine culonidui ye			<u>s</u>				(B)			(C)	
Name and business	address							Description of s	ervices		ensatio	n
CLEARESULT CONSULTING INC, 4301 WEST	BANK											
$\underline{\text{DRIVE SUITE 250-A}}$, $\underline{\text{AUSTIN}}$, TX 78746								PROGRAM DELIVERY		5	6,438	045.
TRC ENVIRONMENTAL CORPORATION												
21 GRIFFIN ROAD NORTH, WINDSOR, CT 06095 PROGRAM DELIVERY									1	8,699	924.	
ENERGY 350 INC, 1033 SE MAIN STREET SUITE												
1, PORTLAND, OR 97214						_	PROGRAM DELIVERY			9,175,	821.	
NORTHWEST ENERGY EFFICIENCY ALLIANCE 421 SW 6TH AVENUE, PORTLAND, OR 97204	1-1629							PROGRAM DELIVERY			7 214	115
TRC ENGINEERS INC							f				7,214	
21 GRIFFIN ROAD NORTH, WINDSOR, CT 00	5095	_		_			_ p	PROGRAM DELIVERY			3,692	866.
2 Total number of independent contractors (ir \$100,000 of compensation from the organized statement of the organized statement of the statemen	•	ot lin	nitec	to	thos 11(ted	above) who received me	ore than			
						-					000	

			2023) ENERGY TRUST OF	ORE	GON INC			93-131366	3 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respo	nse (or note to any line		(=)	(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b						
₹ NG G		с	Fundraising events 1c						
Sift: ar /		d	Related organizations 1d						
imi) imi			Government grants (contributions) 1e		219,469,424.				
er S		f	All other contributions, gifts, grants, and						
Oth			similar amounts not included above 1f		6,023. 2,460.				
nd		-	Noncash contributions included in lines 1a-1f			219,475,447.			
0 0		n	Total. Add lines 1a-1f		Business Code	219,119,117.			
Ð	2	а			Business souc				
vice		b							
Ser		с							
gram Ser Revenue		d							
Program Service Revenue		е							
2			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, in			2 222 710			2 2 2 2 7 1 0
	4		other similar amounts)			3,223,718.			3,223,718,
	4 5		Income from investment of tax-exempt book Royalties		F				
	3		(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
	-	b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)	<u></u>					
	7	а	Gross amount from sales of (i) Securit	ies	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
venue		_	and sales expenses 7b Gain or (loss) 7c						
d)									
Other R	8		Net gain or (loss) Gross income from fundraising events (not						
đ	Ŭ	-	including \$ of						
-			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising even						
	9	а	Gross income from gaming activities. See						
		Ŀ	Part IV, line 19	9a					
			Less: direct expenses Net income or (loss) from gaming activities	9b					
			Gross sales of inventory, less returns	<u> </u>					
	.0	u	and allowances	10a					
		b	Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventor						
s					Business Code				
sou: e	11	а	CONSULTING REVENUE		900099	13,426.			13,426.
Miscellaneous Revenue		b							
Sev		с							
Mis			All other revenue			12 176			
			Total. Add lines 11a-11d			13,426. 222,712,591.	0.	0.	3,237,144.
332009	12 9 12		Total revenue. See instructions			,,_2,,5,1.			Form 990 (2023
	- 16-	- 17							· · · · · · · · · · · · · · · · · · ·

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

93-1313663 Page 10

Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 153,550 153,550 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 534,277. trustees, and key employees 534,277 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 15,506,332. 9,203,902. 6,302,430. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 951,025 508,953. 442,072 2,769,262 1,589,555 1,179,707 9 Other employee benefits 1,210,942 704,119 506,823 10 Payroll taxes 11 Fees for services (nonemployees): Management а 23,368. 23,368 b Legal 98,495, 98,495 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 73,862,771 72,509,464 1,353,307 column (A), amount, list line 11g expenses on Sch 0.) 3,595,178, 2,174,260. 1,420,918 Advertising and promotion 12 37,244. 73,858. 36,614 13 Office expenses 1,125,384 896,310. 229,074 Information technology 14 Royalties 15 926,725 549,650, 377,075 16 Occupancy 110,468 209,257 98,789, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 198,246. 98,433. 99,813. Conferences, conventions, and meetings 19 11,170. 11,170, 20 Interest Payments to affiliates 21 343,489 232,104, 111,385 22 Depreciation, depletion, and amortization 143,685. 85,189. 58,496. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) INCENTIVES 123,122,595. 123,122,595. а 273,116, CUSTOMER SUPPORT 273,116 b DUES, LICENSES, AND FEE 234,007, 167,008. 66,999 С MISCELLANEOUS EXPENSE 10,726. 10,726. d All other expenses е 225,377,458 Total functional expenses. Add lines 1 through 24e 212,414,967 12,962,491 Ο. 25 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)

12

332010 12-21-23

Form 990 (2023)

Form 990 (2023)	
Part X	Ba	lance	Sheet

	Check if Schedule O contains a response or r	ote to any line	in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing		3,010,300.	1	3,003,000		
2	Savings and temporary cash investments		110,266,376.	2	117,484,305		
3	Pledges and grants receivable, net			3			
4	Accounts receivable, net		218,587.	4	473,768		
5	Loans and other receivables from any current	or former office	er, director,				
	trustee, key employee, creator or founder, sul	ostantial contrib	outor, or 35%				
	controlled entity or family member of any of the	nese persons			5		
6	Loans and other receivables from other disqu	Loans and other receivables from other disqualified persons (as defined					
	under section 4958(f)(1)), and persons describ	ed in section 4	958(c)(3)(B)		6		
<u>ح</u> ور	Notes and loans receivable, net			1,282,331.	7	1,288,151	
Assets	Inventories for sale or use				8		
₹ 9				2,615,428.	9	2,808,010	
10;	a Land, buildings, and equipment: cost or other	·					
	basis. Complete Part VI of Schedule D	10a	6,510,787.				
- I I	b Less: accumulated depreciation		6,094,155.	660,287.	10c	416,632	
11	Investments - publicly traded securities			11			
12	Investments - other securities. See Part IV, lin		12				
13	Investments - program-related. See Part IV, lir		13				
14	Intangible assets		14				
15		Other assets. See Part IV, line 11					
16	Total assets. Add lines 1 through 15 (must e	121,881,969.	16	128,520,504			
17	Accounts payable and accrued expenses			27,528,394.	17	38,219,891	
18	Grants payable			18			
19	Deferred revenue		19				
20	Tax-exempt bond liabilities			20			
21	Escrow or custodial account liability. Complete				21		
v 22	Loans and other payables to any current or fo	rmer officer, di	rector,				
Liabilities	trustee, key employee, creator or founder, sul	ostantial contrib	outor, or 35%				
lide	controlled entity or family member of any of th	nese persons			22		
₂₃ ا ت	Secured mortgages and notes payable to unr	elated third par	Г		23		
24	Unsecured notes and loans payable to unrela				24		
25	Other liabilities (including federal income tax,	-	Γ				
	parties, and other liabilities not included on lir						
	of Schedule D			5,043,386.	25	3,655,488	
26	Total liabilities. Add lines 17 through 25			32,571,780.	26	41,875,379	
	Organizations that follow FASB ASC 958, c	heck here	X				
es	and complete lines 27, 28, 32, and 33.						
0 27				89,310,189.	27	86,645,125	
8 28					28		
pu	Organizations that do not follow FASB ASC						
Net Assets or Fund Balances C C C C 22 C C C 22 C C 22 C 22 C 22 C	and complete lines 29 through 33.						
ਨੂੰ 29	Capital stock or trust principal, or current fund			29			
5 30	Paid-in or capital surplus, or land, building, or	Г		30			
Se 31	Retained earnings, endowment, accumulated				31		
19 32	Total net assets or fund balances			89,310,189.	32	86,645,125	
2 33	Total liabilities and net assets/fund balances			121,881,969.	33	128,520,504	
						Form 990 (202	

Form **990** (2023)

332011 12-21-23

Form	1990 (2023) ENERGY TRUST OF OREGON INC	93-131366	3	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	222,	712,	591.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,	377,	458.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	664,	867.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		-	197.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	86,	645,	125.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Name of the organization

Name o	f the organization	Employer	nployer identification number								
		TRUST OF OREGO						93-1313663			
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The orga	anization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only o	one box.)						
1 📃	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	oublic described in			
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on			
_	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting			
_	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring			
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,			
_	its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness			
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
	functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.						
	nter the number of supported of	0									
g Pr	ovide the following information		<u> </u>	(iv) Is the oras	anization listed	((ui) Amount of other			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
	organization		above (see instructions))	Yes	No						
Total						1					

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Page **2**

 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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")	185,689,277.	178,662,472.	194,128,525.	206,756,631.	219,475,447.	984,712,352.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	185,689,277.	178,662,472.	194,128,525.	206,756,631.	219,475,447.	984,712,352.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						984,712,352.			
Sec	ction B. Total Support				[
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	185,689,277.	178,662,472.	194,128,525.	206,756,631.	219,475,447.	984,712,352.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	1,599,363.	497,535.	162,840.	420,113.	3,223,718.	5,903,569.			
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.)		61,009.	41,330.		13,426.				
11	Total support. Add lines 7 through 10						990,731,686.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	•								
-	organization, check this box and stop		-							
	ction C. Computation of Publi						00.20			
	Public support percentage for 2023 (I					14	99.39 %			
	Public support percentage from 2022					15	99.60 %			
16a	33 1/3% support test - 2023. If the o	-								
	stop here. The organization qualifies		•							
b	33 1/3% support test - 2022. If the									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact			-	•	VI how the organiz	ation			
	meets the facts-and-circumstances te	•	•		•					
b	10% -facts-and-circumstances test	-					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									
40										
18	Private foundation. If the organization	on dia not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2023			

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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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
n fo a	Fross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
a	From activities that re not an unrelated trade or bus- ness under section 513						
	ax revenues levied for the organ-						
iz	ax revenues levied for the organization's benefit and either paid to r expended on its behalf						
fu	he value of services or facilities urnished by a governmental unit to ne organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fr e: a	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сA	dd lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ion B. Total Support						
Calend	ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 A	mounts from line 6						
d	aross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
b U	Inrelated business taxable income						
`	ess section 511 taxes) from businesses cquired after June 30, 1975						
	dd lines 10a and 10b						
11 N a v	let income from unrelated business ctivities not included on line 10b, whether or not the business is egularly carried on						
0	Other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
	irst 5 years. If the Form 990 is for th	•					ization,
	heck this box and stop here						
	ion C. Computation of Publi					1 1	
	Public support percentage for 2023 (I		-			15	%
	Public support percentage from 2022 ion D. Computation of Investion					16	%
17 Ir	nvestment income percentage for 20)23 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	nvestment income percentage from					18	%
	3 1/3% support tests - 2023. If the						ine 17 is not
	nore than 33 1/3%, check this box a	-	-				
	3 1/3% support tests - 2022. If the	-					
	ne 18 is not more than 33 1/3%, che						tion
<u>20</u> P	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins		<u></u>
332023	12-21-23		17	7		Sched	dule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

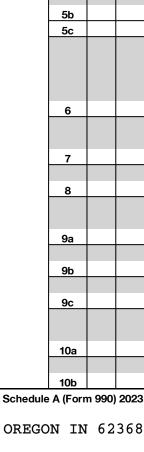
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 9	990) 2023
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> Yes No

Yes No

2

Part IV Supporting Organizations (continued) 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 <u>detail in Part VI</u> 11c

Section B. Type I Supporting Organizations

more supported organizations directors, or trustees at all time effectively operated, supervised	hers of the governing body, officers acting in their official capacity, or membership of one or have the power to regularly appoint or elect at least a majority of the organization's officers, as during the tax year? If "No," describe in Part VI how the supported organization(s) d, or controlled the organization's activities. If the organization had more than one supported powers to appoint and/or remove officers, directors, or trustees were allocated among the	
o ,	hat conditions or restrictions, if any, applied to such powers during the tax year.	1
2 Did the organization operate for	r 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,

upervised, or controlled the supporting organization. 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 superiod experience (1		

10N(S) organ Section D. All Type III Supporting Organizations

			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 organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

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

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

10300813 146892 623688

2023.04010 ENERGY TRUST OF OREGON IN 623688_1

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	na Oraar	nizations	93-1313003 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See Instruction
Sect	All other Type III non-functionally integrated supporting organizations mus	st complete	(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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

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

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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	TRUST OF OREGON INC	93-1313663	Page 8
Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	Provide the explanations required by Part II, line 10; Part II, line 17a o 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ⁻ 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C, art V,
Section D, lines 5, 6, and 8; and Part ((See instructions.)	V, Section E, lines 2, 5, and 6. Also complete this part for any additio	nal information.	
SCHEDULE A, PART II, LINE 10, EXPLANAT	TION FOR OTHER INCOME:		
FFCRA CREDITS			
CONSULTING INCOME			
332028 12-21-23	22	Schedule A (Form	990) 2023
00813 146892 623688	2023.04010 ENERGY TRUST OF	F OREGON IN	62368

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Schedule of Contributors

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

2023

Employer identification number

93-1313663

Name of the organization	

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service

(Form 990)

ENERGY	TRUST	OF	OREGON	INC	

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.

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

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.

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

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

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

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

	B (Form 990) (2023)		Page 2
Name of o	rganization	En	nployer identification number
ENERGY 7	TRUST OF OREGON INC		93-1313663
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- _ \$3,160,185	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
ENERGY T	RUST OF OREGON INC		93-1313663
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
		^v	I

323453 12-26-23

Schedule B (Form 990) (2023)

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Schedule I	B (Form 990) (2023)		Page 4
Name of o	rganization		Employer identification number
ENERGY I	TRUST OF OREGON INC		93-1313663
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, 	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

					L OND No. 1545 0047
			al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizati			Emp	loyer identification number
Pa	rt I Organiz	ENERGY TRUST OF OREGON INC	d Funds or Other Similar Funds or Ac		93-1313663
Fai		in answered "Yes" on Form 990, Part IV, lin		coun	13. Complete if the
	U			b) Fun	ds and other accounts
1	Total number at e	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised func exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	-		r donor advisor, or for any other purpose conferm	-	
_	impermissible priv		-		Yes No
Pa			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation of a histo	-	
		n of open space		neu ms	
2			ied conservation contribution in the form of a co	nservat	ion easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•	-		2b	
c		vation easements on a certified historic stru		2c	
d		vation easements included on line 2c acqu	ired after July 25, 2006, and not	2d	
3			eased, extinguished, or terminated by the organi	·	during the tax
•	year			Lation	
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		forcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
7	Amount of expens		lling of violations, and enforcing conservation eas	sement	s during the year
•	Amount of expense	is incurred in monitoring, inspecting, hard		Serrierie	s daning the year
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
9	-	•	on easements in its revenue and expense statem		
			ote to the organization's financial statements that	at desc	ribes the
Pa		ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	Assets.
		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	eet works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ice of p	public
			ncial statements that describes these items.		
b			8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherance	of pub	blic service,
	•	ing amounts relating to these items.			\$
					\$\$
2	.,		asures, or other similar assets for financial gain, p		
		unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1		9	\$
b	Assets included in	I Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051 09-28-23

Sche	dule D (Form 990) 2023 ENERGY TRUS	ST OF OREGON INC	С					93-131	3663	P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Simil	ar Assets	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignifican	t use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 I	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	ne organizatio	n's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "`	Yes" on	Form 99	0, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contributior	ns or other as	sets not	include	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							_			
									Amoun	t	
с	Beginning balance						. <u>1c</u>				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f				
	Did the organization include an amount on F						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	T V Endowment Funds Complete if										
		(a) Current year	(b)⊦	Prior year	(c) Two year	rs back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the curr	•		g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
0-	The percentages on lines 2a, 2b, and 2c sho	•									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ai	nd administer	ed for tr	ie			Yes	No
	organization by:								20(1)	163	
	(i) Unrelated organizations?(ii) Related organizations?								3a(i)		
h	If "Yes" on line 3a(ii), are the related organizations?	tiona liatad aa raquir							3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		WINEILI	unus.							
	Complete if the organization answere). Part IV	/. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost	t or other (other)	(c) A	ccumula		(d) Boo	k valu	e
10	Land			54015			roolaile				
-	Land										
b	Buildings Leasehold improvements				654,214.		584	,511.		69	703.
c d				5	856,573.		5,509	<i>'</i>		,	929.
	Equipment Other				,,		-,000	,•		,	
	Other Add lines 1a through 1e. <i>(Column (d) must e</i>		V line 4		<u>(</u>					416	632.
TUL	n Add intes ta through te. (Column (a) MUST e	<u>qual Form 990, Part</u>	∧, iine I	uc, column	(<u>D))</u>			<u></u>	- /-		

Schedule D (Form 990) 2023

, `	Form 990) 2023 ENERGY TRUST OF 0	REGON INC		93-1313663	Page
	Investments - Other Securities				
	Complete if the organization answered "Yes" o				
• •	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market	value
) Financial	derivatives				
2) Closely he	eld equity interests				
) Other _					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b)	must equal Form 990, Part X, line 12, col. (B))				
	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market	value
(1)				-	
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)					
(9)					
(9) otal. (Col. (b)	must equal Form 990, Part X, line 13, col. (B))				
(9) Total. (Col. (b) Part IX	Other Assets		1d Cap Form 000, Dart V, line 15		
(9) otal. (Col. (b) Part IX	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	
(9) otal. (Col. (b) Part IX	Other Assets Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) otal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" o	, ,	1d. See Form 990, Part X, line 15.	(b) Book	value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets Complete if the organization answered "Yes" o (a) [Description			value
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) ·otal. (Colum	Other Assets Complete if the organization answered "Yes" o	Description			value
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) otal. (Colum Part X (Other Assets Complete if the organization answered "Yes" o (a) [Description			value
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (Other Assets Complete if the organization answered "Yes" of (a) I (b) <u>must equal Form 990, Part X, line 15, col.</u>	Description			
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X ((0) (0) (0) (0) (0) (0) (0) (0	Other Assets Complete if the organization answered "Yes" of (a) I (a) I (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	Description		ne 25.	
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X ((0) (0) (0) (0) (0) (0) (0) (0	Other Assets Complete if the organization answered "Yes" of (a) if (a) if (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes	Description		ie 25.	value
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) otal. (Colum Part X ((0) (1) Feder (1) Feder (2) LEAS	Other Assets Complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes E LIABILITY	Description			value 123,04
(9) otal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (0) (1) Feder (1) Feder (2) LEAS (3) DEFE	Other Assets Complete if the organization answered "Yes" of (a) if (a) if (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes	Description			value 123,04
(9) otal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (9) otal. (Colum (1) Feder (2) LEAS (3) DEFE (4)	Other Assets Complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes E LIABILITY	Description			value 123,04
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X ((1) Feder (2) LEAS (3) DEFE (4) (5)	Other Assets Complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes E LIABILITY	Description			value 123,04
(9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum) Part X (0) (1) Feder (2) LEAS (3) DEFE (4) (5) (6) (6)	Other Assets Complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes E LIABILITY	Description			value 123,04
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X ((1) Feder (2) LEAS (3) DEFE (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability ral income taxes E LIABILITY	Description			value 123,04
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X ((1) Feder (2) LEAS (3) DEFE (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" of (a) if (a) if (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (a) Description of liability cal income taxes E LIABILITY	Description			
(9) otal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X ((1) Feder (2) LEAS (3) DEFE (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" of (a) if (a) if (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (a) Description of liability cal income taxes E LIABILITY	Description			value 123,04

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 ENERGY TRUST OF OREGON INC			93-132	13663	Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	venue per Re	turn		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	222,7	712,394.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-197.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		-197.
3	Subtract line 2e from line 1			3	222,7	712,591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	222,7	712,591.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Ex	penses per F	leturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, li					
1	Total expenses and losses per audited financial statements			1	225,3	377,458.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	225,3	377,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	225,3	377,458.
Pa	t XIII Supplemental Information					
Prov	de 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, li	ine 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information	on.			
PART	X, LINE 2:					
ENEF	GY TRUST IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES U	NDER SECTION				
F01/						
501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCO	OME TAXES IS				
MADE	IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS ENERGY TRUE	ST HAS NO				
ልሮሞ፣	VITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX. ENERGY	ΤΒΊΙΩΤ ΤΟ ΝΟΤ Δ				
	TILE SUBJET TO UNCLUTTED DUSTNESS INCOME TAK. ENERGI	TWODI ID MOI H				

30

PRIVATE FOUNDATION.

ENERGY TRUST RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON

EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT

HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

SETTLEMENT. ENERGY TRUST RECOGNIZES INTEREST AND PENALTIES RELATED TO

INCOME TAX MATTERS, IF ANY, IN MANAGEMENT AND GENERAL EXPENSE.

ENERGY TRUST HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2023 OR

2022. NO INTEREST AND PENALTIES WERE ACCRUED FOR THE YEARS ENDED DECEMBER

31, 2023 OR 2022. ENERGY TRUST FILES AN EXEMPT ORGANIZATION RETURN IN THE

U.S. FEDERAL JURISDICTION.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)	Gov	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form		,		Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization ENERGY TRUST C	F OREGON INC						Employer identification number 93-1313663
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro 	tance?				-		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to E recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
350 DESCHUTES PO BOX 1664 BEND, OR 97709	47-5198905	501(C)(3)	10,000.	0.			SUPPORTED MULTILINGUAL DIRECT OUTREACH TO INFORM MADRAS HIGH SCHOOL COMMUNITY ABOUT CLEAN
BIENESTAR INC PO BOX 665 HILLSBORO, OR 97123	93-0860753	501(C)(3)	10,000.	0.			SUPPORT STAFF AND 109 HOUSEHOLDS LEARN ABOUT ENERGY EFFICIENCY AND CLEAN ENERGY.
ETHIOPIAN AND ERITREAN CULTURAL AND RESOUCE CENTER - 1515 SE 122ND AVE, STE 501 - PORTLAND, OR 97233	82-2848405		10,000.	0.			SUPPORT LAUNCH OF A CULTURALLY SPECIFIC OUREACH CAMPAIGN TO EXPAND ENERGY TRUST
LAKE COUNTY RESOURCES INITIATIVE 100 NORTH D STREET STE 202 LAKEVIEW, OR 97630	93-1330699	501(C)(3)	10,000.	0.			CONDUCT A MULTI-DAY ENERGY FOCUSED EDUCATIONAL WORKSHOP AT LAKEVIEW HIGH SCHOOL.
LATINOBUILT FOUNDATION 10006 SW CANYON RD PORTLAND, OR 97225	84-3334408	501(C)(3)	10,000.	0.			CONDUCT ONE-ON-ONE MENTORSHIP WITH CONTRACTORS AND ENHANCE GREEN BUILDING TECHNICAL
LLOYD ECODISTRICT 2203 LLOYD CENTER PORTLAND, OR 97232	45-5114020	501(C)(3)	10,000.	0.			SUPPORT THREE ENERGY WORKSHOPS TO HELP MULTIFAMILY TENANTS AND HOMEOWNERS LEARN
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	•		e line 1 table				20.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT OUTREACH AND
METROPOLITAN FAMILY SERVICE							BRING AWARENESS ABOUT
1010 SE STARK ST.							ENERGY TRUST OFFERS AND
PORTLAND, OR 97214	93-0397825	501(C)(3)	10,000.	0.			SERVICES.
							SUPPORT THE HIRE OF A
OREGON NATIVE AMERICAN CHAMBER							PROGRAM MANAGER TO
4445 S BARBUR BLVD, STE 105							SUPPORT THEIR CLEAN
PORTLAND, OR 97239	26-0302137	501(C)(3)	10,000.	0.			ENERGY PROGRAM.
							SUPPORT REVOLVE LOAN
SEEDS FOR THE SOL							PROGRAM, HOME ENERGY
1333 NW 17TH ST							ASSESSMENTS AND INSTALL
CORVALLIS, OR 97330	46-4168860	501(C)(3)	8,320.	0.			OF ENERGY MEASURES.
,			,				SUPPORT DEI ACTIVITIES T
SOLAR OREGON							EQUITABLY SERVE
721 NW 9TH AVE, STE 280							OREGONIANS AND PROVIDE
PORTLAND, OR 97209	93-0805016	501(C)(3)	10,000.	0.			BETTER INFORMATION ON
,			,				LAUNCH AN OUTREACH
SOLARIZE ROGUE							CAMPAIGN AIMED TO EDUCAT
153 E WAGNER ST., NO 1483							AND ENROLL COMMUNITY
TALENT, OR 97540	61-1851024	501(C)(3)	10,000.	0.			MEMBERS IN SOLAR
UMPQUA COMMUNITY DEVELOPMENT							
CORPORATION/NEIGHBORWORKS UMPQUA							SUPPORT IN-PERSON
- 605 SE KANE ST - ROSEBURG, OR							OUTREACH TO THEIR
97470	93-1057208	501(C)(3)	10,000.	0.			CUSTOMERS.
	55 105,200	561(6)(5)	10,000.				

Schedule I (Form 990)

Schedule I (Form 990) 2023

ENERGY TRUST OF OREGON INC

93-1313663

Page 2

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information re	quired in Part I, lir	 ne 2; Part III, column	(b); and any other ac	ditional information.	

ENERGY TRUST REQUIRES ALL GRANTEES TO SUBMIT A FINAL REPORT ONCE THEIR

GRANT ACTIVITIES HAVE CONCLUDED. THAT FINAL REPORT ASKS THE GRANTEE TO

DESCRIBE THE RESULTS FROM THE FUNDED ACTIVITIES, DATA AND INFORMATION ON

CUSTOMERS ENGAGED IF PART OF THE ACTIVITIES FUNDED, AND EXPENSES PAID BY

COST CATEGORY, AMOUNT, DESCRIPTION, AND NOTES. ADDITIONALLY, ENERGY TRUST

CREATES OPPORTUNITIES THROUGHOUT THE GRANT CYCLE TO PROVIDE TECHNICAL

SUPPORT FOR GRANTEES, MEET WITH GRANTEES, AND AID IN THE IMPLEMENTATION OF

GRANT ACTIVITIES IF REQUESTED. BASED ON OUR LEARNING FROM EACH ROUND OF

Part IV Supplemental Information

GRANTS, WE COMPILE A FINAL REPORT WITH THE INFORMATION WE GATHERED AND WAS

PROVIDED BY EACH GRANTEE IN THEIR INDIVIDUAL REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

350 DESCHUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED MULTILINGUAL DIRECT

OUTREACH TO INFORM MADRAS HIGH SCHOOL COMMUNITY ABOUT CLEAN ENERGY.

NAME OF ORGANIZATION OR GOVERNMENT:

CATALYST PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE THE ORG TO MORE FULLY

INTEGRATE RENEWABLE ENERGY AND ENERGY EFFICIENCY INTO THEIR PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL OREGON ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STAFF TIME TO BETTER

UNDERSTAND, PROMOTE AND INCORPORATE ENERGY TRUST OFFERS INTO THEIR

PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICES NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE INFORMATION TO BE PRESENTED

ON ENERGY TRUST PROGRAMS IN FOUR LANGUAGES AT A RESOURCE FAIR.

NAME OF ORGANIZATION OR GOVERNMENT:

ETHIOPIAN AND ERITREAN CULTURAL AND RESOUCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LAUNCH OF A CULTURALLY

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Part IV Supplemental Information

SPECIFIC OUREACH CAMPAIGN TO EXPAND ENERGY TRUST OFFERS TO COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

ILLINOIS VALLEY 2010 COMMUNITY RESPONSE TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND ENERGY PROGRAM WORK THROUGH

STRATEGIC PLANNING, SUVEYING THEIR COMMUNITY ENERGY NEEDS, GRANT WRITING

AND LEARNING ABOUT ENERGY TRUST OFFERS.

NAME OF ORGANIZATION OR GOVERNMENT:

LATINOBUILT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT ONE-ON-ONE MENTORSHIP WITH

CONTRACTORS AND ENHANCE GREEN BUILDING TECHNICAL EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

LLOYD ECODISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THREE ENERGY WORKSHOPS TO

HELP MULTIFAMILY TENANTS AND HOMEOWNERS LEARN STRATEGIES TO REDUCE ENERGY

USE.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL SMALL BUSINESS UTILITY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT MULTIPLE EVENTS TO BRING

AWARENESS OF ENERGY TRUST PROGRAMS TO CHAMBERS AND SMALL BUSINESS

ASSOCIATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

OUR UNITED VILLAGES/THE REBUILDING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CURRICULM DEVELOPMENT IN

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WEATHERIZATION FOR HOMEOWNERS WITH LOW-INCOMES PARTICIPATING IN HOME

REPAIR CLASSES

NAME OF ORGANIZATION OR GOVERNMENT:

SOLAR OREGON

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT DEI ACTIVITIES TO EQUITABLY

SERVE OREGONIANS AND PROVIDE BETTER INFORMATION ON SOLAR AND SOLAR

RELATED OFFERS.

NAME OF ORGANIZATION OR GOVERNMENT:

SOLARIZE ROGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: LAUNCH AN OUTREACH CAMPAIGN AIMED TO

EDUCATE AND ENROLL COMMUNITY MEMBERS IN SOLAR PROJECTS.

Schedule I (Form 990)

332291 04-01-23

(Form 990) For cartain Officers, Directors, Trustees, Key Employees, and Highest Composed of part IV, line 23. Approx 10 million answered "Yes" on Form 990, Part IV, line 23. Approx 10 million of the organization answered "Yes" on Form 990, Part IV, line 23. Temployer Identification number 93-131363 Open to Public Impaction Image: Director Approximation State of the organization answered "Yes" on Form 990, Part IV, line 23. Temployer Identification number 93-131363 Employer Identification number 93-131363 Part I Questions Regarding Compensation Image: Director A, line 1a. Complete Part III to provide any of the following to or for a parson listed on Form 980. For cartain official as or charter travel Image: Director A, line 1a. Complete Part III to provide any or the following to or for a parson listed on Form 980. For cartain official as or charter travel Image: Director A, line 1a. Complete Part III to provide any relevant Information regarding these trans. Image: Director A, Intel B, and provide any network Information regarding these trans. Image: Director A, line 1a. Complete Part III to provide any or the following two or an amaid, chauffeur, cheft Image: Director A, Intel B, and offices, Including the CEO/Second/W Director, regarding the sema checked on line 1a? Image: Director A, line A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, directora, travel A, dire cany antariation to the corganization requin	SCHEDULE J		Compensation Information		OMB No.	1545-004	47
Complete If the organization answered "Yes" on Form 990, Part IV, line 23. Deprive Text Research Extent Complete If the organization EXTERNAT RULE TO FOR SOL TEX Employer IdeNtification number SUBROY RULET OF ORBON TEXPERITY SUBROY RULET OF ORBON TEXPERITY OF ORBON TEXPERITY SUBROY RULET OF ORBON TEXPERITY OF OREAL TEXPERITY OF ORBON TEXPERITY SUBROY RULET OF ORBON TEXPERITY OF	(Fo	rm 990)			20	23	2
Other services Octo envolves.gov/Form900 for instructions and the latest information. Impection Name of the organization Employer identification number 93-1313663 Employer identification number 93-1313663 Part I Questions Regarding Compensation Yes No In Check the appropriate box(e3) if the organization provide any of the following to or or a person listed on Form 990, Part VI, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Yes No In Streture Travel Payments to business use of personal residence instructional addition and gross up payments Payments to business use of personal residence instructional addition of the coganization follow a written policy regarding payment or reintbusement or provision of all of the expanses described addow? If No ¹ , complete Part II to explain 1 2 Discretionary spending account 1 1 2 3 Indicate which, if any, of the following the organization used to establish the companization of establish compensation committee 2 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee 3 Compensation committee 4 X 3 Indicate which, if any, of the following the organization use payment for a personal sevice organization to establish compensation or the follo			Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Name of the organization Employer identification number 93-1313663 Part I Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							IC
Part I Questions Regarding Compensation Ves 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. Ves No Instructions or charter travel Payments for business use of personal residence Instructions or direction and gross-up payments Payments for business use of personal residence Instruction and gross-up payments Payments for business use of personal residence 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 al of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prince valubrain (application regimes incured by all 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 to establish compensation of the CEO/Executive Director, but splain in Part III. 2 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: 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the neverence payment from a supplemental noncualified retirement plan?	-			Employer ider	-		mber
a 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. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding these items. No Trax indemnification and gross-up payments Personal services (such as maid, chariffore, chef) 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 adowe? If 'No,' complete Part III to provide any relevant to Payment or reimbursement or provision of all of the expenses described adowe? If 'No,' complete Part III to provide any relevant to the CEO/Executive Director, regarding the items checked on line 1a? 10 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation comsultant X Compensation committee 2 3 Indicate which, if any, of the following the organization X Compensation or the CEO/Executive Director, but explain IP art III. Compensation contract 2 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? 4a X 4 Participate in or receive payment from as upuplemental monqualified retirement plan?			ENERGY TRUST OF OREGON INC	93-1313	8663		
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-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rembursement or provision of all of the expanses described above? If "No," complete Part III to explain 1b 2 Did the organization require usbattation topic to reimbursing or allowing person listed organization to satabils hompensation of the CEO/Executive Director, but explain in Part III. 1b X Dorpensation committee Written employment contract X approval by the boad or compensation committee	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Track indemnification and grossup payments Heath or social club dues or initiation fees Discretionary spending account Personal services (such as maid, charliffort, cheft) 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 Diff the boxes on line 1a are checked, did the organization role or an industry or allowing expenses incurred by all directors, trustees, and officers, including the CEC/Executive Director, the arguing 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 to establish compensation of the CEC/Executive Director, but explain in Part III. 2 IX Compensation committee Write employment contract 3 A 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? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X 5 Fore presons listed organization? 4a						Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemntication and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbrursement or provision of all of the expenses described above? If "No," complete Part III to explain c Did the organization requires substantiation prior to reimbrurging or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? c at the compensation of the expenses described above? If "No," complete Part III to explain c at the compensation of the compensation or the compensation of the organization to establish the compensation of the compensation to the CEO/Executive Director, but explain in Part III. x Compensation committee x Compensation committee x Compensation committee x Compensation committee x 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 for an aupult-based compensation arrangement? d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? c Participate in or receive payment from an explicible amounts for each item in Part III. Ohy section 501(c)(3), 501(c)(4), and 501(c)(29) organization marangement? d The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the or	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for personal services (such as maid, chauffeur, chef) Image: Travel for companions Image: Travel for personal services (such as maid, chauffeur, chef) Image: Travel for companions Image: Travel for personal services (such as maid, chauffeur, chef) Image: Travel for companions Image: Travel for companions Image: Travel for companions <		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the compensation to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Image: Compensation committee Written employment contract 2 Image: Compensation comsultant Image: Compensation committee 3 Ouring 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: 4a X Participate in or receive payment from an equity-based compensation arrangement? 4a X Participate in or receive payment from an equity-based compensation arrangement? 4a X Participate in or receive payment from an equity-based companization pay or accrue any compensation contingent on the retermings of: 5b X		First-class or c	harter travel Housing allowance or residence for perso	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10 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, but explain in Part III. 2 I Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 I Indicate which, if any, of the following the organization is a compensation committee Written employment contract I Indicate which, if any of the following the organization is a compensation survey or study Form 990 of other organizations I Indicate organization I Indicate on part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X b Participate in or receive payment from an equity based compensation arrangement? 4b X c Participate in or receive payment from an equity based com		Travel for com	panions Payments for business use of personal re	sidence			
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 to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 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: 4a X 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: 4a X 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? 4a X 5 Participate in or receive payment from an equily-based compensation arrangement? 4a X 6 Participate in or receive payment from an equily-based companisation pay or acc				S			
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 compensation of the CEO/Executive Director, but explain in Part III. 2 3 Compensation committe Written employment contract 3 Indicate which, if any, of the following the organization used to establish compensation committee Written employment contract 3 Compensation committe Compensation survey or study 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: 4a X 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: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization part III. 4b X 5 Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X 6 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: 5a X 6 For persons li		Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
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 compensation of the CEO/Executive Director, but explain in Part III. 2 3 Compensation committe Written employment contract 3 Indicate which, if any, of the following the organization used to establish compensation committee Written employment contract 3 Compensation committe Written employment contract 3 Indicate which, jf any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 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: 4a a Receive a severance payment form an supplemental nonqualified retirement plan? 4a X b Participate in or receive payment from a supplemental mongulation pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 4a X 4b X b Any related organization? 5a X f "Yes" to any of lines 4a-c, list the	_						
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LHA 332111 11-06-23

93-1313663

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	ed benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL COLGROVE	(i)	266,364.	0.	873.	16,245.	21,424.	304,906.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH MENASHE	(i)	228,797.	0.	1,617.	13,914.	11,545.	255,873.	0.
DIRECTOR OF LEGAL AND PEOPLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT CLARK	(i)	224,224.	0.	1,219.	13,516.	21,770.	260,729.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRED GORDON	(i)	203,649.	0.	1,642.	12,448.	26,626.	244,365.	0.
DIRECTOR OF PLANNING & EVALUATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY SCOTT	(i)	203,260.	0.	1,611.	12,360.	11,001.	228,232.	0.
ENERGY PROGRAMS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMBER COLE	(i)	197,388.	0.	868.	12,084.	32,193.	242,533.	0.
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTOPHER DUNNING	(i)	190,388.	0.	645.	12,026.	26,313.	229,372.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE J, PART I, QUESTION 4B

ENERGY TRUST SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR

SELECTED EMPLOYEES. INVESTMENTS ARE OWNED BY ENERGY TRUST AND MANAGED

INDIVIDUALLY BY EACH PARTICIPANT. AT THE TIME AN EMPLOYER CONTRIBUTION

IS MADE, THE BOARD OF DIRECTORS WILL, IN ITS SOLE DISCRETION, DETERMINE

WHETHER THE EMPLOYER CONTRIBUTION WILL BE INITIALLY FULLY VESTED OR

WILL BECOME VESTED IN ACCORDANCE WITH VESTING TERMS DESIGNATED BY THE

BOARD OF DIRECTORS.

ENERGY TRUST DID NOT MAKE DISCRETIONARY CONTRIBUTIONS TO THE PLAN

DURING THE YEARS ENDED DECEMBER 31, 2023 OR 2022.

SCHEDULE	0
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 93-1313663

ENERGY TRUST OF OREGON INC

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

ENERGY TRUST PROVIDES COMPREHENSIVE, SUSTAINABLE ENERGY EFFICIENCY,

CONSERVATION AND RENEWABLE ENERGY SOLUTIONS TO THOSE WE SERVE.

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

FORM 990 CONTENT AND FINANCIAL INFORMATION IS DEVELOPED BY ACCOUNTING

PERSONNEL AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. IT IS REVIEWED IN

FULL WHEN A DRAFT IS AVAILABLE FROM OUTSIDE ACCOUNTANTS. A COPY OF THE

DRAFT FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR

REVIEW AND DISCUSSION BEFORE FILING.

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

ANNUALLY, ALL DIRECTORS AND MANAGEMENT TEAM MEMBERS DISCLOSE IN WRITING TO

THE PRESIDENT, THE OTHER DIRECTORS AND THE OPUC (OREGON PUBLIC UTILITY

COMMISSION), ON SUCH FORMS AND IN SUCH FORMATS ESTABLISHED BY THE DIRECTORS

AND THE OPUC, ANY RELATIONSHIPS THAT MAY BE DEEMED A "DIRECT OR INDIRECT

CONFLICT OF INTEREST," AS DEFINED BY STATE LAW AND IN OUR CONFLICT OF

INTEREST POLICY AND AS MAY BE AMENDED AND INTERPRETED FROM TIME TO TIME.

ANY SUCH DISCLOSURE SHALL BE DULY RECORDED IN THE MINUTES. IF THE MEMBER

MAKES FULL DISCLOSURE OF THE NATURE AND DETAILS OF THE CONFLICT, THE MEMBER

MAY THEREAFTER ENGAGE IN ANY DISCUSSION ON THE MATTER AND MAY VOTE, UNLESS

THE BOARD OF DIRECTORS BELIEVES THAT THE NATURE AND EXTENT OF THE CONFLICT

OF INTEREST WARRANTS THE DIRECTOR'S EXCLUSION FROM EITHER OR BOTH THE

DISCUSSION AND VOTE. IF THE MEMBER DOES NOT MAKE FULL DISCLOSURE, HE OR SHE

THEREAFTER MUST LEAVE THE MEETING ROOM DURING ANY DISCUSSION OR VOTE ON THE

MATTER. THE ORGANIZATION ENSURES THAT EACH DIRECTOR AND EMPLOYEE HAS FILED

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

LHA 332211 11-14-23

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DISCLOSURE REQUIREMENTS MAY BE REMOVED BY THE	OREGON PUBLIC UTILITY
COMMISSION.	
FORM 990, PART VI, SECTION B, LINE 15:	
ENERGY TRUST STRIVES TO COMPENSATE EMPLOYEES IN	N A MANNER THAT PROVIDES A
COMPETITIVE ADVANTAGE IN ATTRACTING AND RETAIN	ING EXTRAORDINARILY TALENTED
INDIVIDUALS. ENERGY TRUST ENCOURAGES AND REWARD	DS HIGH PERFORMING
INDIVIDUALS WHO EXCEL IN THEIR POSITION AND TH	EREFORE CONTRIBUTE TO THE
COMPANY'S SUCCESS.	
TO KEEP THE COMPENSATION PROGRAM TARGETED TO TH	HE MARKET TREND, HUMAN
RESOURCES WILL ANNUALLY REVIEW THE COMPENSATION	N PROGRAM OVERALL, PERFORM
PARTICULAR JOB ANALYSIS AS NEEDED, AND THEN EV	ERY TWO-THREE YEARS PERFORM A
COMPREHENSIVE REVIEW OF THE ENTIRE SALARY STRUC	CTURE WITH THE ASSISTANCE OF
A PROFESSIONAL COMPENSATION SPECIALIST.	
AN EMPLOYEE'S BASE COMPENSATION IS DETERMINED I	BY VARIOUS COMPONENTS: JOB
SKILLS, EXPERIENCE, PERFORMANCE IN THE JOB, CON	MPARABLE WORTH OF THE
POSITION WITHIN THE COMPANY, GENERAL MARKET ANI	D GEOGRAPHIC LOCATION. ENERGY
TRUST WILL CONTINUE TO EXERCISE CONSIDERABLE JU	UDGMENT AND INTERPRETATION IN
OUR USE OF THIS DATA. ENERGY TRUST GENERALLY HA	AS AN ANNIIAL REVIEW AND MERTU
PROCESS FOR PERFORMANCE EVALUATION AND SALARY I	
USED BY MANAGEMENT TO INCREASE BASE SALARY TO A	APPROPRIATELY REWARD
EMPLOYEES FOR THEIR JOB PERFORMANCE.	
THE BOARD OF DIRECTORS OF ENERGY TRUST ANNUALLY	Y APPOINTS AN EXECUTIVE
DIRECTOR REVIEW COMMITTEE, WHOSE MEMBERS ARE C	
332212 11-14-23	Schedule O (Form 990) 202

Page 2

Employer identification number

93-1313663

Schedule O (Form 990) 2023

ENERGY TRUST OF OREGON INC

Name of the organization

Name of the organization ENERGY TRUST OF OREGON II	NC	Employer identification number 93-1313663
RESPONSIBILITY OF REVIEWING THE PERFORMANCE O		
RECOMMENDING ANY MERIT INCREASE. THIS COMMITT	EE IS COMPOSED ENTIRELY OF	
INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INT	EREST WITH RESPECT TO THE	
COMPENSATION ARRANGEMENT.		
WHEN THE EXECUTIVE DIRECTOR REVIEW COMMITTEE	IS CONSIDERING COMPENSATION TO	
THE EXECUTIVE DIRECTOR, IT ALSO RELIES ON THE	COMPARABILITY DATA DESCRIBED	
ABOVE THAT DEMONSTRATES THE FAIR MARKET VALUE	OF THE COMPENSATION IN	
QUESTION. ANY MERIT INCREASE RECOMMENDED BY T	HE EXECUTIVE DIRECTOR REVIEW	
COMMITTEE IS VOTED ON BY THE BOARD OF DIRECTO	RS IN PUBLIC. THE LAST	
EXECUTIVE DIRECTOR MERIT INCREASE WAS APPROVE	D BY THE BOARD OF DIRECTORS ON	
APRIL 12, 2023 AND MADE EFFECTIVE JANUARY 1,	2023	
	2025.	
FORM 990, PART VI, SECTION C, LINE 19:		
ENERGY TRUST MAKES ITS GOVERNING DOCUMENTS, C	ONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST AND ON ITS	
WEBSITE: WWW.ENERGYTRUST.ORG.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM DELIVERY SUBCONTRACTS:		
PROGRAM SERVICE EXPENSES	67,434,736.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	67,434,736.	
AGENCY CONTRACTOR SERVICES:		
PROGRAM SERVICE EXPENSES	4,701,049.	
MANAGEMENT AND GENERAL EXPENSES	766,113.	
332212 11-14-23	43	Schedule O (Form 990) 202

Schedule O (Form 990) 2023		Page 2
Name of the organization ENERGY TRUST OF OREGON INC		Employer identification number 93-1313663
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	5,467,162.	
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	373,679.	
MANAGEMENT AND GENERAL EXPENSES	587,194.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	960,873.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	73,862,771.	
332212 11-14-23		Schedule O (Form 990) 2023
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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

F				1	
Form CT-12		able Activities Se			
	Oregor	Department of .	Justice	You can now file pay by credit ca	•
For Oregon Charities For Accounting Periods Beginnir	100 SW Market Street		VOICE (971) 673-1880 TTY (800) 735-2900	online for	-
	ng in: Portland, OR 97201-57 Email: charitable@doj.		TTY (800) 735-2900 FAX (971) 673-1882	https://justice.o	
2023	Website: https://www.			paymentportal/A	ccount/Login
	Line-by-line instructi report form can be for	ons for completing the a ound on our website.	annual		
Section I. General Inform	ation				
1. REG #7663			gh Incorrect Items a):
ENERGY TRUST OF OREGON	I INC	(See instructions	s for change of name or	accounting period.)	
		Registration #:			
421 SW OAK STREET		Organization Na	ime:		
300		Address:			
PORTLAND, OR 97204		City, State, Zip:			
503-493-8888			_		
		Phone:	Fax:		Amended
		Email:		10/01/00	Report?
		Period Beginnin	g: 01/01/23 Period	Ending: 12/31/23	
 Did a certified public accounta statements, accompanying no Is the erganization a party to a 	tes, schedules, or other docum	nents supplementing the i	report or financial statem	nents. X Ye	es 🗌 No
 Is the organization a party to a the type of solicitations; 	contract with a fundraising fin		ons in Oregon? If yes, ch	IECK	
in-person; direct mai	: 🗌 advertising: 🗌 vendir	ig machine; 🗌 telephon	e: or other solicitatio	ons. 🗌 Ye	s X No
If yes, also write the name of the				(If you	
checked "other solicitations",	• • • –			(ii you	
4. Has the organization or any of	• •	or kev employees ever si	ioned a voluntarv agreen	nent	
with any government agency or charitable solicitation, adminis agreement or action. See instr	or been a party to legal action in tration, management, or fiducia	n any court or administrat	ive agency regarding	□ Ye	es X No
 During this reporting period, di OR did the organization receiv its tax-exempt status? If yes, a 	e a determination or revocatior	h letter from the Internal F	ylaws, or trust document Revenue Service relating	ts, 🗌 Ye	es X No
 Is the organization ceasing op your registration.) 	erations and is this the final rep	ort? (If yes, see instructio	ons on now to close	Γ Ye	es X No
your registration.)					
7. Provide contact information fo	r the person responsible for re	taining the organization's	records.		
Name	Position	Phone	Mailing Add	dress & Email Addre	SS
CHRIS DUNNING	CFO	503-548-1599	421 SW OAK ST, S	TE 300,PORTLAND	,OR 97204
if they did not receive compensation informat a minimum of three director	stees and Key Employees - Lis nsation. Attach additional shee ion, the phrase "See IRS Form s for nonprofit public benefit ame, mailing address, daytime	ts if necessary. If an attac " may be entered in lieu o corporations.)	ched IRS form includes s f completing this section	substantially the . (Oregon law req u	uires (C)
	and email address		hours	devoted to (er	pensation iter \$0 if on unpaid)
Name: SEE IRS FORM 9	90 PART VII				0.
Address:					
Phone:					
Name:					
Address:					
Phone: Name:					
Address:					
Phone:					
	Form C	ontinued on P	ade 2		
	Form Co	Jillinueu on P	ayez		

Sec	ction II. F	ee Calculation				
9.	Form 990-F Attach exp	I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Li F. For 990-N filers or others, see the CT-12 instructions for how to calc anation if Total Revenue is \$0 .)	ne 12a on	9. 222,712		400
10.	Revenue Fe (See chart t amount on	elow. Minimum fee is \$20, even if total revenue is \$0 or a negative amo	unt.) The revenue fee is	s determined by the	10.	400.
	Amot \$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000	Int on Line 9 Revenue Fee - \$24,999 \$20 - \$49,999 \$50 - \$99,999 \$90 - \$24,999 \$150 - \$249,999 \$150 - \$499,999 \$200 - \$999,999 \$300 Or more \$400	I			
11.	(From Part 990-EZ; or I see the CT-	s or Fund Balances at End of the Reporting Period 11. J Line 22 (end of year) on Form 990; Line 21 on Form Part III, Line 6 on Form 990-PF. For 990-N filers or others, 12 instructions to calculate. Attach explanation if amount egative number)	86,645,125.			
12.	(Generally, 24B on Forr filers or oth	Assets Used to Conduct Charitable Activities 12. from Part X, Line 10c on Form 990; Line 23B and possibly n 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N ers, see the CT-12 instructions to calculate. See the CT-12 if organization owns income-producing assets.	416,632.			
13.		ubject to Net Assets or Fund Balances Fee		13. 86,228	8,493.	
14.		s or Fund Balances Fee Itiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,0				2,000.
15.		ng this report late? Yes X No	the report is free last		15.	0.
16.	for addition Total Amo	al information or contact the Charitable Activities Section at (971) 673-1	880 to obtain late fee a	imount.)	16.	2,400.
17.	except tha filed a 990 Such orga	opy of the organization's federal 990 or other return and all supplet Form 990 & 990EZ filers do not need to attach a copy of their N, but had Total Revenue of \$50,000 or more, or Net Assets or nizations may be required to complete certain IRS forms for Ore mark any such return as "For Oregon Purposes Only." If your or vailable.	Schedule B. Also, if Fund Balances of \$ egon purposes only.	the organization did 100,000 or more, se If the attached retur	I not file with t the instruction of was not filed	he IRS or ons. d with the
Ple Sig Hei		Under penalties of perjury, I declare that I am an officer/directo accompanying forms, schedules, and attachments, and to the		ge and belief, it is tru		d complete.
		Signature of officer	Date		Title	
		MICHAEL COLGROVE	421 SW OAK ST	TREET, SUITE 30	0, PORT	
		Officer's name (printed)	Address 503-548-1599			
Paid			Phone			
	oarer's Only	WENDY CAMPOS	08/13/24		503-242-14	47
		Preparer's Signature	Date		Phone	
		WENDY CAMPOS	805 SW BROAD	WAY STE 1400,	PORTLAN	
		Preparer's name (printed)	Address			

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/ 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.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. REG #7663

Form **990**

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



Department of the Treasury

Interr	al Revenue	e Service Go to www.iis.gow/Formaao for instructions and			inspection
AF	or the 2	2023 calendar year, or tax year beginning and	l ending		
B c a	heck if oplicable:	C Name of organization		D Employer identifi	cation number
	Address change	ENERGY TRUST OF OREGON INC			
	Name change	Doing business as		93-1313663	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	421 SW OAK STREET	300	503-493-8888	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	222,712,591.
	Amende return	FORTLAND, OR 37204		H(a) Is this a group r	
	Applica-	F Name and address of principal officer: MICHAEL COLGROVE		for subordinates	s? Yes X No
	pending	421 SW OAK STREET, SUITE 300, PORTLAND, OR		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>]	ax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Vebsite			H(c) Group exemption	n number
		rganization: X Corporation Trust Association Other	L Year	of formation: 2002	VI State of legal domicile: OR
Pa		Summary			
đ	1 B	riefly describe the organization's mission or most significant activities: SEE SC	HEDULE O		
ũ	_				
Activities & Governance	2 C	heck this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
٥ ٨	3 N	umber of voting members of the governing body (Part VI, line 1a)			13
ۍ ح	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			13
es		otal number of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			163
, İİ	6 To	otal number of volunteers (estimate if necessary)			56
_ct i				<u>7a</u>	0.
_	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		et unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year 206,756,631.	Current Year 219,475,447.
	8 C 9 P	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		Prior Year 206,756,631. 0.	Current Year 219,475,447. 0.
	8 C 9 P 10 In	rontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 206,756,631. 0. 420,113.	Current Year 219,475,447. 0. 3,223,718.
Revenue /	8 C 9 P 10 In	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		Prior Year 206,756,631. 0. 420,113. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426.
	 8 C 9 P 10 In 11 O 12 Te 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591.
	 8 C 9 P 10 In 11 O 12 To 13 G 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550.
	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> irants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0.
Revenue	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Investment - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838.
Revenue	8 C 9 P 10 In 11 O 12 T 13 G 14 B 15 S 16a P	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)		Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0.
Revenue	8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0.
	 8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To 17 O 	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070.
Revenue	8 C 9 P 10 In 11 O 12 T 13 G 14 B 15 S 16a P b T 17 O 18 T	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	0.	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) frants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) total fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16)	0. B	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504.
Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) Avestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26)	0. Bu	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. 25,071,78. 24,926,157. 25,058. 20,058. 20	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379.
Net Assets or Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) westment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	0. Bu	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504.
The Assets or Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) frants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block	0. B	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189.	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N rt II	Prontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block res of perjury, I declare that I have examined this return, including accompanying schedule	0. Band statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 Tr 13 G 14 B 15 S 16a P b Tr 17 O 18 Tr 17 O 18 Tr 19 R 20 Tr 21 Tr 22 N rt II	Contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) frants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block	0. Band statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.
D D Arbitron Expenses Revenue	8 C 9 P 10 In 11 O 12 To 13 G 14 B 15 S 16a P b To 17 O 18 To 19 R 20 To 21 To 22 N rt II correct,	Prontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) westment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irrants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block res of perjury, I declare that I have examined this return, including accompanying schedule	0. Band statem	Prior Year 206,756,631. 0. 420,113. 0. 207,176,744. 125,177. 0. 17,840,774. 0. 164,284,636. 182,250,587. 24,926,157. eginning of Current Year 121,881,969. 32,571,780. 89,310,189. ents, and to the best of my	Current Year 219,475,447. 0. 3,223,718. 13,426. 222,712,591. 153,550. 0. 20,971,838. 0. 204,252,070. 225,377,458. -2,664,867. End of Year 128,520,504. 41,875,379. 86,645,125.

Sign	Signature of on	ICEI				Dale		
Here	MICHAEL COL	GROVE, EXECUTIVE DIRECTOR						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature		Date	Check] PTIN	
Paid	WENDY CAMPO	S	WENDY CAMPOS		08/13/24	self-employed	P00448102	
Preparer	Firm's name	MOSS ADAMS LLP				Firm's EIN 91	-0189318	
Use Only	Firm's address	805 SW BROADWAY STE 1400						
		PORTLAND, OR 97205				Phone no. 503-2	242-1447	
May the II	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	Paperwork Re	duction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 990	(2023)

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

	990 (2023) ENERGY TRUST OF OREGON INC	93-1313663	Page 2
Pa	t 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: ENERGY TRUST PROVIDES COMPREHENSIVE, SUSTAINABLE ENERGY EFFICIENCY,		
	CONSERVATION AND RENEWABLE ENERGY SOLUTIONS TO THOSE WE SERVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Ye	es 🛛 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🛛 No
Ū	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 m		
	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 \$ 194,574,345. including grants of \$) (Revenue	÷\$	
	EFFICIENCY PROGRAMS BRING ENERGY SAVINGS OPPORTUNITIES TO RESIDENTIAL,		
	COMMERCIAL AND INDUSTRIAL CUSTOMERS THROUGHOUT OREGON, AND TO		
	RESIDENTIAL AND COMMERCIAL CUSTOMERS IN PARTS OF SW WASHINGTON STATE.		
	IN 2023, ELECTRIC EFFICIENCY PROJECTS SAVED 53.1 AMW OF ELECTRICITY.		
	GAS EFFICIENCY PROJECTS COMPLETED IN 2023 SAVED 6.8 MILLION ANNUAL THERMS OF NATURAL GAS.		
	THERMS OF NATURAL GAS.		
4b	(Code:) (Expenses \$16,461,115. including grants of \$) (Revenue	*\$	
	RENEWABLES PROGRAMS BRING ENERGY GENERATION OPPORTUNITIES TO		
	RESIDENTIAL AND BUSINESS CUSTOMERS THROUGHOUT OREGON. IN 2023,		
	RENEWABLE ENERGY PROJECTS ACHIEVED 6.7 AMW IN NEW GENERATION.		
4c	(Code:) (Expenses \$1, 379, 507. including grants of \$153, 550.) (Revenue)	÷\$	
	LMI, COMMUNITY SOLAR, PGE SMART BETTERY, NWN GEO TLM PHASE 3, NREL,		
	SALMON, FEMA, PGE SMART INVERTER, ODOE COOLING, PGE FLEX FEEDER		
	Other program services (Describe on Schedule O.)		
4d			
4d 4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 212,414,967.)	

ENERGY TRUST OF OREGON INC

			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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	_		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	<u> </u>
332003	3 12-21-23	Form	AAO ((2023)

Form	aan	(2023)
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ENERGY TRUST OF OREGON INC

Par	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		2	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	ent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J		X	
24a	a 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	24	a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	÷		
	any tax-exempt bonds?		c	
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		d	
25a	a 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		a	X
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	d		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	e		
	Schedule L, Part I	25	b	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		;	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employe			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con	trolled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	/// 27	,	x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28	a	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		b	X
	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	28	c	x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M)	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\square
	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			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	2	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	3	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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	a	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit			\square
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	-	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organiz			
	If "Yes," complete Schedule R. Part V. line 2		;	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 foderal income tax numbers? ((1))		,	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			\square
	Note: All Form 990 filers are required to complete Schedule O		x	
Par	art V Statements Regarding Other IRS Filings and Tax Compliance			<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	876		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	, 	x	
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	n 990 (2023) ENERGY TRUST OF OREGON INC	93-131366	3	P	age 5				
Far	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
		1		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.02							
	, , , , ,	2a 163		77					
-		?	2b	X	v				
3a			3a		X				
			3b		<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	-			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	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 Account		_		v				
		•	5a		X X				
b			5b		<u> </u>				
c	, , ,		5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a set of the set o		•		v				
	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 contribution	°							
_	were not tax deductible?		6b		<u> </u>				
7	Organizations that may receive deductible contributions under section 170(c).		_		X				
a			7a						
b			7b		<u> </u>				
С			_		v				
	to file Form 8282?		7c		X				
d	, , , , , , , , , , ,	7d	_		v				
е			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f 7g		X				
g									
h	5								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the	-						
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.		•						
a			9a		<u> </u>				
b			9b						
10	Section 501(c)(7) organizations. Enter:								
a		0a							
b		0b							
11	Section 501(c)(12) organizations. Enter:								
		1a							
b		46							
10-	amounts due or received from them.) 1 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1b	100						
		1	12a						
		2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a						
а	· · · · · · · · · · · · · · · · · · ·		138						
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
b		3b							
•		30 3c							
		•	140		x				
14a h		•	14a 14b		<u> </u>				
			140		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat		15		x				
	excess parachute payment(s) during the year?		15						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	100mo?	16		x				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in		16						
17	If "Yes," complete Form 4720, Schedule O.	ition							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ		47		1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
00000	If "Yes," complete Form 6069.		Form	990	(2023)				
332005	5 12-21-23				(2023)				

Form	990 (2023) ENERGY TRUST OF OREGON INC		93-13136		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	5		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		х
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 ap	point o	one or			
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, 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	befor	e filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith 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	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, an	d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	CHRIS DUNNING, CHIEF FINANCIAL OFFICER - 503-548-1599					
	421 SW OAK STREET, SUITE 300, PORTLAND, OR 97204					
332006	12-21-23			Form	9 90	(2023)

Form 990 (93-1313663	Page 1						
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.									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MICHAEL COLGROVE	40.00	_	-	-			_			
EXECUTIVE DIRECTOR				х				267,237.	0.	37,669.
(2) DEBORAH MENASHE	40.00									
DIRECTOR OF LEGAL AND PEOPLE						х		230,414.	0.	25,459.
(3) SCOTT CLARK	40.00									
IT DIRECTOR						X		225,443.	0.	35,286.
(4) FRED GORDON	40.00									
DIRECTOR OF PLANNING & EVALUATION						X		205,291.	0.	39,074.
(5) TRACY SCOTT	40.00									
ENERGY PROGRAMS DIRECTOR						X		204,871.	0.	23,361.
(6) AMBER COLE	40.00									
DIRECTOR OF COMMUNICATIONS	10.00					X		198,256.	0.	44,277.
(7) CHRISTOPHER DUNNING	40.00							101 000		
CHIEF FINANCIAL OFFICER				х				191,033.	0.	38,339.
(8) HENRY LORENZEN	4.00									
PRESIDENT	1.75	X		X				0.	0.	0.
(9) ROLAND RISSER VICE PRESIDENT	1.75	x		x				0.	0.	0
(10) SUSAN BRODAHL	3.25	~		^				0.	0.	0.
TREASURER	3.25	x		x				0.	0.	0
(11) ERIC HAYES	1.75	^	-	^				· · ·	0.	0.
SECRETARY	1.75	x		x				0.	0.	0.
(12) ANNE ROOT	2.00	^	<u> </u>	^				· ·	0.	<u>0.</u>
BOARD MEMBER	2.00	x						0.	0.	0.
(13) BILL TOVEY	2.25							·.	•.	
BOARD MEMBER		x						0.	0.	0.
(14) ELLEN ZUCKERMAN	2.00								· •	
BOARD MEMBER		x						0.	0.	0.
(15) ELLSWORTH LANG	2.00									
BOARD MEMBER		x						٥.	0.	0.
(16) THELMA FLEMING	2.00									
BOARD MEMBER		х						0.	0.	0.
(17) JANE PETERS	2.25									
BOARD MEMBER		х						٥.	0.	0.

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Form 990 (2023)

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Form 990		OF OREGON	INC							93-1313	3663	3	Pa	ige 8
Part VII	Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) (C) (D) (E) (F)													
	Name and title Average Position								Reportable	Reportable				d
		hours per					than o s both		compensation	compensation			ount c	
		week					or/trus		from	from related		0	ther	
		(list any	ctor						the	organizations		compe	ensat	ion
		hours for	r dire				ed		organization	(W-2/1099-MISC	/	fro	m the	;
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		orgar	nizati	on
		organizations	l trus	nal tr		oyee	dwo		1099-NEC)			and	relate	ed .
		below	vidua	itutio	cer	Key employee	nest o	ner				organ	nizatio	ns
		line)	Indi	Inst	Officer	Key	emp	Former						
(18) MEI	LISSA CRIBBENS	3.75												
BOARD ME	EMBER		Х						0.		٥.			0.
(19) PE1	TER THERKELSEN	2.25												
BOARD ME	EMBER		Х						0.		0.			0.
(20) SII	LVIA TANNER	2.00												
BOARD ME	EMBER		х						0.		0.			Ο.
											\neg			
											\neg			
							-		1		\dashv			
											\rightarrow			
											\rightarrow			
											\square			
			-											
1b Sub	ototal								1,522,545.		Ο.	2	243,4	165.
	al from continuation sheets to Part VII								0.		٥.			0.
	al (add lines 1b and 1c)								1,522,545.		0.	2	243,4	165.
	al number of individuals (including but no								eceived more than \$100.	000 of reportable		,		
	pensation from the organization						,		, , , , , , , , , , , , , , , , , , ,					122
													/es	No
3 Did	the organization list any former officer,	director truste	bo k		mnl	0.10	o or	hia	hest compensated emp	lovee on	E F			
	. .			•	•			Ŭ			- 1	2		х
	1a? If "Yes," complete Schedule J for su										· F	3		
	any individual listed on line 1a, is the su	-		-						-			v	
	related organizations greater than \$150										·· h	4	X	
	any person listed on line 1a receive or a										- 1			
	dered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	bers	on .					5		Х
Section	B. Independent Contractors													
1 Con	nplete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comper	nsat	ion fron	n	
the	organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C)		
	Name and business	address							Description of s	ervices	C	ompens	satior	1
CLEARESU	ULT CONSULTING INC, 4301 WESTE	BANK												
DRIVE SU	UITE 250-A, AUSTIN , TX 78746								PROGRAM DELIVERY			56,4	138,0)45.
TRC ENVI	IRONMENTAL CORPORATION													
21 GRIFE	FIN ROAD NORTH, WINDSOR, CT 06	5095							PROGRAM DELIVERY			18,6	599,9	924.
	350 INC, 1033 SE MAIN STREET S													
	, LAND, OR 97214								PROGRAM DELIVERY			91	.75,8	321.
	ST ENERGY EFFICIENCY ALLIANCE												,	
	6TH AVENUE, PORTLAND, OR 97204	L-1629						ļ	PROGRAM DELIVERY			7 3	214 1	115
		E 1027							LIGGRAM DEDIVERI				214,1	<u></u>
TRC ENGINEERS INC														
	FIN ROAD NORTH, WINDSOR, CT 06								PROGRAM DELIVERY			3,6	592,8	.00.
	al number of independent contractors (ir	•	ot lin	nitec	to			ted	above) who received me	ore than				
\$10	0,000 of compensation from the organiz	ation				11(U					_		
											ſ	Form 9	90 (2	(023)

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Check if Schedule O contains a response or note to any line in this Part VIII. (A) (D) (D) <th col<="" th=""><th></th><th></th><th>(2023) ENERGY TRUST OF OREGON INC</th><th></th><th></th><th>93-131366</th><th>3 Page 9</th></th>	<th></th> <th></th> <th>(2023) ENERGY TRUST OF OREGON INC</th> <th></th> <th></th> <th>93-131366</th> <th>3 Page 9</th>			(2023) ENERGY TRUST OF OREGON INC			93-131366	3 Page 9
and Section and Section	Par	t VI	III Statement of Revenue					
Total revenue Pediato or exempt Inclore revenue Derivative Durchale Permeters Durchale			Check if Schedule O contains a response or note to a	any line in this Part VIII				
Both Membership dues 10 c					Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514	
Both Membership dues 10 c	S S	1 a	a Federated campaigns 1a					
Buiness Code Mean (mode) Mean (mode) 2 b	unt							
Buiness Code Mean (mode) Mean (mode) 2 b	Ū Ē							
Buiness Code Mean (mode) Mean (mode) 2 b	ar A	(
Buiness Code Mean (mode) Mean (mode) 2 b	s, G	e		424.				
Buiness Code Mean (mode) Mean (mode) 2 b	rion Si	1	f All other contributions, gifts, grants, and					
Buiness Code Mean (mode) Mean (mode) 2 b	ibui							
Buiness Code Mean (mode) Mean (mode) 2 b	du		-31+ -					
2 a b	ы С	I		, , ,				
99 90 91 91 92 90 91 91 90 91 91 90 91 90 91 90 91 90 91 90 91 90 91 90 91 90 91 92 91 91 92 91 91 92 92 91 91 92 92 92 92<			Business	Code				
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Instruction Instruction <thinstruction< th=""> <thinstruction< th=""></thinstruction<></thinstruction<>	Š	•						
3 investment income (including dividends, interest, and other similar amounts) 3, 223, 718. 3, 223, 4 income from investment of tax-exempt bond proceeds 0 0 5 Royatties 0 0 6 a Gross rents 6a 0 6 a Gross rents 6a 0 6 a Gross rents 6a 0 7 a Gross anount from sales of assets other than inventory assets other than inventory 7a 7c 0 7 a Gross income trom tundrating events 0 0 0 6 a Gross income trom tundrating events 0 0 0 6 Net gain or (loss) 0 0 0 0 0 7 a Gross income from tundrating events 0 0 0 0 8 a Gross income from gaming activities 0 0 0 9 a Gross income from gaming activities 0 0 0	-							
a other similar amounts) 3,223,718. 3,223,718. 4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents (iii) Real (iii) Personal 6 a Gross rents (iii) Real (iii) Other 7 a Gross amount from sales of areases of another to reloss) (iii) Other 7 a Gross amount from sales of areases of relation come or (loss) (iii) Other 6 Less: cost or other basis and sales expenses (iii) Other a a Gross income from fundraising events (not including \$\frac{1}{76\$ letta in the income or (loss) (iii) Cher 8 a Gross income from gaming activities 9 9 Gross income from gaming activities 9 9 Gross sales of inventory less returns and allowances 9 <								
4 Income from investment of tax exempt bond proceeds		Ū		3,223,718.			3,223,718.	
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B Less: rental expenses 6b			(i) Real (ii) Persc	onal				
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d Net rental income or (loss) Image: state of assets of assets of the rank inventory assets of the rank inventory assets of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory assets of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory b. Less: cost or other basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and sales expenses Image: state of the rank inventory basis and rank inventory b		ł	b Less: rental expenses 6b					
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Bull Less: cost or other basis and sales expenses Tb c Gain or (loss) Tc d Net gain or (loss) Tc d Net gain or (loss) Tc d Net gain or (loss) Tc d Res Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events		7 a	a Gross amount from sales of (i) Securities (ii) Oth	ner				
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d Net gain or (loss)		I	b Less: cost or other basis					
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d Net gain or (loss)	evel 1							
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9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9a 9a 9a 9a 9b 9c <								
Part IV, line 19 9a 9a 9b 9c 9c<								
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							2 037 144	
332009 12-21-23 Form 990				222,112,391.	I ⁰ .	I ⁰ .	Form 990 (2023	

ENERGY TRUST OF OREGON INC

93-1313663 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 153,550 153,550 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 534,277 534,277. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,506,332. 9,203,902. 6,302,430. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 951,025 508,953. 442,072 1,589,555 1,179,707 2,769,262 Other employee benefits 9 1,210,942 704,119 506,823 10 Payroll taxes 11 Fees for services (nonemployees): Management а 23,368. 23,368 b Legal 98,495, 98,495 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 73,862,771 72,509,464 1,353,307 column (A), amount, list line 11g expenses on Sch 0.) 3,595,178, 2,174,260. 1,420,918 Advertising and promotion 12 73,858. 37,244. 36,614 13 Office expenses _____ 1,125,384 896,310. 229,074 14 Information technology Royalties 15 926,725 549,650, 377,075 16 Occupancy 98,789, 209,257 110,468 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 198,246. 98,433. 99,813 Conferences, conventions, and meetings 19 11,170. 11,170, 20 Interest Payments to affiliates 21 343,489 232,104, 111,385 22 Depreciation, depletion, and amortization 143,685 85,189. 58,496. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) INCENTIVES 123,122,595. 123,122,595. а CUSTOMER SUPPORT 273,116, 273,116 b DUES, LICENSES, AND FEE 234,007, 167,008. 66,999 С MISCELLANEOUS EXPENSE 10,726. 10,726. d All other expenses е 225,377,458 Total functional expenses. Add lines 1 through 24e 212,414,967 12,962,491 Ο. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 12-21-23

Check here

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

332011 12-21-23

10300813 146892 623688

		Check if Schedule O contains a response or not	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,010,300.	1	3,003,000.
	2	Savings and temporary cash investments			110,266,376.	2	117,484,305.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			218,587.	4	473,768.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	fied pers				
		under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			1,282,331.	7	1,288,151.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			2,615,428.	9	2,808,010.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	6,510,787.			
	b	Less: accumulated depreciation		6,094,155.	660,287.	10c	416,632.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,828,660.	15	3,046,638.
	16	Total assets. Add lines 1 through 15 (must equa			121,881,969.	16	128,520,504.
	17	Accounts payable and accrued expenses			27,528,394.	17	38,219,891.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e persoi	าร		22	
	23	Secured mortgages and notes payable to unrela	ted thirc	I parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			5,043,386.	25	3,655,488.
	26	Total liabilities. Add lines 17 through 25			32,571,780.	26	41,875,379.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
Ian	27	Net assets without donor restrictions			89,310,189.	27	86,645,125.
ΪB	28	Net assets with donor restrictions		28			
un		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		·····	00 210 100	31	06 645 105
ž	32	Total net assets or fund balances			89,310,189. 121,881,969.	32	86,645,125.
	33	Total liabilities and net assets/fund balances			121,001,309.	33	128,520,504.

ENERGY TRUST OF OREGON INC

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

Form 990 (2023)

Part X Balance Sheet

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Form 990 (2023)

Form	1990 (2023) ENERGY TRUST OF OREGON INC	93-131366	3	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	222,	712,	591.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,	377,	458.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	664,	867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,	310,	189.
5	Net unrealized gains (losses) on investments	5		-	197.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	86,	645,	125.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Name of the organization

Name o	f the organization						Employer	identification number
		TRUST OF OREGO						93-1313663
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	anization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1 📃	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	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 org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d 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 busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Complete Part III.)							
11	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
_	its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.			
	nter the number of supported of	0						
g Pr	ovide the following information		<u> </u>	(iv) Is the oras	anization listed	(1) Amount of		(ui) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No			
Total						1		

Page **2**

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	185,689,277.	178,662,472.	194,128,525.	206,756,631.	219,475,447.	984,712,352.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	185,689,277.	178,662,472.	194,128,525.	206,756,631.	219,475,447.	984,712,352.
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)						094 710 250
	Public support. Subtract line 5 from line 4. ction B. Total Support						984,712,352.
	• •	(a) 2010	(1-) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019 185,689,277.	(b) 2020 178,662,472.	(c) 2021 194,128,525.	(d) 2022 206,756,631.	(e) 2023 219,475,447.	(f) Total 984,712,352.
	Amounts from line 4 Gross income from interest,	100,000,277.	1,0,002,172.	191,120,929.	200,700,001.	,,,,	501,712,002.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,599,363.	497,535.	162,840.	420,113.	3,223,718.	5,903,569.
٩	Net income from unrelated business	,000,0001		,		•,==•,,==•,	
3	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.)		61,009.	41,330.		13,426.	115,765.
11	Total support. Add lines 7 through 10		,				990,731,686.
	Gross receipts from related activities,	etc. (see instructic	ons)		•	12	
	First 5 years. If the Form 990 is for the		,	fourth, or fifth tax y	ear as a section 5		
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.39 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.60 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	• • …						
	Total. Add lines 1 through 5						
10	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	ation,
	check this box and stop here		<u></u>	<u></u>	<u></u>	<u></u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage			<u> </u>	
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the						e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly suppo	orted organizatio	n
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	23 12-21-23					Schedul	e A (Form 990) 2023

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023
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Yes

2

No

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

Section B. Type I Supporting Organizations

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>		
	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,

upervised, or controlled the supporting organization. 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(c)	1		1

Section D. All Type III Supporting Organizations

			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	e organization used to satisf	w the Integral Part Test duri	ng the year (see instructions).
•		e organization used to satisf	y ine milegiai rait iest uun	

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2023

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	93-1313003 Pag
1 1	Check here if the organization satisfied the Integral Part Test as a qualify	<u> </u>		Part VI) See instruction
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-	Check have if the current year is the expenientian's first on a new function		d Type III europerting	

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

Schedule A (Form 990) 2023

ENERGY	TRUST	OF	OREGON	INC
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<u>Sche</u>	Schedule A (Form 990) 2023 ENERGY TRUST OF OREGON INC					Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions		·	-	Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	5		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023		(iii) Distributa Amount for	
_						
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - <i>explain in</i> Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2023					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
0	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FFCRA CREDITS
CONSULTING INCOME

Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

93-1313663

Name of the organization	

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service

(Form 990)

ENERGY	TRUST	OF	OREGON	INC	

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.

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

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.

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

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

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

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

	B (Form 990) (2023)		Page 2
Name of o	rganization	Emplo	oyer identification number
ENERGY 1	RUST OF OREGON INC	و	3-1313663
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$14,839,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

10300813 146892 623688

Schedule I	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
ENERGY T	RUST OF OREGON INC		93-1313663
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

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Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page 4		
Name of c	organization		Employer identification number		
ENERGY 7	TRUST OF OREGON INC		93-1313663		
Part III) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
			Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	I		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

10300813 146892 623688

Schedule B (Form 990) (2023)

2023.04010 ENERGY TRUST OF OREGON IN 623688_1

						OMD No. 1545 0047
SCHEDULE D (Form 990) Supplemental File Complete if the organization			nization answered "Yes	" on Form 990,		OMB No. 1545-0047
Doport	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Attach to Form 990.			e, 11f, 12a, or 12b.		Open to Public
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Nam	Name of the organization E					oloyer identification number
De		ENERGY TRUST OF OREGON INC		insilar Frunda av Aa		93-1313663
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin		imilar Funds of Ad	coun	TS. Complete if the
			(a) Donor advise	d funds (b) Fun	ds and other accounts
1	Total number at e	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets he	ld in donor advised fund	ls	
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gra	int funds can be used o	nly	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for an	y other purpose conferri	ing	
D.	impermissible priv	ate benefit?				Yes No
Pa		ation Easements. Complete if the org		s" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization		1		
		n of land for public use (for example, recrea	tion or education)	Preservation of a histo	-	
		of natural habitat		Preservation of a certi	fied his	storic structure
		n of open space				
2	•	through 2d if the organization held a qualif	ied conservation contribu	ition in the form of a co	nservat	tion easement on the last Held at the End of the Tax Year
	day of the tax yea					HEIU AL LILE EILU OI LILE TAX TEAL
					2a	
b		ricted by conservation easements			2b	
с С		vation easements on a certified historic stru			2c	
d		vation easements included on line 2c acqui ture listed in the National Register	•		2d	
3		vation easements modified, transferred, rel				during the tax
U	year		casca, extinguisrica, or a	cirinated by the organi	Lation	during the tax
4	-	where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		ion, handling of		
	0	forcement of the conservation easements it				Yes No
6	,	r hours devoted to monitoring, inspecting,				
				C C		U <i>Y</i>
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enf	forcing conservation eas	sement	s during the year
8	Does each conser	vation 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, descri	be how the organization reports conservation	on easements in its reven	ue and expense statem	ent and	d
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's	financial statements that	at desc	ribes the
Dec	organization's acc	ounting for conservation easements.	Aut Illatania al Turr			
Pa		ations Maintaining Collections of		asures, or Other S	imilai	r Assets.
		f the organization answered "Yes" on Form				
1 a	•	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for pub			ice of p	DIIduc
-	· •	Part XIII the text of the footnote to its finar			-1 -	under of
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or	research in furtherance	ot pub	DIIC Service,
	•	ing amounts relating to these items.				•
		Ided on Form 990, Part VIII, line 1				ቅ
~						\$
2		received or held works of art, historical treat			provide	
~	-	unts required to be reported under FASB A	-			¢
d	never we included	on Form 990, Part VIII, line 1				\$

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 \$

Sche		ST OF OREGON INC						93-131		P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Simil	ar Assets	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignifican	t use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 I	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	ne organizatio	n's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "`	Yes" on	Form 99	0, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contributior	ns or other as	sets not	include	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							_			
									Amoun	t	
с	Beginning balance						. 1 c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f				
	Did the organization include an amount on F						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	T V Endowment Funds Complete if										
		(a) Current year	(b)⊦	Prior year	(c) Two year	rs back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the curr	•		g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
0-	The percentages on lines 2a, 2b, and 2c sho	•									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ai	nd administer	ed for tr	ie			Yes	No
	organization by:								20(1)	163	
	(i) Unrelated organizations?(ii) Related organizations?								3a(i)		
h	If "Yes" on line 3a(ii), are the related organizations?	tiona liatad aa raquir							3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		WINEILI	unus.							
	Complete if the organization answere). Part IV	/. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost	t or other (other)	(c) A	ccumula		(d) Boo	k valu	e
10	Land			54015			roolaile				
-	Land										
b	Buildings Leasehold improvements				654,214.		584	,511.		69	703.
c d				5	856,573.		5,509	<i>'</i>		,	929.
	EquipmentOther				,,		-,000	,•		,	
	Other Add lines 1a through 1e. <i>(Column (d) must e</i>		V line 4		<u>(</u>					416	632.
TUL	n Add intes ta through te. (Column (a) MUST e	<u>qual Form 990, Part</u>	∧, iine I	uc, column	(<u>D))</u>			<u></u>	- /-		

Schedule D (Form 990) 2023

hedule D (Form 990) 2023 ENERGY TRU:	ST OF OREGON INC		93-1313663 Pa
art VII Investments - Other Securiti	es		
Complete if the organization answere	d "Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of		(c) Method of valuation: Cost or e	nd-of-vear market value
En en elet destructione			,
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col.	. (B))		
art VIII Investments - Program Rela	ted.		
Complete if the organization answere	d "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 e	nd-of-year market value
(1)			
(2)			
(3)		1	
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Other Assets Complete if the organization answere		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(*)			
(5) (6)			
(5)			
(5) (6)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin	e 15, col. (B))		
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin	e 15, col. (B))		
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities		11e or 11f. See Form 990, Part X, line 2	25.
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities	d "Yes" on Form 990, Part IV, line 1		25. (b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit	d "Yes" on Form 990, Part IV, line 1		
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE	d "Yes" on Form 990, Part IV, line 1		
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4)	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4) (5)	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4) (5) (6)	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4) (5) (6) (7)	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4) (5) (6) (7) (8)	d "Yes" on Form 990, Part IV, line 1		(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, lin art X Other Liabilities Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) LEASE LIABILITY (3) DEFERRED REVENUE (4) (5) (6) (7)	d "Yes" on Form 990, Part IV, line 1		(b) Book value

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

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 ENERGY TRUST OF OREGON INC		93-13	13663 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements			222,712,394.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-197.	
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-197.
3	Subtract line 2e from line 1			222,712,591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			222,712,591.
Pa	T XII Reconciliation of Expenses per Audited Financial Stater	ments With Exp	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	225,377,458.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			225,377,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			225,377,458.
Pa	t XIII Supplemental Information			

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

PART X, LINE 2:

ENERGY TRUST IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES IS

MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS ENERGY TRUST HAS NO

ACTIVITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX. ENERGY TRUST IS NOT A

PRIVATE FOUNDATION.

ENERGY TRUST RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON

EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT

HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

SETTLEMENT. ENERGY TRUST RECOGNIZES INTEREST AND PENALTIES RELATED TO

INCOME TAX MATTERS, IF ANY, IN MANAGEMENT AND GENERAL EXPENSE.

ENERGY TRUST HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2023 OR

2022. NO INTEREST AND PENALTIES WERE ACCRUED FOR THE YEARS ENDED DECEMBER

31, 2023 OR 2022. ENERGY TRUST FILES AN EXEMPT ORGANIZATION RETURN IN THE

U.S. FEDERAL JURISDICTION.

Schedule D (Form 990) 2023

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SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		омв №. 1545-0047 2023
Department of the Treasury			Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization ENERGY TRUST	OF OREGON INC						Employer identification number 93-1313663
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to 	stance?	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
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
350 DESCHUTES PO BOX 1664 BEND, OR 97709	47-5198905	501(C)(3)	10,000.	0.			SUPPORTED MULTILINGUAL DIRECT OUTREACH TO INFORM MADRAS HIGH SCHOOL COMMUNITY ABOUT CLEAN
BIENESTAR INC PO BOX 665 HILLSBORO, OR 97123	93-0860753	501(C)(3)	10,000.	0.			SUPPORT STAFF AND 109 HOUSEHOLDS LEARN ABOUT ENERGY EFFICIENCY AND CLEAN ENERGY.
ETHIOPIAN AND ERITREAN CULTURAL AND RESOUCE CENTER - 1515 SE 122ND AVE, STE 501 - PORTLAND, OR 97233	82-2848405	501(C)(3)	10,000.	0.			SUPPORT LAUNCH OF A CULTURALLY SPECIFIC OUREACH CAMPAIGN TO EXPAND ENERGY TRUST
LAKE COUNTY RESOURCES INITIATIVE 100 NORTH D STREET STE 202 LAKEVIEW, OR 97630	93-1330699	501(C)(3)	10,000.	0.			CONDUCT A MULTI-DAY ENERGY FOCUSED EDUCATIONAL WORKSHOP AT LAKEVIEW HIGH SCHOOL.
LATINOBUILT FOUNDATION 10006 SW CANYON RD PORTLAND, OR 97225	84-3334408	501(C)(3)	10,000.	0.			CONDUCT ONE-ON-ONE MENTORSHIP WITH CONTRACTORS AND ENHANCE GREEN BUILDING TECHNICAL
LLOYD ECODISTRICT 2203 LLOYD CENTER PORTLAND, OR 97232	45-5114020	501(C)(3)	10,000.	0.			SUPPORT THREE ENERGY WORKSHOPS TO HELP MULTIFAMILY TENANTS AND HOMEOWNERS LEARN
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table				20.

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT OUTREACH AND
ETROPOLITAN FAMILY SERVICE							BRING AWARENESS ABOUT
.010 SE STARK ST.							ENERGY TRUST OFFERS AND
PORTLAND, OR 97214	93-0397825	501(C)(3)	10,000.	0.			SERVICES.
							SUPPORT THE HIRE OF A
REGON NATIVE AMERICAN CHAMBER							PROGRAM MANAGER TO
445 S BARBUR BLVD, STE 105							SUPPORT THEIR CLEAN
PORTLAND, OR 97239	26-0302137	501(C)(3)	10,000.	0.			ENERGY PROGRAM.
,			,				SUPPORT REVOLVE LOAN
EEDS FOR THE SOL							PROGRAM, HOME ENERGY
.333 NW 17TH ST							ASSESSMENTS AND INSTALL
CORVALLIS, OR 97330	46-4168860	501(C)(3)	8,320.	0.			OF ENERGY MEASURES.
,				- •			SUPPORT DEI ACTIVITIES T
OLAR OREGON							EQUITABLY SERVE
21 NW 9TH AVE, STE 280							OREGONIANS AND PROVIDE
PORTLAND, OR 97209	93-0805016	501(C)(3)	10,000.	0.			BETTER INFORMATION ON
	33 0003010	501(0)(0)	10,000.	••			LAUNCH AN OUTREACH
OLARIZE ROGUE							CAMPAIGN AIMED TO EDUCAT
.53 E WAGNER ST., NO 1483							AND ENROLL COMMUNITY
ALENT OR 97540	61-1851024	501(0)(3)	10,000.	0.			MEMBERS IN SOLAR
MPQUA COMMUNITY DEVELOPMENT	01 1051024	501(0)(3)	10,000.	0.			MEMBERS IN SOLAR
CORPORATION/NEIGHBORWORKS UMPQUA							SUPPORT IN-PERSON
605 SE KANE ST - ROSEBURG, OR							OUTREACH TO THEIR
7470	93-1057208	501(0)(2)	10 000	0.			
7470	93-1057208	501(C)(3)	10,000.	0.			CUSTOMERS.
	1	1					

Schedule I (Form 990)

Schedule I (Form 990) 2023

ENERGY TRUST OF OREGON INC

93-1313663

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	equired in Part I, lir	ie 2; Part III, column	(b); and any other ac	lditional information.	

PART I, LINE 2:

ENERGY TRUST REQUIRES ALL GRANTEES TO SUBMIT A FINAL REPORT ONCE THEIR

GRANT ACTIVITIES HAVE CONCLUDED. THAT FINAL REPORT ASKS THE GRANTEE TO

DESCRIBE THE RESULTS FROM THE FUNDED ACTIVITIES, DATA AND INFORMATION ON

CUSTOMERS ENGAGED IF PART OF THE ACTIVITIES FUNDED, AND EXPENSES PAID BY

COST CATEGORY, AMOUNT, DESCRIPTION, AND NOTES. ADDITIONALLY, ENERGY TRUST

CREATES OPPORTUNITIES THROUGHOUT THE GRANT CYCLE TO PROVIDE TECHNICAL

SUPPORT FOR GRANTEES, MEET WITH GRANTEES, AND AID IN THE IMPLEMENTATION OF

GRANT ACTIVITIES IF REQUESTED. BASED ON OUR LEARNING FROM EACH ROUND OF

Part IV Supplemental Information

GRANTS, WE COMPILE A FINAL REPORT WITH THE INFORMATION WE GATHERED AND WAS

PROVIDED BY EACH GRANTEE IN THEIR INDIVIDUAL REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

350 DESCHUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED MULTILINGUAL DIRECT

OUTREACH TO INFORM MADRAS HIGH SCHOOL COMMUNITY ABOUT CLEAN ENERGY.

NAME OF ORGANIZATION OR GOVERNMENT:

CATALYST PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE THE ORG TO MORE FULLY

INTEGRATE RENEWABLE ENERGY AND ENERGY EFFICIENCY INTO THEIR PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL OREGON ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STAFF TIME TO BETTER

UNDERSTAND, PROMOTE AND INCORPORATE ENERGY TRUST OFFERS INTO THEIR

PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICES NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE INFORMATION TO BE PRESENTED

ON ENERGY TRUST PROGRAMS IN FOUR LANGUAGES AT A RESOURCE FAIR.

NAME OF ORGANIZATION OR GOVERNMENT:

ETHIOPIAN AND ERITREAN CULTURAL AND RESOUCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LAUNCH OF A CULTURALLY

332291 04-01-23 Schedule I (Form 990)

Part IV Supplemental Information

SPECIFIC OUREACH CAMPAIGN TO EXPAND ENERGY TRUST OFFERS TO COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

ILLINOIS VALLEY 2010 COMMUNITY RESPONSE TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND ENERGY PROGRAM WORK THROUGH

STRATEGIC PLANNING, SUVEYING THEIR COMMUNITY ENERGY NEEDS, GRANT WRITING

AND LEARNING ABOUT ENERGY TRUST OFFERS.

NAME OF ORGANIZATION OR GOVERNMENT:

LATINOBUILT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT ONE-ON-ONE MENTORSHIP WITH

CONTRACTORS AND ENHANCE GREEN BUILDING TECHNICAL EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

LLOYD ECODISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THREE ENERGY WORKSHOPS TO

HELP MULTIFAMILY TENANTS AND HOMEOWNERS LEARN STRATEGIES TO REDUCE ENERGY

USE.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL SMALL BUSINESS UTILITY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT MULTIPLE EVENTS TO BRING

AWARENESS OF ENERGY TRUST PROGRAMS TO CHAMBERS AND SMALL BUSINESS

ASSOCIATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

OUR UNITED VILLAGES/THE REBUILDING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CURRICULM DEVELOPMENT IN

Schedule I (Form 990)

332291 04-01-23 WEATHERIZATION FOR HOMEOWNERS WITH LOW-INCOMES PARTICIPATING IN HOME

REPAIR CLASSES

NAME OF ORGANIZATION OR GOVERNMENT:

SOLAR OREGON

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT DEI ACTIVITIES TO EQUITABLY

SERVE OREGONIANS AND PROVIDE BETTER INFORMATION ON SOLAR AND SOLAR

RELATED OFFERS.

NAME OF ORGANIZATION OR GOVERNMENT:

SOLARIZE ROGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: LAUNCH AN OUTREACH CAMPAIGN AIMED TO

EDUCATE AND ENROLL COMMUNITY MEMBERS IN SOLAR PROJECTS.

Schedule I (Form 990)

332291 04-01-23

(Form 990) For certain Officers, Direc Con		Compensation Information		OMB No. 1	1545-004	47
		For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020		
	Department of the Treasury Attach to Form 990.				Publection	
	al Revenue Service ne of the organizatior	Employer ide				
man	le of the organization	' ENERGY TRUST OF OREGON INC	93-131		Jii nui	libei
Pa	rt I Question	s Regarding Compensation	55 151			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		-
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the organ				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	X Compensation					
		ompensation consultant X Compensation survey or study				
		ther organizations	ommittee			
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 re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	X	<u> </u>
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	.					
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
-	contingent on the re			Fa		x
		ation?		<u>5a</u> 5b		X
U		ation?		30		
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the n					
а	-			6a		x
b	Any related organiz	ation?		6b		x
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		ies 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule	ə J (Forn	n 990)) 2023

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93-1313663

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	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL COLGROVE	(i)	266,364.	0.	873.	16,245.	21,424.	304,906.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH MENASHE	(i)	228,797.	0.	1,617.	13,914.	11,545.	255,873.	0.
DIRECTOR OF LEGAL AND PEOPLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT CLARK	(i)	224,224.	0.	1,219.	13,516.	21,770.	260,729.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRED GORDON	(i)	203,649.	0.	1,642.	12,448.	26,626.	244,365.	0.
DIRECTOR OF PLANNING & EVALUATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY SCOTT	(i)	203,260.	0.	1,611.	12,360.	11,001.	228,232.	0.
ENERGY PROGRAMS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMBER COLE	(i)	197,388.	0.	868.	12,084.	32,193.	242,533.	0.
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTOPHER DUNNING	(i)	190,388.	0.	645.	12,026.	26,313.	229,372.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE J, PART I, QUESTION 4B

ENERGY TRUST SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR

SELECTED EMPLOYEES. INVESTMENTS ARE OWNED BY ENERGY TRUST AND MANAGED

INDIVIDUALLY BY EACH PARTICIPANT. AT THE TIME AN EMPLOYER CONTRIBUTION

IS MADE, THE BOARD OF DIRECTORS WILL, IN ITS SOLE DISCRETION, DETERMINE

WHETHER THE EMPLOYER CONTRIBUTION WILL BE INITIALLY FULLY VESTED OR

WILL BECOME VESTED IN ACCORDANCE WITH VESTING TERMS DESIGNATED BY THE

BOARD OF DIRECTORS.

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ENERGY TRUST DID NOT MAKE DISCRETIONARY CONTRIBUTIONS TO THE PLAN

DURING THE YEARS ENDED DECEMBER 31, 2023 OR 2022.

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SCHEDULE C)
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 93-1313663

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

ENERGY TRUST PROVIDES COMPREHENSIVE, SUSTAINABLE ENERGY EFFICIENCY,

ENERGY TRUST OF OREGON INC

CONSERVATION AND RENEWABLE ENERGY SOLUTIONS TO THOSE WE SERVE.

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

FORM 990 CONTENT AND FINANCIAL INFORMATION IS DEVELOPED BY ACCOUNTING

PERSONNEL AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. IT IS REVIEWED IN

FULL WHEN A DRAFT IS AVAILABLE FROM OUTSIDE ACCOUNTANTS. A COPY OF THE

DRAFT FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR

REVIEW AND DISCUSSION BEFORE FILING.

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

ANNUALLY, ALL DIRECTORS AND MANAGEMENT TEAM MEMBERS DISCLOSE IN WRITING TO

THE PRESIDENT, THE OTHER DIRECTORS AND THE OPUC (OREGON PUBLIC UTILITY

COMMISSION), ON SUCH FORMS AND IN SUCH FORMATS ESTABLISHED BY THE DIRECTORS

AND THE OPUC, ANY RELATIONSHIPS THAT MAY BE DEEMED A "DIRECT OR INDIRECT

CONFLICT OF INTEREST," AS DEFINED BY STATE LAW AND IN OUR CONFLICT OF

INTEREST POLICY AND AS MAY BE AMENDED AND INTERPRETED FROM TIME TO TIME.

ANY SUCH DISCLOSURE SHALL BE DULY RECORDED IN THE MINUTES. IF THE MEMBER

MAKES FULL DISCLOSURE OF THE NATURE AND DETAILS OF THE CONFLICT, THE MEMBER

MAY THEREAFTER ENGAGE IN ANY DISCUSSION ON THE MATTER AND MAY VOTE, UNLESS

THE BOARD OF DIRECTORS BELIEVES THAT THE NATURE AND EXTENT OF THE CONFLICT

OF INTEREST WARRANTS THE DIRECTOR'S EXCLUSION FROM EITHER OR BOTH THE

DISCUSSION AND VOTE. IF THE MEMBER DOES NOT MAKE FULL DISCLOSURE, HE OR SHE

THEREAFTER MUST LEAVE THE MEETING ROOM DURING ANY DISCUSSION OR VOTE ON THE

MATTER. THE ORGANIZATION ENSURES THAT EACH DIRECTOR AND EMPLOYEE HAS FILED

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

COMMISSION.		
FORM 990, PART VI, SECTION B, LINE 15:		
ENERGY TRUST STRIVES TO COMPENSATE EMPLOYEES IN		
COMPETITIVE ADVANTAGE IN ATTRACTING AND RETAINI	NG EXTRAORDINARILY TALENTED	
INDIVIDUALS. ENERGY TRUST ENCOURAGES AND REWARD	OS HIGH PERFORMING	
INDIVIDUALS WHO EXCEL IN THEIR POSITION AND THE	REFORE CONTRIBUTE TO THE	
COMPANY'S SUCCESS.		
TO KEEP THE COMPENSATION PROGRAM TARGETED TO TH	E MARKET TREND, HUMAN	
RESOURCES WILL ANNUALLY REVIEW THE COMPENSATION	I PROGRAM OVERALL, PERFORM	
PARTICULAR JOB ANALYSIS AS NEEDED, AND THEN EVE	RY TWO-THREE YEARS PERFORM A	
COMPREHENSIVE REVIEW OF THE ENTIRE SALARY STRUC	TURE WITH THE ASSISTANCE OF	
A PROFESSIONAL COMPENSATION SPECIALIST.		
AN EMPLOYEE'S BASE COMPENSATION IS DETERMINED E	Y VARIOUS COMPONENTS: JOB	
SKILLS, EXPERIENCE, PERFORMANCE IN THE JOB, COM	IPARABLE WORTH OF THE	
POSITION WITHIN THE COMPANY, GENERAL MARKET AND	GEOGRAPHIC LOCATION. ENERGY	
TRUST WILL CONTINUE TO EXERCISE CONSIDERABLE JU	IDGMENT AND INTERPRETATION IN	
OUR USE OF THIS DATA. ENERGY TRUST GENERALLY HA	S AN ANNUAL REVIEW AND MERIT	
PROCESS FOR PERFORMANCE EVALUATION AND SALARY P	LANNING. IT IS THE MECHANISM	
USED BY MANAGEMENT TO INCREASE BASE SALARY TO A	APPROPRIATELY REWARD	
EMPLOYEES FOR THEIR JOB PERFORMANCE.		
THE BOARD OF DIRECTORS OF ENERGY TRUST ANNUALLY	APPOINTS AN EXECUTIVE	
DIRECTOR REVIEW COMMITTEE, WHOSE MEMBERS ARE CH	ARGED WITH THE	
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Page **2** Employer identification number 93-1313663

A DISCLOSURE FORM ANNUALLY. ANY DIRECTOR WHO FAILS TO COMPLY WITH

ENERGY TRUST OF OREGON INC

Name of the organization ENERGY TRUST OF OREGON	INC	Employer identification number 93-1313663
		55 1010000
RESPONSIBILITY OF REVIEWING THE PERFORMANCE (OF THE EXECUTIVE DIRECTOR AND	
RECOMMENDING ANY MERIT INCREASE. THIS COMMIT	TEE IS COMPOSED ENTIRELY OF	
INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF IN	TEREST WITH RESPECT TO THE	
COMPENSATION ARRANGEMENT.		
WHEN THE EXECUTIVE DIRECTOR REVIEW COMMITTEE	IS CONSIDERING COMPENSATION TO	
THE EXECUTIVE DIRECTOR, IT ALSO RELIES ON TH	E COMPARABILITY DATA DESCRIBED	
ABOVE THAT DEMONSTRATES THE FAIR MARKET VALUE	E OF THE COMPENSATION IN	
QUESTION. ANY MERIT INCREASE RECOMMENDED BY '	THE EXECUTIVE DIRECTOR REVIEW	
COMMITTEE IS VOTED ON BY THE BOARD OF DIRECTO	ORS IN PUBLIC. THE LAST	
EXECUTIVE DIRECTOR MERIT INCREASE WAS APPROV	ED BY THE BOARD OF DIRECTORS ON	
APRIL 12, 2023 AND MADE EFFECTIVE JANUARY 1,	2023.	
FORM 990, PART VI, SECTION C, LINE 19:		
ENERGY TRUST MAKES ITS GOVERNING DOCUMENTS, C	CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST AND ON ITS	
WEBSITE: WWW.ENERGYTRUST.ORG.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM DELIVERY SUBCONTRACTS:		
PROGRAM SERVICE EXPENSES	67,434,736.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	67,434,736.	
AGENCY CONTRACTOR SERVICES:		
PROGRAM SERVICE EXPENSES	4,701,049.	
MANAGEMENT AND GENERAL EXPENSES	766,113.	
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Schedule O (Form 990) 2023		Page 2
Name of the organization ENERGY TRUST OF OREGON INC		Employer identification number 93-1313663
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	5,467,162.	
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	373,679.	
MANAGEMENT AND GENERAL EXPENSES	587,194.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	960,873.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	73,862,771.	

Schedule O (Form 990) 2023

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