Form CT-12

For Oregon Charities

For Accounting Periods Beginning in:

2019

Charitable Activities Section Oregon Department of Justice

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

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

Se	ction I.	General Information	tion			•				
1.					Cross Through Incorrect Items and Correct Here: (See instructions for change of name or accounting period.)					
				Registration #	:					
				Organization I	Organization Name:					
				Address:	Address:					
				City, State, Zi _l	D :					
				Phone: Email:		Fax:	Amended Report?			
				Period Beginn	ing: / /	Period Ending:	/ /			
2.		ied public accountant audit yo ying notes, schedules, or othe				financial statements,	Yes No			
3.	Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon? If yes, circle the type of campaign(s) above to which the contract(s) relate and write the name of the fundraising firm(s) below:									
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.									
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.									
6.	Is the orga	nization ceasing operations ar	nd is this the final report	t? (If yes, see instruction	ons on how to close	your registration.)	Yes No			
7.	Provide co	ntact information for the perso	n responsible for retain	ing the organization's r	ecords.					
	Name		Position	Phone	Mailir	ng Address & Email Address				
8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time durin not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same conthe phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three depublic benefit corporations.) (A) Name, mailing address, daytime phone number and email address are average weekly hours devoted to position							pensation information,			
	Name:					position	position unpaid)			
	Address:									
	Phone:	()	Email:							
	Name: Address:									
	Phone: () Email:									
	Name:	\/								
	Address:									
	Phone:	$\frac{1}{(}$								

Section II. Fee Calculation									
9.	(From Line 1	Penue	Form 99	90-PF; Line 9 on Form 1041;	Э.				
10.	(See chart be Amount \$0 \$25,000 \$100,000 \$250,000	Fee	 I			10.			
11.	(From Line 2 6 on Form 99	ts or Fund Balances at End of the Reporting Period 2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 90-PF; or see the CT-12 instructions to calculate. Attach explanation \$0 or a negative number)	11.						
12.	Net Fixed Assets Used to Conduct Charitable Activities								
13.	3. Amount Subject to Net Assets or Fund Balances Fee								
14.	Net Assets or Fund Balances Fee								
Are you filing this report late? Yes No					15.				
16.	16. Total Amount Due					16.			
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 accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and constitutions.									
		Signature of officer		Date	Title	Title			
		Officer's name (printed)	=	Address					
Dairi				Phone					
Paid Preparer's Use Only		Preparer's signature							
		Preparer's name (printed)		Date Address	Phone				

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