Orego Department of Justice Intromation of the P201-5702 Environment of	Form			Charitable Activities Section Oregon Department of Justice				For Accounting Periods Beginning in:	
1. Cross Through Increat Here and Correct Here: (See instructions for change of name or accounting period.) Registrion #: SBF4 Organization Name: MLD Community Care Address: PD Rox 253 City, Strie, Zip: Lake Oswego, OR 97034 Phone: (633) 583-2576 Fax: Pariod Beginning: 11/2022 Period Ending: 12/31/2022 2. Did a certified public accountant audi your financial records? - If yes, attach a copy of the auditor's report, financial statements. accompanying notes, schedules, or other documents supplementing the report of financial statements. Uses with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the Unrofasting firm(s) here: Ves W No 3. Is the organization or any of the diferent director, trustees, or low ange/greene server signal available in any control with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the Unrofasting firm(s) here: Ves W No 4. Hes the organization or any of the diferent director, trustees, or low colling the sequer reporting approx. Wes W No 5. During this reporting period, dd the organization amend is articles of incorporation, by/aws, or trust documents, OR dd the organization receive a determination or roxocition letter front the inferent Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter front? (If yes, see instructions on how to close your registration.) Ves W No 7. Provide contact information for measuring the relating to its tax-exempt status? If yes, attach a copy of the amended document or letter fr		-		Portland, OR 97201-570 Email: charitable.activitie	es@doj.state.or.us	TTY (800) 735-29		J22	
(See instructions for change of name or accounting particl.) Registration #: 5874 Organization Name: MLD Community Care Address: PD Box 253 City, State, Zip: Lake Oswego, OR 97034 Phone: (503) 563-2576 Fax: Prind: Homasthil&MLDCC org Prind: Homasthil&MLDCC org Prind: Homasthil&MLDCC org Prind: Statements.	See	ction I. Gene	ral Informatio	on and a second s			1		
Organization Name: MLD Community Care Address: P0 Box 253 City, State, Zp: Lake Oswego, OR 97034 Phone: (503) 983-2576 Partice Priori: Berginning: 11/10202 Period Ending: 12/31/2022 Period Ending: Index, schedules, or other documents applementing the report of financial statements.	1.								
Address: PD Box 253 City, State, Zip: Lake Oswego, OR 97034 Amended Priority First: Amended Comparison Period Beginning: 11/12022 Period Beginning: 11/12022 2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the audio's report, financial statements.					Registratior	Registration #: 58674			
City, State, Zip: Lake Oswego, OR 97034 Amended Prime: (203) 533-2576 FA: Manual Amended Print Resthi@MLDCC.org Period Reginning: 11/2022 Period Reginning: 11/2022 Print Resthi@MLDCC.org Period Reginning: 11/2022 Period Reginning: 11/2022 Print Resthi@MLDCC.org Period Reginning: 11/2022 Period Reginning: 11/2022 Print Resthi@MLDCC.org Print Statements Print Period Name 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 solication. See instructions Pres No Ouring this frequency anangement, or fiducary practices? If yes, attach explanation of each such agreement or action. See instructions Pres No Solication. See instructions Pres No Manual companization reasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Pres No Toroide contact information for the person responsible for retaining the organization's records. Pole Box 253 Lake Oswego, OR 97034 Toroide contact information for the person responsible for retaining the action. Oregon law requers a starty file poles of constraint investor for oncore or properiod pole in pole poles No Nord					Organizatio	Organization Name: MLD Community Care			
Phone: (503) 583-2576 Fax: Amended Report? Email: Hematshi@MLDCC.org Period Beginning: 11/12022 Period Ending: 12/31/2022 Image: International International Internation International Internation International International International International International Internation Internatinternatinterenation Internation Internation Internatio					Address: PO Box 253				
Phone: (503, 633-257) Fai: Report? Email: Hemakshi@MLDCC.org Period Beginning: 11/2022 Period Ending: 12/31/2022 2. Did a certified public accountant audit your financial records? - If yes, statch a copy of the auditor's report, financial statements.					City, State, Zip: Lake Oswego, OR 97034				
Email: Hemakhi@MLDCC.org Period Beginning: 1/1/2022 Period Ending: 12/31/2022 2. Did a certified public accountant audit your financial statements.					Phone: (503) 583-2576 Fax:				
 Did a cartified 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. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the truntariang firm(s) here: 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 administrator agency or gearding chattable solicitation. See instructions 					Email: Hem	akshi@MLDCC.org			
accompanying notes, schedules, or other documents supplementing the report or financial statements.					Period Begi	nning: 1/1/2022 Peri	od Ending: 12/31/2	.022	
1 fundraising firm(s) here:	2.						ancial statements,	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 charabble solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions Image: Status agency regarding charabble solicitation, administrative agency regarding charabble solicitation, administration agency regarding charabble solicitation, administration or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If wes, attach a copy of the amended document or letter. 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Image: model with the provide contact information for the person responsible for retaining the organization's records. 7. Provide contact information for the person responsible for retaining the organization's records. Image: model with the markshi address in the status agency registration.) Image: model with the agency registration.) 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 for nonprofit public benefit corporations.) (A) tame; mailing address, daytime phone number, and email address (B) Title & average (C) Compensation position unpaid)	3.						vrite the name of th		
solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions Image: Treation of the second secon	4.	Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with							
3 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. Image: No 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Image: No 7. Provide contact information for the person responsible for retaining the organization's records. 8. Name Position Phone Mailing Address & Email Address Hemakshi Adke Chair (503) 583-2576 PO Box 253 Lake Oswego, OR 97034 Hemakshi Adke Chair (503) 583-2576 PO Box 253 Lake Oswego, OR 97034 Hemakshi Concerve 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 for nonprofit public benefit corporations.) Image: Nivedita Ojha Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 Treasurer \$0.00 Name: Nivedita Ojha Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 Treasurer \$0.00 Name: Hareesh @MLDCC.org Treasurer \$0.00 </th <th></th> <th>solicitation, adminis</th> <th colspan="7">solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or</th>		solicitation, adminis	solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or						
Norme Provide contact information for the person responsible for retaining the organization's records. Image: Control of the person responsible for retaining the organization's records. 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 for nonprofit public benefit corporations.) Image: Note that the intervent of the person of the 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 for nonprofit public benefit corporations.) Image: Name: Nivedita Ojha Image: Nivedita Ojha Image: Nivedita Ojha Image: Nivedita Ojha Address: PO Box 253 Lake Oswego, OR 97034 Image: Nivedita@MLDCC.org Image: Nivedita@MLDCC.org Image: Nivedita@MLDCC.org Name: Hareesh@MLDCC.org Image: Hareesh@MLDCC.org Image: Nivedita@MLDCC.org Image: Nivedita@MLDCC.org Image: Nivedita@MLDCC.org Name: Hemakshi Adke Image: Nivedita@MLDCC.org Image: Nimage: Nivedita@MLDCC.org Image: Nivedita@MLDCC.org	5.	organization receive a determination or revocation letter from the Internal Revenue Service relating to its ta						Yes No	
Name Position Phone Mailing Address & Email Address Hemakshi Adke Chair (503) 583-2576 PO Box 253 Lake Oswego, OR 97034 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 that 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 unpaid) (C) Compensation (enter \$0 if position unpaid) Name: Nivedita Ojha Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 Treasurer \$0.00 Phone: (408) 219-0880 Treasurer \$0.00 Email: Nivedita @MLDCC.org Treasurer \$0.00 Name: Hareesh Dhawale Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 2 hrs 1 hrs Phone: (971) 670-3984 2 hrs 1 hrs 1 hrs Email: Hareesh@MLDCC.org 10 hrs 10 hr	6.	Is the organization	is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close				our registration.)	Yes VNo	
Hemakshi Adke Chair (503) 583-2576 PO Box 253 Lake Oswego, OR 97034 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 that 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: Nivedita Olha Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 Treasurer \$0.00 Phone: (408) 219-0980 Treasurer \$0.00 Rame: Hareesh Dhawale Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 2 hrs 1 Phone: (971) 670-3984 2 hrs 50.00 Rami: Hareesh @MLDCC.org 1 hrs Name: Hemakshi Adke Chair \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 10 hrs 10 hrs 10 hrs <th>7.</th> <th>Provide contact info</th> <th colspan="6">rovide contact information for the person responsible for retaining the organization's records.</th>	7.	Provide contact info	rovide contact information for the person responsible for retaining the organization's records.						
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 for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number, and email address (B) Title & average (IC) Compensation (enter \$0 if position unpaid) Name: Nivedita Ojha Treasurer \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 1 hrs \$0.00 Phone: (408) 219-0980 1 hrs \$0.00 Remail: Nivedita@MLDCC.org 1 hrs \$0.00 Name: Hareesh Dhawale 2 hrs \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 2 hrs \$0.00 Name: Hareesh Dhawale 2 hrs \$0.00 Address: PO Box 253 Lake Oswego, OR 97034 2 hrs \$0.00 Phone: (971) 670-3984 1 hrs 1 hrs \$0.00 Name: Hemakshi Adke Chair \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 </th <th></th> <th colspan="2">Name</th> <th>Position</th> <th>Phone</th> <th>Mailing</th> <th colspan="3">Mailing Address & Email Address</th>		Name		Position	Phone	Mailing	Mailing Address & Email Address		
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Name:Nivedita Ojha(enter \$0 if position unpaid)Name:Nivedita OjhaTreasurer\$0.00Address:PO Box 253 Lake Oswego, OR 970341 hrs1Phone:(408) 219-09801 hrs11Email:Nivedita @MLDCC.org1 hrs50.00Name:Hareesh DhawaleTreasurer\$0.00Address:PO Box 253 Lake Oswego, OR 970342 hrs\$0.00Phone:(971) 670-39842 hrs2 hrsEmail:Hareesh @MLDCC.org2 hrs\$0.00Name:Hemakshi AdkeChair\$0.00Address:PO Box 253 Lake Oswego, OR 9703410 hrs	8.	lid not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation nformation, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for							
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Address: PO Box 253 Lake Oswego, OR 97034 Phone: (503) 583-2576 10 hrs		Email: H	lareesh@MLDCC.org						
Phone: (503) 583-2576 10 hrs		Name: H	lame: Hemakshi Adke					\$0.00	
		Address: P	O Box 253 Lake Osv	vego, OR 97034					
Email: Hemakshi@MLDCC.org		Phone: ('hone: (503) 583-2576						
		Email: H	lemakshi@MLDCC.c	org					

Name:	Sagar Nigwekar	Vice President	\$0.00
Address:	PO Box 253 Lake Oswego, OR 97034		
Phone:	(503) 583-2576	2 hrs	
Email:	Sagar@MLDCC.org		

Sec	tion II	. Fee Calculation							
	Total Re	VENUE I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; F	Part I Line 12a on F	orm 990-PE: or see the CT-12	9. \$2,902.62				
		for how to calculate total revenue. Attach explanation if Total F			φ2,002.02				
10.	10. Revenue Fee								
	(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.) The revenue fee is determined by the amount on line 9. Amount on Line 9 Revenue Fee					10.	\$20.00		
	\$0 \$25.000	- \$24,999 \$20							
	\$25,000 \$50,000 \$100,000	- \$99,999 \$90							
	\$250,000 - \$499,999 \$200 \$500,000 - \$999,999 \$300								
	\$1,000,0	000 or more \$400							
11.		ets or Fund Balances at End of the Reporting P t I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ;							
	Line 6 on I	Form 990-PF; or see the CT-12 instructions to calculate. Attach is \$0 or a negative number.)		\$2,997.24					
12.		ed Assets Used to Conduct Charitable Activities r, from Part X, Line 10c on Form 990; Line 23B and possibly 24B	3 on Form						
		r Part II, Line 14b on Form 990-PF; or see the CT-12 instructions See the CT-12 instructions if organization owns income-product		\$0.00					
13.		Subject to Net Assets or Fund Balances Fee			13. \$2 997 24				
11		inus Line 12. If Line 11 minus Line 12 is less than \$50,000, writ	te \$0.)		13. \$2,997.24				
		ets or Fund Balances Fee ultiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)					\$0.00		
15.	15. Are you filing this report late? Yes Vo								
	(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.)				tional information or contact the	15.	\$0.00		
16.	16. Total Amount Due (Add Lines 10, 14, and 15.)				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,								
	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 17. 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 requ						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 Ore Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.					rn as "For Oregon			
	-								
Pleas	e	Under penalties of perjury, I declare that I am a accompanying forms, schedules, and attachme							
Sign Here		s/Hemakshi Adke	4/	23/2023	Chair				
		Signature of officer	D	ate	Title				
		Hemakshi Adke	P	O Box 253 Lake Osweg	o, OR 97034				
		Officer's name (printed)	A	ddress					
			(5	03) 583-2576					
			PI	none					
Paid	'c								
Preparer Use Only		Preparer's signature		ate	Phone				
					i none				
		Preparer's name (printed)	A	ddress					