Form

CT-12

For Oregon Charities

Charitable Activities Section
Oregon Department of Justice

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

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

For Accounting Periods Beginning in:

2025

Section I. General Information

1.

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

Registration #: 44063

Organization Name: Oregon TRIO Association

Address: 1651 Lexington Ave, Alder Hall

City, State, Zip: Astoria , OR 97103

Phone: (952) 200-7106 Fax:

Email: treasurer@oregontrio.org
Period Beginning: 1/1/2025 Period Ending: 12/31/2025

Amended Report? ☐

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

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the fundraising firm(s) here: ☐ Yes ☑ No

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

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
Matt Bisek	Executive Director	(971) 988-9506	1651 Lexington Ave Astoria, OR 97103 executivedirector@oregontrio.org

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

(A) Name, mailing address, daytime phone number, and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter $0 if position unpaid)
Name:	MATTHEW BISEK	Executive Director	$128,526.00
Address:	1651 LEXINGTON AVE ASTORIA, OR 97103		
Phone:	(971) 988-9506	40 hrs	
Email:	executivedirector@oregontrio.org		
Name:	Naomi McCreary	President	$0.00
Address:	1250 Siskiyou Blvd Ashland, OR 97520		
Phone:	(541) 450-0365	2 hrs	
Email:	president@oregontrio.org		
Name:	CHRISTOPHER SOLARIO	Secretary	$0.00
Address:	1651 LEXINGTON AVE ASTORIA, OR 97103		
Phone:	503-510-1888	2 hrs	
Email:	PRESIDENTELECT@OREGONTRIO.ORG		

Name:	ASHLEY ECHANG	Treasurer	$0.00
Address:	1651 LEXINGTON AVE ASTORIA, OR 97103		
Phone:	(503) 793-7940	2 hrs	
Email:	TREASURER@OREGONTRIO.ORG		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue (From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is $0.)	9.	$1,028,090.00	
10.	Revenue Fee (See chart below. Minimum fee is $20, even if total revenue is a negative amount.) The revenue fee is determined by the amount on line 9.			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

11.	Net Assets or Fund Balances at End of the Reporting Period (From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; For 990-N filers or others, see the CT-12 instructions to calculate. Attach explanation if amount is $0 or a negative number.)	11.	$657,767.00	
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	$0.00	
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than $50,000, write $0.)		13. $657,767.00	
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than $5, enter $0. Not to exceed $2,000. Round cents to the nearest whole dollar.)			14. $66.00
15.	Are you filing this report late? ☐ Yes ☑ No (If yes, the late fee is a minimum of $20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)			15. $0.00
16.	Total Amount Due (Add Lines 10, 14, and 15.)			16. $466.00

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. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

Please Sign Here

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

s/MATTHEW BISEK	4/7/2026	Executive Director
Signature of officer	Date	Title
MATTHEW BISEK	1651 LEXINGTON AVE ASTORIA, OR 97103	
Officer's name (printed)	Address	
	(971) 988-9506	
	Phone	

Paid Preparer's Use Only

Preparer's signature	Date	Phone
Preparer's name (printed)	Address	