

CT-12

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
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Website: http://www.doj.state.or.us

VOICE (971) 673-1880
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For Accounting Periods Beginning in:

2012

Section I. General Information

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

EIN: 93-1208359
Registration: 25156

PTA OREGON CONGRESS
3421 SE SALMON STREET
PORTLAND, OR 97214-4299

PHONE: (503) 916-6226

PERIOD BEGINNING: 07/01/2012
PERIOD ENDING: 06/30/2013

Registration #: _____
Organization Name: _____
Address: _____
City, State, Zip: _____

Phone: _____ Fax: _____ Amended Report?
Email: _____
Period Beginning: / / Period Ending: / /

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 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 |
|-----------------|-----------|---------------|---------------------------------|
| CYNTHIA CARRELL | TREASURER | SAME AS ABOVE | SAME AS ABOVE |

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: SEE ATTACHED IRS FORM 990 Address: _____ Phone: () _____ Email: _____ | | |
| Name: _____ Address: _____ Phone: () _____ Email: _____ | | |
| Name: _____ Address: _____ Phone: () _____ Email: _____ | | |

