

CT-12

For Oregon Charities

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

2021

Section I. General Information

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

Registration #: 48705

Organization Name: Devils Lake Neighborhood Association

Address: PO Box 473

City, State, Zip: Neotsu , OR 97364

Phone: (503) 381-4818 Fax: _____

Email: dlakeoregon@gmail.com

Period Beginning: 1/1/2021 Period Ending: 12/31/2021

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 involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): 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, 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 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
Mitchell Moore	President	503-381-4818	2941 NE Loop Drive Otis, OR 97368 dlakeoregon@gmail.com

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.)

(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:	Mitchell Moore	President 2 hrs	\$0.00
Address:	2941 NE Loop Dr Otis, OR 97368		
Phone:	(503) 381-4818		
Email:	mmoore@dlakeoregon.com		
Name:	Tim Rice	Vice President 2 hrs	\$0.00
Address:	3970 NE 40th Neotsu, OR 97364		
Phone:	(503) 757-5420		
Email:	traa151@aol.com		
Name:	Tina French	Director 2 hrs	\$0.00
Address:	1726 SE Hwy 101 Lincoln City, OR 97367		
Phone:	(541) 994-5555		
Email:	tfrench@northlincolnsanitary.com		

Section II. Fee Calculation

9. Total Revenue

(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.)

9. \$22,125.00

10. Revenue Fee

(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)

10. \$20.00

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 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.)

11. \$17,259.00

12. Net Fixed Assets Used to Conduct Charitable Activities

(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.)

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. \$17,259.00

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. \$0.00

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. Make check payable to the Oregon Department of Justice.)

16. \$20.00

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 17. 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 or confirmation of its filing

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.

Signature of officer

Date

Title

Officer's name (printed)

Address

Phone

Paid Preparer's Use Only

Preparer's signature

Date

Phone

Preparer's name (printed)

Address