

Form **CT-12**

For Oregon Charities
For Accounting Periods Beginning in:
2020

**Charitable Activities Section
Oregon Department of Justice**

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

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

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>

Section I. General Information

1.

RECEIVED
JUN 28 2021
DEPARTMENT OF JUSTICE
PORTLAND LEGAL

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

Registration #: 58674

Organization Name: MLD Community Care

Address: P.O. Box 253

City, State, Zip: Lake Oswego, OR, 97034

Phone: 5035832576

Fax:

Amended Report?

Email: Hemakshi@MLDCC.org

Period Beginning: 12 / 17 / 2020

Period Ending: 12 / 30 / 2020

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, check the type of solicitations; in-person; direct mail; advertising; vending machine; telephone; or other solicitations. If yes, also write the name of the fundraising firm(s) here: _____ (If you checked "other solicitations", attach an explanation.) 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. *Adopted Bylaws have been submitted.* 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 |
|---------------|-------------|--------------|---|
| Hemakshi Adke | Board Chair | 503 583 2576 | PO Box 253, Lake Oswego, OR 97035 Hemakshi@MLDCC.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 this 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: | See Attached Form | | |
| Address: | ----- | | |
| Phone: | () ----- Email: ----- | | |
| Name: | ----- | | |
| Address: | ----- | | |
| Phone: | () ----- Email: ----- | | |
| Name: | ----- | | |
| Address: | ----- | | |
| Phone: | () ----- Email: ----- | | |

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; Line 9 on Form 1041; or see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.) | 9. | \$110.00 | | | | | | | | | | | | | | | | |
|-----------------------|--|------------------|-------------|----------------|------|---------------------|------|---------------------|------|-----------------------|-------|-----------------------|-------|-----------------------|-------|---------------------|-------|--|--|
| 10. | Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) | 10. | \$20.00 | | | | | | | | | | | | | | | | |
| | <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>\$20</td> </tr> <tr> <td>\$25,000 - \$49,999</td> <td>\$50</td> </tr> <tr> <td>\$50,000 - \$99,999</td> <td>\$90</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$150</td> </tr> <tr> <td>\$250,000 - \$499,999</td> <td>\$200</td> </tr> <tr> <td>\$500,000 - \$999,999</td> <td>\$300</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$400</td> </tr> </tbody> </table> | 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 | | |
| 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 5 on Form 990-PF; or see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number) | 11. | \$110.00 | | | | | | | | | | | | | | | | |
| 12. | Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B 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. | \$0.00 | | | | | | | | | | | | | | | | |
| 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. | \$20.00 | | | | | | | | | | | | | | | | |
| 16. | Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.) | 16. | \$40.00 | | | | | | | | | | | | | | | | |

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. | | |
| | ⇒ <u>Hemakshi Adke</u> Signature of officer Hemakshi Adke Officer's name (printed) | June 12, 2021 Date | Board Chair Title |
| Paid Preparer's Use Only | PO Box 253, Lake Oswego, OR 97025 Address 503-583-2576 Phone | | |
| | ⇒ _____ Preparer's signature _____ Preparer's name (printed) | _____ Date | _____ Phone |
| _____ Address | | | |

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.

Board of Directors
MLD Community Care
March 2021

Hours +
Compensation

| Title | Name and Address | |
|--|---|--------------------|
| Board Chair/ Board Director | Hemakshi Adke C/O/ MLD Community Care PO Box 253 Lake Oswego, OR 97035 | Hemakshi@MLDCC.org |
| Board Co-Treasurer | Nivedita Ojha C/O/ MLD Community Care PO Box 253 Lake Oswego, OR 97035 | Nivedita@MLDCC.org |
| Board Director <i>VP of Marketing</i> | Sagar Nigwekar C/O/ MLD Community Care PO Box 253 Lake Oswego, OR 97035 | Sagar@MLDCC.org |
| Board Co-Treasurer | Hareesh Dhawale C/O/ MLD Community Care PO Box 253 Lake Oswego, OR 97035 | Hareesh@MLDCC.org |

8 hrs/wk
0 compensation

2 hrs/wk
0 compensation

2 hrs/wk
0 compensation

2 hrs/wk
0 compensation

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the 2020 Calendar year, or tax year beginning 2020-01-01 and ending 2020-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: MLD COMMUNITY CARE

PO Box 253, Lake Oswego,

OR, US, 97034

D Employee identification

Number 85-4304789

E Website:

<http://www.mldcommunitycare.org/>

F Name of Principal Officer: Hemakshi Adke

PO Box 253, Lake Oswego,

OR, US, 97034

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.