










Rogue Workforce Partnership ~ Corporate Directors Meeting Agenda

Wednesday May 6, 2020 • 1:00-2:00 p.m. • [Video/Phone Conference access available at: https://zoom.us/j/7286917462](https://zoom.us/j/7286917462). Select your audio preference:

1) Use telephone +1-669-900-6833; Access Code 728 691 7462. Normal long distance charges will apply); 2) Or, use computer microphone & speakers (headset is recommended)

Time	Item	Objective	Facilitator Presenter
1:00p	Call to Order (1m) <ul style="list-style-type: none"> Welcome & Introductions 		Jessica Gomez
	Consent Agenda (2-5m) <ul style="list-style-type: none"> Corporate Directors Meeting Minutes February 14, 2020  Corporate Directors Meeting Minutes April 1, 2020  Corporate Directors Meeting Minutes April 2, 2020  Corporate Directors Meeting Minutes April 10, 2020  Form 990 Federal Tax Return & CT-12 Oregon Annual Report -  	▶ Action - Approve Consent Agenda - Opportunity for comments & feedback	Jessica
1:05p	WIOA Youth Employment & Training (25-35m) <ul style="list-style-type: none"> Service Provider Procurement  	▶ Action - Review & approve recommendation for WIOA Title 1B Youth Service Provider	Jim Fong
1:30p	COVID-19: Shutdown Response & Reopening (20-25m) <ul style="list-style-type: none"> WorkSource Rogue Valley & Support to Laid-Off Workers Layoff Aversion Summary Report  Communications Infrastructure Building Convening Sector Groups with Regional Solutions Dislocated Worker Grant Disaster Recovery - \$284,715 AllCare & RWP SNAP 50/50 Employment & Training - \$150,000 Oregon Health Authority Grant United States Workforce Association & Federal Investments <ul style="list-style-type: none"> Coordination with Congressional Staff & USDOL Campaign to Invest in America's Workforce Sign-on Letter 	▶ Info Update & Discussion	Jim, Sherri, Jill & All
1:50p	Healthcare Sector Update (3-5m) <ul style="list-style-type: none"> COVID-19 Crisis Response Providence Medford Medical Center & Nurse Clinicals  	▶ Info Update	Jim
1:55p	Next RWP Meetings & Agendas (5m) <ul style="list-style-type: none"> Workforce Board Corporate Directors 	▶ Discussion & Guidance	Jim, Jessica & All
2:00p	Adjourn		Jessica

 = Handout attached or will be handed-out at meeting or displayed on screen



MINUTES

ROGUE WORKFORCE PARTNERSHIP • CORPORATE DIRECTORS
February 14, 2020 ♦ 37 N. Central Ave. - Board Room ♦ Medford, OR

MEMBERS PRESENT

Chair Jessica Gomez*
Vice-Chair Mike Donnelly
Commissioner Bob Strosser
Commissioner Darin Fowler
Robert Begg

MEMBERS ABSENT

Nikki Jones
Shawn Hogan

OTHERS PRESENT

Jim Fong, Executive Director, Rogue Workforce Partnership
Sherri Emitte, Chief Finance and Administrative Officer, Rogue Workforce Partnership*
Jill teVelde, Workforce Development Manager, Rogue Workforce Partnership
Ida Saito, Partnership Engagement Manager, Rogue Workforce Partnership
Greg Thweatt, Workforce Data and Program Analyst, Rogue Workforce Partnership
Tami Allison, Senior Project Manager, Rogue Workforce Partnership

**indicates that individual joined remotely.*

Quorum Present: Yes

1) Call to Order

The RWP Corporate Directors meeting was called to order by Vice-Chair, Mike Donnelly at 3:10 P.M.
A round of introductions was made.

2) Consent Agenda

Commissioner Strosser moved to approve the consent agenda consisting of the December 6, 2019 Corporate Director’s meeting minutes. The motion was seconded by Mike Donnelly. The motion passed unanimously.

3) Finance & Administration

RWP Budget / Actual Reports 6/30/19-12/31/19- Sherri presented a verbal report walking through the information brief presented in today’s meeting packet. The analyses provided touches on line items that have the more notable variance. Sherri clarified that because we operate on a reimbursement basis, we would be recognizing income only to the extent of our expenditures.

Summary of year ending 6/30/19

Income

- Spent less than the budgeted amount of income in WIOA High Concentration of Eligible Youth fund. Additional amounts are planned to be spent in the current year.

- Returned the unused portion of the Additional Assistance Funds (for Pacific Crest Transformers) as we did not need as much as we were allocated.
- The three State Workforce Talent Development Board (WTDB) grants for CPT Training, Mechatronics Training and Caregiver School of Learning were originally expected to be spent out by 6/30/19. However, the State gave us a spending extension which allowed us to roll the balances into the current budget year.
- Were able to access some additional Rethinking Job Search funds at the end of the grant.
- Due to poor structure of the State's grant roll-out of the TANF Summer Jobs Program, we have again underspent.
- Because of closing both the Grants Pass Annex as well as the Bartlett Street Facility, rental income is lower than anticipated.

Expenditures

- Contracted Services (not including contracted workforce services) were higher than expected due to unbudgeted additions of the Second Chance Tour, the Spring Shindig, the Transportation and Logistics Sector, and the services of John Bowling.
- Insurance costs were merely under budgeted.
- Client costs (made up of expenditures within the three WTDB grants) show as underexpended due to the grant extension opportunity listed in the Income above. We were able to spend the balance of the funds in the current program year.
- The "Other Costs" overexpenditure is made up of several items, the most notable being the nearly \$15,000 in investment loss with the Endowment Fund investment. We have, however, been able to make that up within the current year. A larger part of the balance of the excess expenditures were due to flyers and PayPal fees within the WTDB grant activity.

Six Months Ending 12/31/19

Income

- Overall WIOA income received is at 34.4% which is reasonable. The percentages between the Adult and Dislocated Worker (DW) funds are skewed, however, because of a change in methodology within the I-Trac Data system when a service is considered countable. In previous years, the allocation between Adult and DW expenditures was consistently 28% and 72% respectively. Because of the change in methodology, our allocation is currently running around 39% and 61% respectively. The rate of Adult and DW worker together is about 31% which is also reasonable.
- High Concentration of Eligible Youth funds are yet to be spent; but we have plans to spend those within the next few months. The funding expires 6/30/20.
- Various reasons have attributed to a slow start on the Work Experience and US Forest Service grants. We expect activity to pick up as the year progresses.
- Industry Engagement expenditures have been overallocated and we expect to reclassify some personnel expenditures into other funding sources.
- Balances of the CPT and Mechatronics grants have not yet been spent, but we expect to expend them by the 6/30/20 expiration date.
- Careers in Gear donations are low as of 12/31 since donations normally come in closer to the event date. Having said that, at this point it looks like we may end up approximately \$1500 less than our budgeted amount.
- Miscellaneous income is over 157% of budget because of conservatively projecting a zero net investment return. Through December, we have seen a gain of over \$40,000.

Expenditures

- The percentage of Contracted Services spent is greater than expected due to already paying \$30,000 in full for our annual audit.
- The percentage of insurance costs is greater than expected since most of these payments are made in full at the beginning of the year.
- The OneStop Operator expenses are at only 7.8% because of our getting a slow start in the implementation of our new OneStop Operator Consortium activities.

Sherri added that due to transitioning away from RWP leasing facilities, expected to take place by April 1, 2020, next year's expenditures will be significantly less, which means there will be more money to put toward training.

Jim stated that the transition with ResCare is going as smoothly as can be expected. "There is turnover; however, we are trying to onboard with OED staff as quickly as possible," Jim stated. "All conversations with the Project Director at ResCare have been very professional", Jim added.

Annual Audit & State Monitoring Update

No observations or findings were noted during our State Monitoring. Suggestions were made by the monitors around language changes in our documents to reflect the new WIOA regulations. Tami and Sherri E. will be working to make these revisions.

A copy and a link to the audit were made available to the Corporate Directors. Sherri noted that we typically ask Mark Damon from KDP to attend the Corporate Directors to talk about the audit and answer any questions and she asked if this still provides value. Jessica stated that she feels the audit is important regardless of any findings and it is important for the board to review it in a more complete way. The suggestion was made that RWP ask Mark Damon to attend the next Corporate Director's meeting to spend 15 min or so reviewing the document. The Corporate Directors will then inform the larger workforce board. The group agreed that this made sense to them.

Endowment Fund Update & Allocation

Sherri provided a written, as well as a verbal, update indicating the first quarter ending 12/31/19 was very successful. The summary shows that the realized and unrealized gain for that quarter was greater than \$35,000.

The equities portion of the investment has grown by 9.89% (7.42% annualized) and the ETF portion has grown by 7.93% (5.94% annualized). The cash portion shows a decrease of 15.4% because we removed \$7,100 from it for cashflow purposes. Over the past 16 months since we invested these funds in Sky Oak, and even after the \$7,100 was removed, our investment has still increased by 6.26%.

Sherri also spoke to the endowment fund activity, which includes a \$5,073 balance remaining in RWP's Money Market fund for cashflow purposes for the current year. The total balance currently in our endowment fund is \$483,231.

Robert Begg inquired as to whether we have a goal for the endowment so we maintain the principle. Sherri indicated that a policy was implemented a little over a year ago; however, it did not address that goal. Sherri indicated that she felt this could be a good next step.

The Corporate Directors entered into a discussion to decide what contributions they may want to make from the endowment fund for the current program year. An amount of \$8,000 has already been budgeted toward this year's Careers in Gear event; but there is currently a request from Southern Oregon Success for a \$5,000 contribution that needs discussion and action. Jim indicated that we don't have the SOREDI allocation to make this year so there is \$10,000-\$12,000 to spend if the Corporate Directors should choose. Jim went on to add that we have historical information that shows the types of entities/programs that we have allocated to in the past should the Corporate Directors wish to view that. Discussion went on to indicate that 5% is very

conservative and the feeling is that targeting things that are hard to fund with WIOA funds is the best place to fill in the gaps. Marketing and Outreach was also mentioned as a possible place to fund as we cannot spend federal funds in these areas.

Sherri added that even though a public philanthropy has a 5% rule of thumb, this is a fixed amount of principal and has been for years. Sherri indicated that she is very conservative and not anxious to spend principal but could spend earnings.

Robert Begg moved to approve the allocation of \$5,000 from the Endowment Fund to Southern Oregon Success. Mike Donnelly seconded the motion. The motion passed unanimously.

It was suggested to show options at a future meeting of the workforce board, as well as sector meetings to make it clear that there is money that can be spent.

4) Title IB Services - Procurement Prep & Planning

Adult and Dislocated Workers

The short update is that conversations are moving forward with Oregon Employment Department.

Youth Procurement

WIOA 1B has an At Risk Youth component for In School and Out of School Youth with a total budget of approximately \$800,000. RWP staff have gone to several meetings of the Southern Oregon Success Youth Development Workgroup meetings with those who provide youth services in the region, and went through a process for a community-based model. A survey using the Thought Exchange application was used to surface and rank comments made by program managers, executive directors, etc. into themes that make sense. The comments showed that there is a lot of concern around the complexity of the system and the need to focus on kids in foster care, as well as those transitioning out of the foster care system and the juvenile justice system. Building resilience was a clear theme.

Jill talked about the Career Bridge model (that Portland is currently using) where the first year would be preparatory (hands on, project based learning), possibly consisting of one to two weeks in each of our sectors to gain a better understanding of what is available. They would then be referred to a training section where a set of trainings would be defined for each of our sectors. The training would be a 6-8 week classroom experience, and then move into a work-based experience in that particular industry. The hope from there is employment, post-secondary training, or both.

Currently there are two different providers providing youth services. This model would allow one organization to be a career coaching organization, and a different organization(s) that would provide the career bridge experience and specialize in defining what that experience would be.

Jill stated that the model has been very effective for Portland youth and the feedback we have received from our community partners, as well as current service providers, is very positive. "We are creating something that we don't have all the answers to, and are looking to collaborate with partners to build out the framework," Jill stated.

Discussion took place about career mapping and the options after a path is chosen. Jim showed the Careers Rogue website and indicated that we are looking to adapt it and streamline it to meet our local area needs.

Jim indicated that we are clearly going out for RFP with the goal of getting as many great proposals as possible.

Jim walked through the procurement process and schedule for WIOA Youth Training & Employment Services and indicated that the final decision would need to be approved by either the full workforce board or the Corporate Directors.

Jim asked for approval/authorization for RWP to proceed down the procurement path.

Mike Donnelly made the motion to support the RWP Youth Training & Employment Services Procurement Process. Robert Begg seconded the motion. The motion passed unanimously.

5) Strategic Roadmap / Objectives & Key Results

Local Plan Requirement

Jim reported that we have received information from Salem indicating that our local plan must be submitted by April 30, 2020, and RWP will take the strategic roadmap and revise it to a narrative format to fit into the state template. We will bring something to the full workforce board at their next meeting in March. Jim added that we are making good progress on the strategic roadmap, and are moving forward on the action and work plans for the various sectors, as well as the work we are doing with our K-12 partners.

Jim introduced Greg Thweatt who comes to us from ResCare as their Quality Assurance person for the past four years. RWP is looking forward to the data support that Greg can bring to our team.

SORED I Strategic Plan & RWP Coordination Alignment

Jim stated that SOREDI has unveiled their strategic plan, "One Rogue Valley." A document was provided on only the Talent Initiative Implementation work plan. Nikki Jones, Stacie Grier, and Jim have been part of this group. The group feels we are already doing sections 3.1-3.4 of SOREDI's One Rogue Valley Talent Initiative Implementation Work Plan, but need to iron out locations of meetings that are already taking place as well as streamlining the process

6) Membership Configuration Changes

Adding Additional Labor and Business Representation

Jim stated that we currently have three vacancies in the mandatory Business Representatives section, as well as one vacancy in the Labor Representatives and/or Joint Apprenticeship Training section, which would bring our total workforce board membership to 27. Jim provided a handout showing potential candidates. Jim indicated that he has spoken with Marla Ipsen, who indicated her willingness to join the workforce board. A suggestion was also made to add a representative from construction. The proposal is to get the Corporate Directors' ideas and feedback on whether we want to expand to a 27-person workforce board.

RWP staff, as well as Directors who have input, will work on the list of potential new representatives to serve on the workforce board.

The proposal is to recommend the appointment of Susan Bruce, Labor Relations Representative from the Oregon Nurses Association, to the RWP Workforce Board.

The motion was made by Mike Donnelley to expand the Rogue Workforce Partnership Workforce Board by three additional members to a total of 27. The motion was seconded by Commissioner Strosser. The motion passed unanimously.

7) Learning Communities / Predictive Analytics

Rogue Valley Regional Pilot

Currently, Oregon Department of Education (ODE) and Department of Human Services (DHS), along with Medford and Grants Pass school districts, are working on a data pilot that will eventually layer in Oregon Health Authority (OHA), DHS, and corrections data to better identify at risk families, as well as working with public workforce partners to identify target populations. The team at ORRAI (Office of Reporting, Research, Analytics and Implementation) are purchasing other market data to help look at demographics and typologies.

Commissioner Fowler stated that this will have more relevance once the economy cycles down again as the pressure is now on the demand side.

Oregon Business Council & Opportunity Insights

This topic was deferred to a future meeting

8) Sector Strategies - Training Investment Policy

This conversation was deferred to a future meeting.

9) Legislative Advocacy & Policy Alignment

Jim talked about the legislative visits that he and Jessica made recently in Salem around the critical \$4.1 million budget request that will help bridge the skills gap faced by many at-risk youth and adult Oregonians in their efforts to find career prosperity. Jim indicated the legislators were very supportive.

The other work being done is around the Benefit Cliffs. Jessica suggested sending the information out to the full board, and to also discuss it at the next Corporate Director's meeting. Jim will do a cover email to go out with the presentation.

10) Agenda Prep for March RWP - Workforce Board Meeting

- Membership
- Youth Procurement
- Mirror Corporate Director's Agenda
- Ask each sector to report out
- Talk about each box on the strategic roadmap
- Miscellaneous

Commissioner Fowler mentioned that fellow commissioners had some reservations and needed more discussion about the legislative advocacy letter. Jim will follow up.

11) Adjourn

With no further business, the RWP Corporate Directors adjourned at 4:59 p.m.

Respectfully Submitted,

Tami Allison
Senior Project Manager

Approved _____ Date _____
Jessica Gomez, RWP Chair



MINUTES

ROGUE WORKFORCE PARTNERSHIP • CORPORATE DIRECTORS EMERGENCY MEETING
April 1, 2020 ♦ Zoom Video Conference

MEMBERS PRESENT

Chair Jessica Gomez*
Vice-Chair Mike Donnelly*
Commissioner Bob Strosser*
Nikki Jones*
Shawn Hogan*

MEMBERS ABSENT

Commissioner Darin Fowler

OTHERS PRESENT

Jim Fong, Executive Director, Rogue Workforce Partnership*
Sherri Emitte, Chief Finance and Administrative Officer, Rogue Workforce Partnership*
Jill teVelde, Workforce Development Manager, Rogue Workforce Partnership*
Ida Saito, Partnership Engagement Manager, Rogue Workforce Partnership*
Tami Allison, Senior Project Manager, Rogue Workforce Partnership*

**indicates that individual joined remotely.*

Quorum Present: Yes

Due to this being an emergency meeting, no formal agenda was available.

Sherri Emitte noted for the record that based on public meeting laws:

192.640 Public notice required; special notice for executive sessions, special or emergency meetings. In case of an actual emergency, a meeting may be held upon such notice as is appropriate to the circumstances, but the minutes for such a meeting shall describe the emergency justifying less than 24 hours' notice.

This emergency is necessary since we have a request from a local company (Quantum Innovations) for emergency cash needs to continue to pivot their manufacturing to the urgent need for PPE supplies in response to COVID-19.

1) Call to Order

The RWP Corporate Directors emergency meeting was called to order by Chair, Jessica Gomez 5:02 P.M. A round of introductions were made to capture attendance.

2) Request to Take Action

Jim gave some background saying that RWP has received a Layoff Aversion grant in the approximate amount of \$102,000. We have sent the information out by various channels to local businesses and, to date, have only distributed one grant in the amount of less than \$2,000 to REVEIL agency to allow them to work remotely. A number of other requests have been received; however, most were for payroll assistance, which we have referred to the Payroll Protection Program (PPP).

Jim indicated that we have been working with Quantum Innovations since last week when they contacted us about the work they are doing pivoting their manufacturing to hand sanitizer, UV light disinfecting, valves for ventilators, ISO gowns, facemasks, etc. A group of local manufacturers who originally formed as “The MacGuyver Group” (now being called COVID-19 Skunkworks) are working together to try to quickly meet the needs of healthcare PPE in the region. The immediate needs are cash flow for capital to buy the raw materials needed to continue to produce the PPE needed in the region (their workers will be taken care of through PPP). Over the past week, meetings have been convened with RWP, Quantum, SBDC, SOREDI, Higher Education Coordinating Commission (HECC), Business Oregon, and Alex Campbell from Regional Solutions to try to come up with ideas for this challenge. Marta Tarantsey of Business Oregon is also working with Quantum to get a line of credit and the Alex Campbell is inquiring about the state strategic reserves, as well as Jackson County Emergency Management, as counties will be reimbursed up to 75% from FEMA; but all of this takes time. The bottom line is that SOREDI’s loan program is not available, and the other funding streams, whether it be HECC funds, state strategic reserve funds, or federal dollars, will not be available quickly enough to be able to purchase the materials needed. This is a supply chain, cash flow issue.

The RWP team strategized what could possibly be done (outside the box) in a short period of time to address these needs. The money flow / reimbursement from different programs will eventually pay for these things, but we need a stop gap until then.

Sherri Emitte, CFAO, RWP stated that she feels comfortable that we could loan some funds from our operating capital for 30 days to assist in this effort, as other funding opportunities would be available within 2-3 weeks. Sherri explained that when we dissolved The Job Council, there were some unrestricted funds that RWP has been using as operating capital, and that we could loan \$120,000 for 30 days. Sherri stated there is always a risk, but feels good about the information she has received from Quantum.

Commissioner Strosser indicated there may be funds available through Jackson County, and will talk to County Administrator Danny Jordan.

The directors discussed various aspects around this work, including Quantum’s ability to pivot to do this work, storage issues, deliverability of ethanol, their financial information, etc. Since we didn’t have Quantum’s financial information, Jessica requested that RWP staff follow up with Quantum and get their actual documents for Sherri to review.

Sherri talked about the conversation with the HECC and the limiting of Layoff Aversion funds to a maximum of 50% to any one employer, and we can do that; however, we don’t know what the need might be from other businesses. “We are proposing to grant them \$20,000 of the layoff aversion funds we currently have and loan them an additional \$120,000 from our reserve funds for 30 days”, Sherri stated.

Jessica suggested loaning out the grant funds; however, Jim feels this would not work as we have to do cost reimbursement, and it would be more challenging as these grant funds are not designed to be a loan fund.

There is also the perception that if the loan to Quantum does not work out, that we gave a board member \$120,000 in a high risk situation – even if they are only delayed in paying it back – that would not be a good situation to be in.

The group decided that RWP staff would request more information from Quantum, review it, and come back to the full Corporate Directors with a risk profile. The Corporate Directors will meet again on Thursday April 2, 2020, by Zoom videoconference at 4:00 P.M. to review the risk profile and come to a decision.

A motion was made by Commissioner Strosser to authorize granting layoff aversion funds to Quantum (noting that the owner of Quantum is an RWP Workforce Board member) in the amount of \$25,000. The motion was seconded by Nikki Jones.

Discussion took place inquiring about a policy that the Corporate Directors approved in the recent past with a limit of \$50,000 to any one employer. It was noted that this request is below that amount, as well as the fact that the policy being discussed was for training dollars.

Mike clarified that CareStream is part of the Skunkworks group, and Asante is on the call as well, and both have an interest in this. Robert Begg, from Asante abstained from the vote. No more discussion took place.

The vote was called. All in favor, none opposed, Robert Begg abstained.

3) Adjourn

With no further business, the RWP Corporate Directors was adjourned at 5:57 p.m.

Respectfully Submitted,

Tami Allison
Senior Project Manager

Approved
Jessica Gomez, RWP Chair

Date



MINUTES

ROGUE WORKFORCE PARTNERSHIP • CORPORATE DIRECTORS EMERGENCY MEETING PART II
April 2, 2020 ♦ Zoom Video Conference

MEMBERS PRESENT

Chair Jessica Gomez*
Vice-Chair Mike Donnelly*
Commissioner Bob Strosser*
Shawn Hogan*

MEMBERS ABSENT

Commissioner Darin Fowler
Robert Begg
Nikki Jones

OTHERS PRESENT

Jim Fong, Executive Director, Rogue Workforce Partnership*
Sherri Emitte, Chief Finance and Administrative Officer, Rogue Workforce Partnership*
Jill teVelde, Workforce Development Manager, Rogue Workforce Partnership*
Ida Saito, Partnership Engagement Manager, Rogue Workforce Partnership*
Tami Allison, Senior Project Manager, Rogue Workforce Partnership*

**indicates that individual joined remotely.*

Quorum Present: Yes

Due to this being an emergency meeting, no formal agenda was available.

Sherri Emitte noted for the record that based on public meeting laws:

192.640 Public notice required; special notice for executive sessions, special or emergency meetings. In case of an actual emergency, a meeting may be held upon such notice as is appropriate to the circumstances, but the minutes for such a meeting shall describe the emergency justifying less than 24 hours' notice.

An emergency meeting was called the previous day (April 1, 2020) since we had a request from a local company for emergency cash needs to continue to pivot their manufacturing to the urgent need for PPE supplies in response to COVID-19. This follow-up meeting was requested by the Board in order to look at some additional information before a decision could be made.

1) Call to Order

The RWP Corporate Directors emergency meeting part II was called to order by Chair, Jessica Gomez 4:06 P.M. A round of introductions was made to capture attendance.

2) Financial Information Received from Quantum

Sherri indicated that she received the financial information requested from Quantum, and was able to do a review and feels good about their position.

Major customers that Quantum has for the hand sanitizer are Costco, Walmart, Valley Immediate Care, Asante, and Kaiser Permanente; however, information was not received on whether these customers can / are willing to pre-pay. Jim read a message from Robert Begg, Asante indicating that he did a follow-up chat

with Brian Murphy (*Asante's Director of Materials Management*) about this question, and Brian indicated Asante would be willing to pre-pay.

3) Discussion & Consensus

The Corporate Directors, as well as RWP staff, indicated their appreciation for what Quantum and the COVID-19 Skunkworks group is doing to assist our community during this crisis; however, the RWP Corporate Directors decided not to authorize the 30-day loan our staff had proposed to provide to Quantum Innovations. The RWP Corporate Directors determined that it was not our role, as a publically-funded workforce organization, to be in the business of providing loans to business. Jim will follow up with Norm to inform him of the decision.

4) Adjourn

With no further business, the RWP Corporate Directors was adjourned at 4:34 p.m.

Respectfully Submitted,

Tami Allison
Senior Project Manager

Approved
Jessica Gomez, RWP Chair

Date



MINUTES

ROGUE WORKFORCE PARTNERSHIP • CORPORATE DIRECTORS EMERGENCY MEETING
April 10, 2020 ♦ Zoom Video Conference

MEMBERS PRESENT

Chair Jessica Gomez
Vice-Chair Mike Donnelly
Commissioner Bob Strosser
Commissioner Darin Fowler
Nikki Jones
Robert Begg

MEMBERS ABSENT

Shawn Hogan

OTHERS PRESENT

Jim Fong, Executive Director, Rogue Workforce Partnership*
Sherri Emitte, Chief Finance and Administrative Officer, Rogue Workforce Partnership*
Jill teVelde, Workforce Development Manager, Rogue Workforce Partnership*
Ida Saito, Partnership Engagement Manager, Rogue Workforce Partnership*
Tami Allison, Senior Project Manager, Rogue Workforce Partnership*

Quorum Present: Yes

Due to this being an emergency meeting, no formal agenda was available. The emergent need for this meeting is due to the requirement for RWP to submit their layoff aversion funds report to the state by the end of the day.

Sherri Emitte noted for the record that based on public meeting laws:

192.640 Public notice required; special notice for executive sessions, special or emergency meetings.

In case of an actual emergency, a meeting may be held upon such notice as is appropriate to the circumstances, but the minutes for such a meeting shall describe the emergency justifying less than 24 hours' notice.

An emergency meeting was called due to the need to respond to the State workforce offices by the end of the day Friday, April 10, regarding the expenditure level of our Layoff Aversion grant.

1) Call to Order

The RWP Corporate Directors emergency meeting was called to order by Chair, Jessica Gomez 3:00 P.M. A round of introductions was made to capture attendance.

2) Layoff Aversion Funds

Jim indicated that we received communication from Karen Humelbaugh, HECC – Office of Workforce Investments that we are not yet to our goal of expending 75%-80% of our allotted funds. The State is wanting to free up additional layoff aversion funds; however, they won't do so until the state, as a whole, has expended 75-80% of the funds already dispersed. Jim noted that we are within \$10,000-\$15,000 of reaching the goal with the additional applications we have approved since last week, and an easy way to

make the remainder of the goal is to award more money to Quantum for the work they are doing with PPE. Jim also indicated that although other layoff aversion applications have been received, they were not approved as they were for payroll only and there are other programs such as PPP for that.

Jim went on to explain that a separate Additional Assistance grant was submitted on behalf of Quantum for \$166,000 for UV sanitation equipment, personnel, prototyping, etc.

Jessica asked for further clarification around the criteria we are using to disperse the funds. Sherri showed the Directors the layoff aversion spreadsheet that shows a summary of the use of the funds. Sherri clarified that if the request was for payroll only, there are other programs such as PPP specifically for that use and requestors are being referred in that direction. Jim added that it was state guidance to focus funding.

Jim responded to Mike's concern about focusing all of our available funds on one company by saying that we don't have the time to get the word out to people to see if they are in need of additional funds. Jim agreed that we are trying to be diversified, but don't want to delay the allocation of the additional funds.

Jessica indicated that she feels it is inappropriate to grant any more funds to Quantum; however, she did suggest that the chambers are in dire need of funding as they are working extremely hard for the rest of the community, they are a huge value to local businesses, and they are not eligible for the PPP program. Although Jim stated he understands the investment, but the guidance we have received is to not fund payroll. Jim indicated that an option would be to have another conversation with the state to confirm whether or not we could possibly fund payroll for the Chamber. RWP will follow up with the State and reach out to the local chambers to find out their need.

Other directors voiced their concerns about funneling a large portion of the money to one entity while not knowing who the others are out there who need the help, as well as making such a decision in a short timeframe.

The consensus of the RWP Corporate Directors was to submit the report as is with a notation that we are working with other businesses to get this money out.

It was agreed that the regularly scheduled April 17, 2020 meeting of the RWP Corporate Directors will be cancelled and Jim will send an update, by email, to the Corporate Directors, as well as the full Workforce Board.

3) Adjourn

With no further business, the RWP Corporate Directors was adjourned at 3:33 p.m.

Respectfully Submitted,

Tami Allison
Senior Project Manager

Approved
Jessica Gomez, RWP Chair

Date

2018 Exempt Org. Return
prepared for:

ROGUE WORKFORCE PARTNERSHIP
37 N CENTRAL AVENUE
MEDFORD, OR 97501

DRAFT

**KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP
841 O'HARE PKWY STE 200
MEDFORD, OR 97504-4005
(541) 773-6633**

May 4, 2020

JAMES G. FONG
ROGUE WORKFORCE PARTNERSHIP
37 N CENTRAL AVENUE
MEDFORD, OR 97501

Dear James:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2018 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2019 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2018 Oregon Form CT-12. The original should be signed at the bottom of page two. Please include a copy of your Federal Form 990, its accompanying schedules, along with a check in the amount of \$498.00 made payable to the Oregon Department of Justice. Mail your Form CT-12 as soon as possible, but no later than May 15, 2020, to:

OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES SECTION
100 SW MARKET STREET
PORTLAND, OR 97201-5702

Please be sure to call us if you have any questions.

Sincerely,

ROBERT W. HAGUE, CPA

ROGUE WORKFORCE PARTNERSHIP

94-3143232

	2018	2017	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	3,351,641	3,196,396	155,245
INVESTMENT INCOME.....	6,859	751	6,108
OTHER REVENUE.....	112,812	14,311	98,501
TOTAL REVENUE.....	3,471,312	3,211,458	259,854
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	8,439	0	8,439
SALARIES, OTHER COMPEN., EMP. BENEFITS...	688,164	670,530	17,634
OTHER EXPENSES.....	2,778,697	2,576,399	202,298
TOTAL EXPENSES.....	3,475,300	3,246,929	228,371
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-3,988	-35,471	31,483
TOTAL ASSETS AT END OF YEAR.....	1,358,218	1,412,485	-54,267
TOTAL LIABILITIES AT END OF YEAR.....	380,688	425,815	-45,127
NET ASSETS/FUND BALANCES AT END OF YEAR.	977,530	986,670	-9,140

	2018	2017	DIFF
REVENUE			
TOTAL REVENUE.....	0	0	0
DEDUCTIONS			
TOTAL DEDUCTIONS.....	0	0	0
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME.....	0	0	0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TOTAL TAX.....	0	0	0
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH O, 8868, 990-T

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

CARRYOVERS TO 2019

NONE

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 202019

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

ROGUE WORKFORCE PARTNERSHIP

94-3143232

JAMES G. FONG

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>3,471,312.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP to enter my PIN 78500 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 93015712348
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. ROGUE WORKFORCE PARTNERSHIP	Employer identification number (EIN) or 94-3143232
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 37 N CENTRAL AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEDFORD, OR 97501	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ SHERRI EMITTE -----

Telephone No. ▶ 541-842-2530 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2018, and ending 6/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative 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.
c 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.

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **7/01**, **2018**, and ending **6/30**, **2019**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	ROGUE WORKFORCE PARTNERSHIP 37 N CENTRAL AVENUE MEDFORD, OR 97501	94-3143232
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		541-842-2518
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 3,793,752.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: JAMES G. FONG	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.ROGUEWORKFORCE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1991	M State of legal domicile: OR

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE THE REGION'S ECONOMIC VITALITY BY DEVELOPING A BUSINESS-RESPONSIVE WORKFORCE THAT PROMOTES PROSPERITY.</u>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue		
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9 Program service revenue (Part VIII, line 2g)	3,196,396.	3,351,641.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	751.	6,859.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,311.	112,812.	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,211,458.	3,471,312.	
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,439.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	670,530.	688,164.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,576,399.	2,778,697.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,246,929.	3,475,300.	
19 Revenue less expenses. Subtract line 18 from line 12	-35,471.	-3,988.	
Net Assets or Fund Balances			
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	1,412,485.	1,358,218.	
22 Net assets or fund balances. Subtract line 21 from line 20	425,815.	380,688.	
	986,670.	977,530.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	
	JAMES G. FONG		EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT W. HAGUE, CPA		
	Firm's name ▶ KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP	Check <input type="checkbox"/> if self-employed PTIN P00646072	
	Firm's address ▶ 841 O'HARE PKWY STE 200 MEDFORD, OR 97504-4005	Firm's EIN ▶ 93-0745639	
		Phone no. (541) 773-6633	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE THE REGION'S ECONOMIC VITALITY BY DEVELOPING A BUSINESS-RESPONSIVE
WORKFORCE THAT PROMOTES PROSPERITY.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 3,243,508. including grants of \$ _____) (Revenue \$ 3,351,641.)

THE ORGANIZATION CARRIES OUT VARIOUS ITERATIONS OF FEDERAL WORKFORCE PROGRAMS, THE
LARGEST OF WHICH IS WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) THROUGH THE
DEPARTMENT OF LABOR. IN ADDITION, THE ORGANIZATION RECEIVES OTHER WORKFORCE-RELATED
GRANTS FROM HECC AND OTHER STATE AGENCIES, AS WELL AS GRANTS FROM PUBLIC AND
NON-PROFIT ENTITIES.

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

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

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

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

4e Total program service expenses **▶** 3,243,508.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>	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 Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b	X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	11 c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	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? <i>If 'Yes,' 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 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	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 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O... 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)... 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHERRI EMITTE 37 N CENTRAL AVENUE MEDFORD OR 97501 541-842-2530

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENT KELL DIRECTOR	0.63 0	X						0.	0.	0.
(2) MICHAEL DONNELLY VICE CHAIR	0.63 0	X						0.	0.	0.
(3) SHAWN HOGAN DIRECTOR	0.63 0	X						0.	0.	0.
(4) JESSICA GOMEZ CHAIR	0.63 0	X						0.	0.	0.
(5) NIKKI JONES DIRECTOR	0.63 0	X						0.	0.	0.
(6) ROBERT BEGG DIRECTOR	0.63 0	X						0.	0.	0.
(7) ROBERT STROSSER DIRECTOR	0.63 0	X						0.	0.	0.
(8) DARIN FOWLER DIRECTOR	0.63 0	X						0.	0.	0.
(9) JAMES G. FONG EXECUTIVE DIR.	40 0			X				103,805.	0.	4,194.
(10) AURORA KING COO	40 0			X				91,862.	0.	4,621.
(11) SHERRI EMITTE CF&AO	40 0			X				96,597.	0.	14,588.
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Sub-total	292,264.	0.	23,403.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	292,264.	0.	23,403.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 2,790,287.				
	f All other contributions, gifts, grants, and similar amounts not included above . . .	1 f 561,354.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,351,641.			
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		6,859.	6,859.		
	4 Income from investment of tax-exempt bond proceeds..					
	5 Royalties					
	6 a Gross rents	(i) Real	322,440.			
		(ii) Personal				
		b Less: rental expenses	322,440.			
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a TENANT REIMBURSEMENTS	900099	53,179.	53,179.			
b MISCELLANEOUS (EDUCATION)	611710	36,913.	36,913.			
c TUITION & FEES REIMBURSE	900099	19,941.	19,941.			
d All other revenue	WKS	2,779.	2,779.			
e Total. Add lines 11a-11d		112,812.				
12 Total revenue. See instructions		3,471,312.	119,671.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,439.	8,439.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,668.	222,705.	92,963.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	233,225.	164,541.	68,684.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,601.	22,008.	8,593.	
9 Other employee benefits	58,373.	41,183.	17,190.	
10 Payroll taxes	50,297.	37,324.	12,973.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,409.		5,409.	
c Accounting	30,500.	30,500.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,407,326.	2,406,127.	1,199.	
12 Advertising and promotion				
13 Office expenses	46,775.	46,288.	487.	
14 Information technology	77,733.	75,217.	2,516.	
15 Royalties				
16 Occupancy				
17 Travel	14,181.	8,696.	5,485.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,184.	7,696.	1,488.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16,062.	5,221.	10,841.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATIONS	75,306.	73,562.	1,744.	
b RENT/LEASE	56,748.	55,747.	1,001.	
c UTILITIES	36,841.	36,817.	24.	
d STAFF DEVELOPMENT	2,632.	1,437.	1,195.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,475,300.	3,243,508.	231,792.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	279,541.	1	259,150.
	2 Savings and temporary cash investments	462,820.	2	447,018.
	3 Pledges and grants receivable, net	517,934.	3	560,943.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,704.	9	26,341.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,462.		
	b Less: accumulated depreciation	10b 9,481.	8,476.	10c 5,981.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		121,010.	15 58,785.
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,412,485.	16 1,358,218.	
Liabilities	17 Accounts payable and accrued expenses	417,818.	17	370,270.
	18 Grants payable		18	
	19 Deferred revenue	7,997.	19	10,418.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		425,815.	26 380,688.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	986,670.	27	977,530.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		986,670.	33 977,530.	
34 Total liabilities and net assets/fund balances		1,412,485.	34 1,358,218.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,471,312.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,475,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	986,670.
5	Net unrealized gains (losses) on investments	5	-5,152.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	977,530.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

ROGUE WORKFORCE PARTNERSHIP

Employer identification number

94-3143232

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)		3,980,848.	4,553,786.	3,196,396.	3,351,641.	15,082,671.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	0.	3,980,848.	4,553,786.	3,196,396.	3,351,641.	15,082,671.
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)						0.
6 Public support. Subtract line 5 from line 4.						15,082,671.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	0.	3,980,848.	4,553,786.	3,196,396.	3,351,641.	15,082,671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI		355,770.	354,434.	393,330.	442,111.	1,545,645.
11 Total support. Add lines 7 through 10.						16,628,316.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%

- 16a 33-1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- b 33-1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

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)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
RENTAL INCOME	\$ 322,440.	\$ 378,268.	\$ 341,275.	\$ 338,083.	
OTHER REVENUE	119,671.	15,062.	13,159.	17,687.	
TOTAL	<u>\$ 442,111.</u>	<u>\$ 393,330.</u>	<u>\$ 354,434.</u>	<u>\$ 355,770.</u>	<u>\$ 0.</u>

DRAFT

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

ROGUE WORKFORCE PARTNERSHIP

Employer identification number

94-3143232

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization ROGUE WORKFORCE PARTNERSHIP	Employer identification number 94-3143232
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 2,790,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROGUE WORKFORCE PARTNERSHIP	Employer identification number 94-3143232
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: **ROGUE WORKFORCE PARTNERSHIP** Employer identification number: **94-3143232**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ROGUE WORKFORCE PARTNERSHIP

94-3143232

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,462.	9,481.	5,981.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,981.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,793,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	322,440.
	e Add lines 2a through 2d	2e	322,440.
3	Subtract line 2e from line 1	3	3,471,312.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,471,312.

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

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

1	Total expenses and losses per audited financial statements	1	3,797,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	322,440.
	e Add lines 2a through 2d	2e	322,440.
3	Subtract line 2e from line 1	3	3,475,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,475,300.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

ROGUE WORKFORCE PARTNERSHIP HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED ACTIVITIES. NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING STATEMENT OF ACTIVITIES. ROGUE WORKFORCE PARTNERSHIP 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

BAA

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. ROGUE WORKFORCE PARTNERSHIP RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AS OF JUNE 30, 2019, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

RENTAL INCOME.....	\$ 322,440.
TOTAL	<u>\$ 322,440.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

RENTAL EXPENSES.....	\$ 322,440.
TOTAL	<u>\$ 322,440.</u>

DRAFT

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 990-EZ.

2018

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

ROGUE WORKFORCE PARTNERSHIP

94-3143232

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

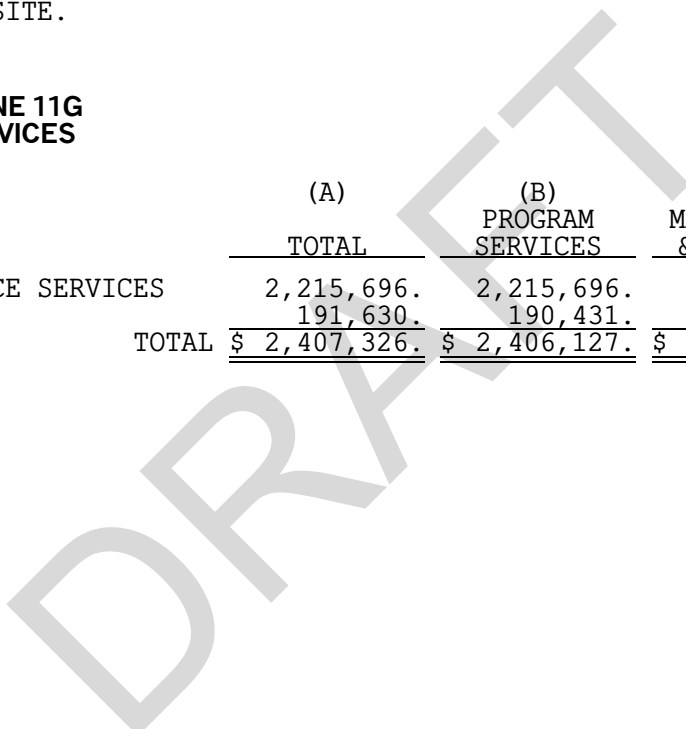
PRIOR TO FILING, MEMBERS OF THE BOARD ARE PROVIDED WITH A COPY OF THE FORM 990 AND RELATED SCHEDULES, AND HAVE AN OPPORTUNITY FOR COMMENTS AND FEEDBACK.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

MEETING MINUTES AND AGENDAS, AND OTHER INFORMATION IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACTED WORKFORCE SERVICES	2,215,696.	2,215,696.		
OUTSIDE SERVICES	191,630.	190,431.	1,199.	
TOTAL	\$ 2,407,326.	\$ 2,406,127.	\$ 1,199.	\$ 0.



Form **CT-12**
For Oregon Charities
 For Accounting Periods Beginning in:
2018

Charitable Activities Section
Oregon Department of Justice

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

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

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

Section I. General Information

1. REGISTRATION #16359
 ROGUE WORKFORCE PARTNERSHIP
 37 N CENTRAL AVENUE
 MEDFORD, OR 97504

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

Registration #:
 Organization Name:
 Address:
 City, State, Zip:
 Phone: Fax: Amended Report?
 Email:
 Period Beginning: 7 / 1 / 2018 Period Ending: 6 / 30 / 2019

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
SHERRI EMITTE, CPA	CF&A OFFICER	541-842-2530	37 N. CENTRAL AVE., MEDFORD, OR 97504

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

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE ATTACHED IRS FORM 990		
Address:	-----		
Phone:	() -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	() -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	() -----		
Email:	-----		

Section II. Fee Calculation

<p>9. Total Revenue <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)</small></p>	9.	\$3,471,312.00																	
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	\$400.00	
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
<p>11. Net Assets or Fund Balances at End of the Reporting Period <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)</small></p>	11.	\$977,530.00																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.	\$5,981.00																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$983,511.00																	
<p>14. Net Assets or Fund Balances Fee <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</small></p>	14.	\$98.00																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.																		
<p>16. Total Amount Due <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$498.00																	

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

Please Sign Here

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



Signature of officer

Date

EXECUTIVE DIRECTOR

Title

Officer's name (printed)

37 N CENTRAL AVE, MEDFORD, OR 97504
Address

541-842-2515
Phone

Paid Preparer's Use Only



Preparer's signature

Date

541-773-6633
Phone

KDP CERTIFIED PUBLIC ACCTS LLP
Preparer's name (printed)

841 O'HARE PKWY, STE 200, MEDFORD, OR 97504
Address

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



DATE: May 5, 2020

TO: Rogue Workforce Partnership Corporate Directors

FROM: Sherri Emitte, Chief Finance and Administrative Officer

SUBJECT: Youth Service Provider Recommendation

BACKGROUND

On March 2, 2020, RWP issued a Request for Proposals (RFP) to solicit responses from qualified organizations to serve as our In-School and Out-of-School WIOA Youth Services Provider as of July 1, 2020. All proposals were due in our office by April 13, 2020, at which point we received three proposals – from ResCare Workforce Services, College Dreams, and Rogue Valley Mentoring.

PROCESS

With proposals in hand, we formed a Scoring Committee made up of Jim Fong, Jill teVelde, and myself. We each worked independently to score the proposals, based upon a scoring methodology laid out in the RFP. Afterward, we met to discuss our scoring and our thinking behind the scores. All three organizations presented good proposals; however, our conclusions on who was in first, second, and third place was consistent.

We had also formed an Advisory Committee, consisting of the three of us, plus Mary Ferrell (*the Executive Director of Maslow Project*) and Cindy Manning (*currently the Medford OED Operations Supervisor, formerly a long-time Youth Employment Counselor with The Job Council*). Both Mary and Cindy brought a wealth of knowledge, experience, and insight to our discussion as the five of us reviewed the three proposals. Both Mary and Cindy agreed with our assessment of who was in first, second, and third place.

At that point, the leading candidate was College Dreams. The five of us then set up an online meeting with College Dreams Executive Director Kurt Hildebrand and Program Manager Jen Perry to discuss the various components of their proposal. We had a very rich discussion and were excited about both their vision and their proposed execution of that vision.

RECOMMENDATION

The five of us involved in this selection process are recommending that the Corporate Directors approve our entering into a multi-year contract with College Dreams to be our In-School and Out-of-School WIOA Youth Services Provider as of July 1, 2020.

**LAYOFF AVERSION GRANTS
THROUGH 4/20/2020**

GRANTEE	USE OF FUNDS	AMOUNT	EMPL NOT LAID OFF	AMOUNT PER EMPL
1 Reveil LLC	Software to work remotely	\$1,848	3	\$616
2 Quantum Innovations	Pivot production to hand sanitizer and UV sterilization	\$25,000	25	\$1,000
3 Taylored Elements Construction	Cleaning of job sites	\$5,000	8	\$625
4 Oregon Truck and Auto Authority	Laptops/software to work remote	\$2,500	2	\$1,250
5 Toms Bronco Parts	Computer equipment, cleaning supplies	\$5,000	4	\$1,250
6 Wash N' Go Depot Car Wash	Laptops & cleaning supplies	\$5,000	16	\$313
7 KA Designs LLC	Cleaning supplies	\$560	15	\$37
8 Dogs for Better Lives	Computer to work remotely	\$2,000	2	\$1,000
9 Talent Maker City	Pivot production to PPE/medical components	\$5,730	3	\$1,910
10 Ms Julie's Place, LLC	Cleaning payroll & supplies	\$1,350	2	\$675
11 Lifeline Computer Solutions, Inc.	Server to work remotely, cleaning supplies, & extra daycare	\$8,800	16	\$550
12 The Chamber of Medford/Jackson Cou	Payroll expenses (501c6's were excluded from PPP)	\$10,000	7	\$1,429
13 Ashland Chamber of Commerce	Payroll expenses (501c6's were excluded from PPP)	\$8,550	6	\$1,425
14 Grants Pass & Josephine County Chamber of Commerce	Payroll expenses (501c6's were excluded from PPP)	\$5,000	4	\$1,250
15 Combined Transport, Inc.	Laptops to work remotely	\$5,000	5	\$1,000
16 Fidelity Home Mortgage LLC	Laptops and phones to work remotely	\$4,000	4	\$1,000
17 Siskiyou Transportation, Inc.	Laptops/software to work remotely	\$1,200	2	\$600
18 Cash Connection Grants Pass	Computers, phones & sanitation supplies	\$3,650	8	\$456
19 Cash Connection Medford	Computers, phones & sanitation supplies	\$3,240	4	\$810
20 Triple A RV Center, Inc.	Sanitation supplies	\$500	12	\$42
21 OnTrack Rogue Valley	web-cams & licenses to work remotely	\$5,720	105	\$54

**LAYOFF AVERSION GRANTS
THROUGH 4/20/2020**

GRANTEE	USE OF FUNDS	AMOUNT	EMPL NOT LAID OFF	AMOUNT PER EMPL
22 JT Electric	PPE, additional fuel, & sanitation supplies to work more safely	\$1,200	5	\$240
23 Cropper Medical Inc	Supplies to produce disposable gowns	\$9,300	14	\$664
24 Rogue Valley Children's Discovery Museum dba Kid Time	Laptops/software to work remotely	\$3,800	12	\$317
25 Youth 71Five Ministries	Computers, software & supplies to work remotely	\$5,000	18	\$278
26 theDove Media Inc.	Computer upgrades to work remotely	\$2,500	3	\$833
27 Forte Clothing Company	Computers/software to work remotely	\$2,500	3	\$833
28 Radio Design Group	Computers & engineering/design software to work remotely	\$10,000	5	\$2,000
29 Pump Pipe & Tank Services, LLC	Computers & printers to work more safely	\$6,250	6	\$1,042
30 Holistic Health Acupuncture	Computers, phones, & supplies to work remotely	\$3,000	3	\$1,000
31 Artisan Eyeworks	Telehealth software, barriers, PPE, & disinfection to work more safely	\$5,000	5	\$1,000
32 Kelly's Automotive Service	Disinfecting equipment & supplies to work more safely	\$4,000	22	\$182
33 Habitat for Humanity/Rogue Valley	Computers & cleaning supplies to work more safely	\$5,000	9	\$556
34 Alliance Benefits Solutions, LLC	Computers, headsets, & related equipment to work remotely	\$3,800	3	\$1,267
35 Body in Context	Laptops, video equipment/software to work remotely	\$2,700	4	\$675
36 Jennings Plumbing & Mechanical, LLC	Computers, printer, & QuickBooks to work remotely	\$5,500	4	\$1,375
Total Funded		\$179,198	369	\$486

From: [Nancy Irland](#)

Sent: Friday, April 24, 2020 12:39 PM

To:

Cc:

Subject: Time sensitive. Letters of support or concern requested by 1700 on May 4, if interested

Importance: High

CAUTION: This email originated from outside of our organization. Do not click links or open attachments unless you have verified the sender is legitimate and know the content is safe.

Hello,

I received notice last week that in January of 2021, the University of Providence, Montana, plans to begin regularly sending 2 cohorts of ABSN students (up to 16 students) for clinicals in Medford. Students will take courses on line, and complete approximately 855 clock hours in clinicals from January to December each year, in the Medford area. This is a change from their previous request for 3 students to have precepted experiences only. I have directed them to OAR 851-021-0090(1) pasted below for your perusal. They indicated yesterday that they plan to have the packet back to me by April 30 for inclusion in the June Board meeting.

The OSBN strives to treat all programs equally, whether in-or-out--of-state. Since sixteen students is equivalent to, and even larger than some of our Oregon programs, this plan could have the same impact that a completely new program in Oregon would have. To that end, I am asking for formal letters of support or concern that I may include in the information for the board to consider in June as they make a decision on approval. This is part of the process required for all new program approvals.

Currently, Clark College is the only out-of-state program that regularly sends *cohorts* to Oregon for clinical experiences. The reverse flow also occurs, as a number of our Oregon programs regularly send student cohorts to neighboring states. This will potentially be the second out-of-state program to regularly send *cohorts* of students to Oregon for clinicals.

I know this is short notice and I look forward to hearing from you if you wish to share your comments with the board. You may scan and send your letters on official letterhead electronically. Please make sure I receive them **by 1700 on Monday, May 4th**.

Kind regards,

Nancy

Nancy Irland, DNP, RN, CNM (ret)
Policy Analyst for Nursing Education & Assessment
Oregon State Board of Nursing

851-021-0090

Standards for Out-of-State Student Clinical Experience in Oregon

(1) Out-of-State Nursing Programs who seek to routinely send groups of students for clinical experience in Oregon

(a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:

(A) Justification or rationale for use of Oregon facilities;

- (B) Documentation of home board approval including time frame and any recommendations which are outstanding;
- (C) Evidence of accreditation by a regional accreditation body or national agency recognized by the council on Higher Education Accreditation (CHEA);
- (D) Analysis of potential impact on nursing programs in areas where clinical placements are planned;
- (E) Analysis of current usage of planned clinical sites in areas where clinical placements are planned;
- (F) Anticipated student enrollment and proposed date of enrollment including the estimated number of students to be placed in Oregon clinical site(s);
- (G) List of all faculty members with academic and licensure credentials;
- (H) Evidence of availability of faculty in areas where clinical placements are planned;
- (I) Evidence that faculty providing direct clinical supervision meet standards as established in OAR 851-021-0045(2), (6), (7), and (10);
- (J) NCLEX pass rate, number of candidates and number passing for the past two years ending on the most recent September 30.
- (K) The Board, after timely review and consideration of the petition and any supplemental information, shall either grant or deny the petition to place students in Oregon-based clinical experiences.

(b) The program shall provide an annual report on a form supplied by the Board to include at least the following information:

- (A) Curriculum change that affects the use of Oregon facilities for clinical experience;
- (B) Plans for a significant increase in planned enrollment that may impact regional practice sites;
- (C) Any change in provisions for client/student safety;
- (D) List of all faculty members with academic and licensure credentials;
- (E) Any change in approval/ accreditation status during the annum;
- (F) Copy of progress reports (if any) to the home board during the annum; and
- (G) NCLEX pass rate, number of candidates and number of candidates passing for the year ending September 30.

(c) The OSBN may conduct a complete visit to the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state.

From: Kemper-Pelle, Cathy <CKemperPelle@rogucecc.edu>

Sent: Wednesday, April 29, 2020 3:34 PM

To: Peter Buckley <peter_buckley@southernoregonssuccess.org>; Josh Balloch <Josh.Balloch@allcarehealth.com>; jimF@rogueworkforce.org <jimF@rogueworkforce.org>; Jeanne Stallman <stallman@sou.edu>; Dee Anne Everson <DeeAnne@unitedwayofjacksoncounty.org>

Cc: Long, Juliet <jlong@rogucecc.edu>

Subject: Request for Support Regarding Medford Nursing Clinical Placements

Colleagues,

As we discussed today in our meeting, RCC received the email copied below from Oregon State Board of Nursing regarding 16 clinical spaces in Medford being taken by students from University of Providence, Montana. I wanted to let you know that RCC will be sending letters of concern to OSBN, and we are seeking community support for additional letters. HECC is not intervening.

These clinical placements mean that 16 local RCC nursing students will be displaced as no new clinical slots have been added in our region. In this time of economic challenge and planning to get local residents into local careers, we are advocating for our students to have access to these clinicals and the high-wage, high-demand careers that follow.

As you may know, RCC has a stellar reputation for quality nursing graduates who pass NCLEX quickly and are work ready. I would also add that Jackson and Josephine County taxpayers voted to support construction of a state-of-the-art RCC Health Professions Center to expand our capacity to train regional students in nursing and other healthcare professions. This center opens in September 2020.

The limitation of clinical spaces and faculty has always been a challenge to growing our nursing programs; however, an influx of out-of-state nursing students will clearly block local residents from pursuing nursing careers near their homes, creating additional challenges.

I am requesting letters of support to Nancy Irland at OSBN (see below) by her deadline of May 4 at 5pm. My draft letter is attached for your information, and I hope we can protect these careers for local residents.

Thanks for your time and consideration,

Cathy

Cathy Kemper-Pelle, Ed.D.
President
Pronouns: she/her/hers
Rogue Community College



This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. This e-mail was sent in good faith to the address you provided to Rogue Community College. We trust that you have password-protected access to this e-mail account and that any transmitted confidential information is secure. If you are not the named addressee, you should not disseminate, distribute, or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail message by mistake, and then delete this e-mail and any attachments from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing, or taking any action in reliance on the contents of this information is strictly prohibited.

From: Kemper-Pelle, Cathy [<mailto:CKemperPelle@roguecc.edu>]
Sent: Thursday, April 30, 2020 8:00 PM
To: Peter Buckley ; Josh Balloch ; Jim Fong ; Jeanne Stallman ; Dee Anne Everson
Cc: Long, Juliet
Subject: Re: Request for Support Regarding Medford Nursing Clinical Placements

Colleagues,

Today I facilitated a meeting with Providence Medford and RCC staff to discuss the plan for University of Providence to send 16 students to Medford for nursing clinicals.

The results of that meeting are a bit confounding. Providence Medford invited the education director from University of Providence to participate, and she assured us the letter from OSBN was incorrect, and they only plan to bring 8 students to Medford. They stated that this would have no impact on RCC's access to clinicals at Providence but also stated that these students could request to move their clinicals to other medical facilities in the Rogue valley.

They are conducting a search for a clinical instructor who may be hired locally or from outside the area. They also indicated that this program is an accelerated BSN program for Providence employees. While they could not assure us that the students would be local, they indicated they would attempt to recruit locally.

My concern lies in two unresolved discrepancies. First is the OSBN letter announcing 16 clinical spots, not 8. The second is information on the [University of Providence website](#) indicating that all nursing students, no matter their state of origin, have a choice to do clinicals in Medford. This continues to concern me as this strategy restricts both RCC and SOU access to nursing clinical spaces and allows out of state students to use them.

I will be revising my letter to reflect these concerns and hope you will support RCC and SOU in serving local residents in nursing career pathways. Let me know if you have any questions.

Cathy

Hi Rogue Workforce Healthcare Partners:

We need your help by this Monday May 5th. We're asking for you to write a letter of objection/concern to the Oregon State Board of Nursing - with regards to a proposal from University of Providence, Montana to begin regularly sending 2 cohorts of ABSN students (up to 16 students) for clinicals in Medford.

if you're willing and able to pull this off, there's additional background in emails below from **OSBN** and **RCC President Cathy Kemper-Pelle**, as well as **RCC's letter to OSBN**, the **RWP's letter to OSBN** that are attached. While we recognize that this position puts the RWP and RWHP at odds with one of our region's key industry partners, in our assessment, the detrimental impacts of this plan to our region outweigh the benefits to these Montana-based nursing students or the larger Providence system.

Please do write a letter if you can. You can cut and paste verbiage from either the RCC or RWP letters. I'll also key-up a shorter letter template this weekend that you can use as an option too. Just wanted to get this request for help out to you all ASAP.

Thanks.

Jim



**ROGUE WORKFORCE
PARTNERSHIP**

James G. Fong | Executive Director

Hello Rogue Workforce Healthcare Partners:

As a follow-up to the email I sent late Friday afternoon, attached you'll find 3 documents:

- **A Letter Template** – *to assist you in writing your letter of concern to OSBN*
- **OHSU Letter of Concern** - *I heard from Joanne Noone that OHSU had also sent in a letter of concern*
- **Updated RWP Letter of Concern** - *I updated this letter to include reference to OHSU's letter, plus to offer using our RWHP forum for continued discussion on this topic is hopes a best possible resolution*

A friendly reminder – **Letters are due to OSBN by 5:00 PM today.**

Also FYI:

- ▶ We've also sent this request for letters of concern to the **Jefferson Regional Health Alliance**, as well as our region's **local elected officials**. So, you may have other leadership staff already discussing this letter of concern action needed within your organization.
- ▶ I've also reached out to our local partners at Providence and will work to connect and coordinate with them to ensure our partnerships stay strong, in spite of this awkward set of circumstances.

Let me know if you have any questions, concerns, etc.

Jim



**ROGUE WORKFORCE
PARTNERSHIP**

James G. Fong | Executive Director

Hello Rogue Workforce Healthcare Partners:

At the risk of flooding you with too much information, I wanted share this latest revised version of the RWP's letter of concern to OSBN. The changes were needed because of the additional information I got from OSBN's Nancy Irland that she shared in her email acknowledging receipt of our RWP original letter, in which she stated: ***"I believe most of these students are Oregon residents from the Medford area, but the board can confirm that during the board meeting."***

While this new information doesn't significantly alter our concern, it does reinforce the need in my mind for a more thoughtful planning conversation to take place amongst our regional partners, which is what I've suggested to OSBN.

In furtherance of this, I propose we add this topic to our next regularly scheduled Zoom meeting on May 12th. I suggest that we don't dive too deeply into analyzing all the details of this proposal in our large group forum. But that we instead use the RWHP group to: A) Get our collective heads around this issue; B) Form and charge a sub-group to dive into the details of assessing the pros, cons and recommended actions to bring back to the larger group.

This next iteration of assessment would be built upon the analysis RCC and OHSU have already done to date, plus factor in any new information or assurances we get from Providence, and also include any

new ideas or innovations we might be able to generate to maximize/prioritize the clinical training capacities for the students who are committed to staying in our region.

We'll chat with our co-chairs prior to the May 12th meeting to see if this and any other agenda items works for them. Given the frequency of our weekly meetings in April, we may also reduce the length of next Tuesday's meeting. So, stay tuned.

Thanks.
Jim



ROGUE WORKFORCE
PARTNERSHIP

James G. Fong | Executive Director

Thanks Jim, the press release sent to community partners on March 6 indicated that first priority would be given to Providence St. Joseph's health care givers and their family members – here is the press release I received on March 6.

Providence Medford Medical Center wanted to be the first to let you know about an exciting upcoming opportunity for the future of nursing in Southern Oregon. Below is a press release from the University of Providence regarding the addition of a local cohort in Southern Oregon for their Accelerated BSN program. ***I ensure you that the addition of this program will not impact Providence Medford Medical Center's ability to accept other local nursing programs students for clinical rotations.*** We look forward to continue to work with your university for clinical student rotations, community events, and other collaborations at our full capacity.

The University of Providence is pleased to announce the addition of a clinical site for the Accelerated Nursing (BSN) program at Providence Medford Medical Center in Medford, Oregon. The first class of students will begin in January 2021. The Medford site will be the third location for the University of Providence Accelerated BSN program, in addition to Anchorage, Alaska and Lewistown, Montana.

The program is designed for the student with a bachelor's degree in another field who wants to become a Registered Nurse. Students can complete the 54 semester credit program in 12 months, attending three successive semesters. The program includes innovative online instruction; all testing is completed online, and clinicals are done in-person at the clinical site. This program requires a full-time commitment to complete the requirements in this accelerated track, and requires successful completion of four prerequisites prior to acceptance in the program.

Applications will be open from April 1 to May 15, with a decision by July 1. Eight students will be accepted into the first cohort in Medford, with priority given to Providence St. Joseph Health caregivers and their family members. Special consideration will also be made for Rogue Valley area residents.

The BSN is accredited by the Commission on Collegiate Nursing Education (CCNE) and approved by the Montana Board of Nursing. For more information, visit <https://www.uprovidence.edu/explore-programs/providence-bsn-tracks/> or contact nursing@uprovidence.edu (406)791-5226.

Joanne

Joanne Noone, PhD, RN, CNE, ANEF, FAAN
Campus Associate Dean – Ashland
A.B. Youmans Spaulding Distinguished Professor
Oregon Health & Science University
541 552-8453
noonej@ohsu.edu
pronouns: she, her, hers
<https://www.mypronouns.org/what-and-why/>

[LETTERHEAD]

May 4, 2020

Nancy Irland, DNP, RN, CNM (ret)
Policy Analyst for Nursing Education & Assessment
Oregon State Board of Nursing [can email to nancy.irland@state.or.us]

Dear Ms. Irland:

I am writing to express concern on the proposal for the University of Providence, Montana to send 2 cohorts of ABSN students for clinicals in Medford.

My concern is based on the information described in other letters you've received from Rogue Community College, Oregon Health Sciences University and the Rogue Workforce Partnership that provide details on the possible harm this action could have on training the nursing workforce needed for the Southern Oregon region. These concerns are based upon the in-depth experience and knowledge of the Rogue Valley's nurse training capacities, limitations and best available estimates on the regional demand for nurses.

I ask that the Oregon State Board of Nursing fully consider the prospective ramifications of this proposal on Southern Oregonians, and how addressing our regional needs are a critical part of a comprehensive statewide plan to ensure that sufficient nurses are available to serve all Oregonians .

Sincerely,
[signature]

May 1, 2020

Dear Ms. Irland,



I have reviewed your letter of April 24, 2020, to Oregon nursing program directors regarding two cohorts of nursing students coming to Medford from University of Providence in Montana. I have also engaged Providence Medford and University of Providence leadership in a direct discussion about this plan. As president of Rogue Community College, I must object to this action based on the following:

- University of Providence indicated they are only planning to bring 8 students to Medford and that these are Providence employees in an accelerated BSN program. However, when visiting their website, I found that they are advertising Medford as a clinical location for their entire nursing program. I am concerned about these discrepancies. In our meeting, University of Providence was unwilling to guarantee that these students would be recruited from Providence Medford.
- After consultation with the Rogue Workforce Partnership healthcare sector strategy group, RCC is planning to expand its Practical Nursing and Associate Degree Nursing programs by one cohort each (16 students total) to better meet local demand for nurses. These additional students will require local clinical experiences which are limited in number. University of Providence indicated that their students could choose to do their clinicals anywhere in the Rogue Valley, not just Providence Medford.
- Growth of our nursing program has been restricted in the past by clinical space and qualified faculty availability, and acceptance of University of Providence students into Medford clinicals prevents local students from accessing nursing careers in their own region. RCC currently must turn away over 200 qualified nursing applicants per year.
- RCC has an outstanding reputation in the region for graduating high-quality nursing students who pass their licensing exams quickly and are ready for employment. Most have signed contracts before graduation and go on to pursue their BSN. Outstanding faculty are the key to this success, and these Providence cohorts may also have a detrimental impact on RCC's adjunct faculty resources.
- Local taxpayers supported a \$20 million RCC bond in 2016 to create a state-of-the-art Health Professions Center focused on expanding our nursing and allied health programs to meet local health providers' employment needs. This center opens in September 2020 and was planned using feedback and significant financial resources from local healthcare institutions, including both the Providence and Asante systems.

Bringing one or two cohorts of nursing students from the University of Providence to Medford means local residents will not be able to take advantage of expanded nursing cohorts at RCC because there will not be enough clinical sites to support RCC program expansion. Local taxpayers will not see the benefit of an expanded nursing program at RCC, an expectation of this new regional facility. While Providence Medford indicated in our meeting that there are sufficient clinicals available for both their BSN and our ADN students, the reality is that we have struggled for the past four years to hold on to our existing spaces with them.

Southern Oregon has the capacity and facilities to expand its nursing programs, provided there is adequate clinical space available. Introduction of 8-16 nursing students from out-of-state to Medford will dramatically reduce local residents' opportunities for nursing careers. Our community has already demonstrated its support for RCC to expand these programs, and in light of the affects of COVID-19, this act creates a barrier to our economic recovery strategies by preventing growth of our nursing cohort to support non-resident nursing students. Let regional organizations serve southern Oregon and its local communities.

Sincerely,

Cathy Kemper-Pelle, President
Rogue Community College



ROGUE WORKFORCE PARTNERSHIP

Growing Skills • Building Careers • Boosting the Economy

37 N. Central Avenue ♦ Medford, OR 97501

541.842.2500 ♦ www.rogueworkforce.org

Serving Jackson & Josephine Counties

May 4, 2020

Nancy Irland, DNP, RN, CNM (ret)
Policy Analyst for Nursing Education & Assessment
Oregon State Board of Nursing

Dear Ms. Irland,

As the federal and state authorized Local Workforce Board for our region, the Rogue Workforce Partnership joins Rogue Community College and Oregon Health & Science University, Southern Oregon University, and other regional healthcare industry partners in expressing concern with regards to the proposal for the University of Providence, Montana to send two cohorts of ABSN students for clinicals in Medford.

This proposal could have significant detrimental impacts to the Rogue Valley's capacity to train and retain its needed nursing workforce. The Oregon Employment Department projects 1788 RNs and 170 LPNs will be needed over the next 10 years in our region. And our region's capacity for clinicals is a key limiting factor in our ability to meet this need. So, based on the information currently provided on this proposal, we cannot support this request to utilize scarce and valuable clinical training capacity for students that are less likely to stay in the Rogue Valley compared to other locally trained students.

Our region already experiences a significant drain of newly trained and experienced nurses to the larger metropolitan areas of the state. So retaining nurses with roots/family ties in the Rogue Valley is a high priority for all of our region's healthcare employers and training partners. This proposal could undermine these efforts, which are critical to the maintaining the continued vitality of our region's nursing workforce and the well-being of our community.

I'm also in receipt of your most recent email in which you state that you "*believe most of these students are Oregon residents from the Medford area,*" and that "*the board can confirm that during the board meeting.*" This new information, if confirmed, reinforces the need for a more thorough regional planning conversation to take place before OSBN makes a final determination on this proposal. There are many factors and systemic complexities that need to be thoughtfully analyzed to determine if the Providence proposal would actually add or detract from our collective objective of meeting our regional nursing workforce needs.

We respectfully request that OSBN take into account these significant regional concerns in its deliberations, and either reject this current proposal, or defer making a decision until additional local partnership work can be done to conduct a more thorough impact assessment and exploration of possible resolution options.

As a follow-up, the Rogue Workforce Partnership is happy to bring this topic up for discussion at an upcoming Rogue Workforce Healthcare Partnership meeting to determine how we can best move forward. This industry-led sector group that we

Jessica Gomez | Founder & CEO
Rogue Valley Microdevices & RWP Chair

Mike Donnelly | Materials Manager
Carestream, Inc. & - RWP Vice-Chair

Robert Begg | Vice President of Human Resources
Asante Health Systems

Scott Beveridge | Superintendent
Southern Oregon Education Service District

Alex Campbell | Coordinator
Governor's Regional Solutions Team

Michael Card | President
Combined Transportation

Bret Champion | Superintendent
Medford School District (appointment pending)

Lance Corley | Apprenticeship Director
Crater Lake Electrical - JATC & IBEW 659

Catherine Goslin | Director Human Resources
Rogue Valley Manor

Shawn Hogan | Vice President Engineering
Linx Technologies

Nikki Jones | Owner
Express Employment Professionals

Brent Kell | Executive Director
Valley Immediate Care

Cathy Kemper-Pelle | President
Rogue Community College

Norm Kester | Chief Executive Officer
Quantum Innovations

Dr. Tom Keyser | Dean College of Engineering,
Technology, and Management
Oregon Institute of Technology

Kari Kingsolver | Area Manager
Office of Vocational Rehabilitation

Kirk Kolb | Superintendent
Grants Pass School District #7

Joe Myers | Vice President
Pacific Electrical Contractors

Alex Poythress | Managing Partner
REVEIL Agency

Linda Schott | President
Southern Oregon University

Sherri Stratton | Senior Manager
Oregon Employment Department

Drew Waits | Business Agent / Organizer
Plumbers & Steamfitters, UA 290

Kimberly Whitney | District Manager
Oregon Department of Human Services

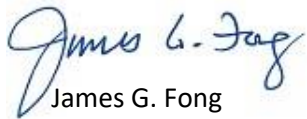
Trever Yarrish | Chief Experience Officer /
Founding Partner
Zeal

May 4, 2020

help convene, would be the natural forum to further discuss these needs, capacities and the appropriate next steps our partners can take together to find a best resolution possible on this issue. Providence Medical Center of Medford is a leading partner in these regional collaborative efforts. So they would be at the table (*via videoconference for now*) and an integral part of these conversations, as would Rogue Community College, Oregon Health & Science University, Southern Oregon University and all our major regional healthcare employers.

Please feel free to contact me directly if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "James G. Fong". The signature is fluid and cursive, with the first name "James" being the most prominent.

James G. Fong
Executive Director