

Form

CT-12F**For Foreign Charities****Charitable Activities Section
Oregon Department of Justice**100 SW Market Street
Portland, OR 97201-5702
Email: charitable@doj.state.or.us
Website: <http://www.doj.state.or.us>VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2023**Section I. General Information**1. **Cross Through Incorrect Items and Correct Here:**
(See instructions for change of name or accounting period.)

Registration #: 46036

Organization Name: Adopt a Village in Guatemala, Inc.

Address: 1264 NE 156th Street

City, State, Zip: North Miami Beach , FL 33162

Phone: (541) 450-9375 Fax:

Email: info@adoptavillage.com

Period Beginning: 1/1/2023 Period Ending: 12/31/2023

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 with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the fundraising firm(s) here: 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. Yes No
6. Is the organization ceasing operations in Oregon 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	
Shelly Smith	Treasurer	(541) 450-9375	

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.

(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:	Kathy Hiebert	Director	\$0.00
Address:			
Phone:		1 hrs	
Email:			
Name:	Dorothy DeMichele	Director	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	1 hrs	
Email:			
Name:	Ted Rose	Vice President	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	15 hrs	
Email:			

Name:	Susan Hill	Secretary	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	1 hrs	
Email:			
Name:	Frank Dixon	Director	\$0.00
Address:			
Phone:		5 hrs	
Email:			
Name:	Angie Roberts	Director	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	1 hrs	
Email:			
Name:	Bruce Powell	Director	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	1 hrs	
Email:			
Name:	Shelly Smith	Treasurer	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	25 hrs	
Email:			
Name:	Emily Francona	President	\$0.00
Address:	PO Box 698 Grants Pass, OR 97528		
Phone:	(541) 450-9375	20 hrs	
Email:			

Form Continued on Reverse Side

Section II. Fee Calculation

9. Total Oregon Revenue

(If Oregon revenue is unknown or cannot be reasonably estimated, write the total revenue from Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; or Part I, Line 12a on Form 990-PF. **If estimated, or if organization claims no revenue, attach explanation.**)

9. \$29,926.58

10. Revenue Fee

(See chart below. Minimum fee is \$20, even if total revenue is a \$0 or negative amount.) The revenue fee is determined by the amount on line 9.

10. \$50.00

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. Oregon Net Assets or Fund Balances at End of the Reporting Period

(If the Oregon amount is unknown, write the total net assets or fund balances from Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF.)

11. \$748,288.00

12. Oregon Net Fixed Assets Used to Conduct Charitable Activities

(If the Oregon amount is unknown, write \$0.)

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. \$748,288.00

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. \$75.00

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.)

16. \$125.00

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 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.

s/Shelly Smith

5/13/2024

Treasurer

Signature of officer

Date

Title

Shelly Smith

PO Box 698 Grants Pass, OR 97528

Officer's name (printed)

Address

(541) 450-9375

Phone

Paid Preparer's Use Only

Preparer's signature

Date

Phone

Preparer's name (printed)

Address