

Charitable Activities Section Oregon Department of Justice

CT-12

For Oregon Corporations and Certain Trusts

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Portland, OR 97201-5451
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Web site: http://www.doj.state.or.us

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2008

Section I. General Information

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

Registration #: _____

Organization Name: Your NA

Address: 3534 SE Main St

City, State, Zip: Portland, OR 97214

Phone: 503-232-0010 Fax: 503-232-5265 Amended Report?

Email: receptionist@southeastpliff.org

Period Beginning: / / Period Ending: / /

This section will already be filled out. Cross out and change address to SE Pliff to ensure that your NA receives notifications →

- 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 management letters 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 officer, director, trustee, or key employee of the organization ever been involved in a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or in a legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach copies of the agreement and a written explanation. 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 letter from the Internal Revenue Service indicating a new or amended 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. Yes No

yes if bylaws or articles have been updated.

Name	Position	Phone	Mailing Address & Email Address
<i>Person filling out form (Typically Treasurer or Chair)</i>			

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 any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors.)

(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: <u>List contact info for all board members (attach extra sheet as needed)</u> Address: _____ Phone: <u>()</u> Email: _____	<u>approximate hours</u>	<u>0</u>
Name: _____ Address: _____ Phone: <u>()</u> Email: _____	<u>"</u>	<u>0</u>
Name: _____ Address: _____ Phone: <u>()</u> Email: _____	<u>"</u>	<u>0</u>

Section II. Fee Calculation

ONLY revenue generated during reporting period from communications, donations, grants, etc

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 Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small>																					
10. Revenue Fee <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small>			10.																		
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	<p><i>→ Most NAs will fall into first group < \$25,000 so there will be \$10 fee #10.</i></p>		
Amount on Line 9	Revenue Fee																				
\$0 - \$24,999	\$10																				
\$25,000 - \$49,999	\$25																				
\$50,000 - \$99,999	\$45																				
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\$750,000 - \$999,999	\$170																				
\$1,000,000 or more	\$200																				
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 page 4 to calculate.)</small>			11.																		
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 page 4 to calculate. See instructions if organization owns income-producing assets.)</small>			12.																		
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>			13.																		
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 \$1,000. Round cents to the nearest whole dollar.)</small>			14.																		
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.)</small>			15.																		
16. Total Amount Due <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small>			16.																		
17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception 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, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is 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."																					

account balance as of last day of reporting period

Most NAs will put \$0 for #12

Most NAs will put \$0 #13

If #13 is \$0, put \$0

Total #10 - #14 + #15 \$ to send to DOJ.

Please Sign Here	Under penalties of perjury, I declare that 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.		
	<i>⇒ Be sure to sign</i>	_____	_____
Paid Preparer's Use Only	Signature of officer	Date	Title
	Preparer's signature	_____	_____
	Preparer's name	Date	Phone
	_____	_____	_____
	Preparer's name	Address	

Mail a copy of this completed form to SE (p14) so that you will be reimbursed for associated fees.