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

For Accounting Periods Beginning in: 2020

Section I. General Information

1. Cross Through Incorrect Items and Correct Here: (See instructions for change of name or accounting period.)
   Registration #: 58349
   Organization Name: Siuslaw Vision
   Address: PO Box 694
   City, State, Zip: Florence, OR 97439
   Phone: (541) 590-2425  Fax: 
   Email: vision@siuslawvision.org
   Period Beginning: 1/1/2020  Period Ending: 12/31/2020

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 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Mailing Address &amp; Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEPHANIE SARLES</td>
<td>Contact Person</td>
<td>541-590-2425</td>
<td>PO Box 694 FLORENCE, OR 97439 <a href="mailto:VISION@SIUSLAWVISION.ORG">VISION@SIUSLAWVISION.ORG</a></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susy Lacer</td>
<td>President</td>
<td>(541) 590-2425</td>
<td>$0.00</td>
</tr>
<tr>
<td>Meg Spencer</td>
<td>Treasurer</td>
<td>(541) 590-2425</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mike Webb</td>
<td>Secretary</td>
<td>(541) 590-2425</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
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 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.)

<table>
<thead>
<tr>
<th>Amount on Line 9</th>
<th>Revenue Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$20</td>
</tr>
<tr>
<td>$25,000</td>
<td>$49.999</td>
</tr>
<tr>
<td>$50,000</td>
<td>$99.999</td>
</tr>
<tr>
<td>$100,000</td>
<td>$249.999</td>
</tr>
<tr>
<td>$250,000</td>
<td>$499.999</td>
</tr>
<tr>
<td>$500,000</td>
<td>$999.999</td>
</tr>
<tr>
<td>$1,000,000 or more</td>
<td>$400</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount on Line 9</th>
<th>Revenue Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$20</td>
</tr>
<tr>
<td>$25,000</td>
<td>$50</td>
</tr>
<tr>
<td>$50,000</td>
<td>$90</td>
</tr>
<tr>
<td>$100,000</td>
<td>$150</td>
</tr>
<tr>
<td>$250,000</td>
<td>$200</td>
</tr>
<tr>
<td>$500,000</td>
<td>$300</td>
</tr>
<tr>
<td>$1,000,000 or more</td>
<td>$400</td>
</tr>
</tbody>
</table>

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. $0.00

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. $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?
   (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

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.

s/Susy Lacer 4/15/2021  President
Signature of officer Date Title
Susy Lacer
Officer's name (printed)
PO Box 694 Florence, OR 97439
Address
541-590-2425
Phone

Paid Preparer's Use Only

Preparer's signature Date Phone
Preparer's name (printed) Address