

Form <b>CT-12</b> <b>For Oregon Charities</b> For Accounting Periods Beginning in: <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div>	<b>Charitable Activities Section</b> <b>Oregon Department of Justice</b>  100 SW Market Street Portland, OR 97201-5702 Email: charitable.activities@doj.state.or.us Website: http://www.doj.state.or.us	VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882
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**Section I. General Information**

1. **REGISTRATION #24737**  
**RICE NORTHWEST MUSEUM OF ROCKS AND MINERALS**  
**26385 N.W. GROVELAND DRIVE**  
**HILLSBORO, OREGON 97124**

(503) 647-2418      01/01/2018      12/31/2018

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

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 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 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
<b>GARRET ROMAINE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>(503) 647-2418</b>	<b>26385 N.W. GROVELAND DRIVE HILLSBORO, OREGON 97124</b>

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 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: <b>SEE FEDERAL FORM 990-PF, PART VIII</b>		
Address: _____		
Phone: _____		
Email: _____		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		

**Section II. Fee Calculation**

<p>9. Total Revenue .....  <small>(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 Form 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.)</small></p>	9.	<b>727,917</b>																	
<p>10. Revenue Fee .....  <small>(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</small></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">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	10.	<b>300</b>	
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																		
<p>11. Net Assets or Fund Balances at End of the Reporting Period .....  <small>(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.)</small></p>	11.	<b>4,600,237</b>																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities .....  <small>(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.)</small></p>	12.	<b>3,773,071</b>																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee .....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	<b>827,166</b>																	
<p>14. Net Assets or Fund Balances Fee .....  <small>(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.)</small></p>	14.	<b>83</b>																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .....  <small>(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.)</small></p>	15.																		
<p>16. Total Amount Due .....  <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	<b>383</b>																	
<p>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 &amp; 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 as the organization 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.</p>																			

**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.

⇒ **COPY**

Signature of officer _____	Date _____	Title _____
Officer's name (printed) _____	Address <b>26385 N.W. GROVELAND DRIVE</b>	
	Address <b>HILLSBORO, OREGON 97124</b>	
	Phone <b>(503) 647-2418</b>	
	Phone _____	

**Paid Preparer's Use Only**

⇒

Preparer's signature _____	Date <u>11/10/19</u>	Phone <b>(503) 222-2515</b>
<b>GARY MCGEE &amp; CO. LLP</b>	Address <b>808 S.W. THIRD AVENUE, SUITE 700</b>	
Preparer's name (printed) _____	Address <b>PORTLAND, OREGON 97204</b>	

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.activities@doj.state.or.us](mailto:charitable.activities@doj.state.or.us).

2018 FORM CT-12  
RICE NORTHWEST MUSEUM OF ROCKS  
AND MINERALS

ATTACHMENT 1  
REGISTRATION # 24737

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FORM CT-12, LINE 12 – NET FIXED ASSETS USED TO CONDUCT CHARITABLE ACTIVITIES

FORM 990-PF, PART II, LINE 14B	\$ 647,339
ADD: CAPITALIZED ARTIFACT COLLECTIONS FOR DISPLAY IN MUSEUM	<u>3,125,732</u>

LINE 12 – NET FIXED ASSETS USED TO CONDUCT CHARITABLE ACTIVITIES	\$ <b>3,773,071</b>
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