

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2015

Name of exempt organization  
**SABU HELP**

Employer identification number  
**26-2114558**

Name and title of officer  
**JANET HUME-SCHWARZ**

**OFFICER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

- 1a** Form 990 check here  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . . **1b** \_\_\_\_\_
- 2a** Form 990-EZ check here  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2b** \_\_\_\_\_
- 3a** Form 1120-POL check here  **b Total tax** (Form 1120-POL, line 22). . . . . **3b** \_\_\_\_\_
- 4a** Form 990-PF check here  **b Tax based on investment income** (Form 990-PF, Part VI, line 5) **4b** \_\_\_\_\_
- 5a** Form 8868 check here  **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . **5b** \_\_\_\_\_

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize J. HUME, CPA, INC to enter my PIN  as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 5/7/2016

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**e-Postcard for Tax-Exempt Organizations (990-N)**

For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Organization**

|                         |                  |                           |
|-------------------------|------------------|---------------------------|
| Name<br>SABU HELP       |                  | Federal EIN<br>26-2114558 |
| Doing Business As       |                  | Website Address           |
| Street<br>1118 J AVENUE |                  | Room/Suite                |
| City<br>LA GRANDE       | State<br>OR      | Zip Code<br>97850         |
| Foreign Country         | Foreign Province | Foreign Zip               |

**Principal Officer of Organization**

|                            |   |                           |
|----------------------------|---|---------------------------|
| Name<br>JANET HUME-SCHWARZ | Check here if Officer<br>is a business <input type="checkbox"/> | SSN or EIN<br>219-62-4785 |
| Street<br>1118 J AVENUE    |   | Room/Suite                |
| City<br>LA GRANDE          | State<br>OR   | Zip Code<br>97850         |
| Foreign Country            |   |                           |

Organization's annual gross receipts are still normally \$50,000 or less If applicable, organization is terminating (going out of business) 

Electronic Filing Only

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
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

For Accounting Periods Beginning in:

# 2015

### Section I. General Information

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

26-2114558  
40190  
SABU HELP  
1118 J AVENUE  
LA GRANDE, OR 97850

Registration #:  
Organization Name:  
Address:  
City, State, Zip:  
Phone: Fax:  
Email:  
Period Beginning: 1/1/2015 Period Ending: 12/31/2015

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 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.

| Name           | Position  | Phone        | Mailing Address & Email Address                  |
|----------------|-----------|--------------|--|
| DOCTOR AYELIYA | PRESIDENT | 801-834-4992 | 4212 S Atherton Dr # 20<br>Taylorsville UT 84123 |

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.)

| (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:   | DOCTOR AYELIYA                                 | PRESIDENT<br>5                                       | 0   |
| Address:  | 4212 S Atherton Dr # 20 Taylorsville UT 84123  |  |   |
| Phone:  |  |  |   |
| Email:  |  |  |   |
| Name:   | MARSHA PILGERAM                                | CHAIR<br>5   | 0   |
| Address:  | 1120 East 400 North, Bountiful UT 84010        |  |   |
| Phone:  |  |  |   |
| Email:  |  |  |   |
| Name:   | SABINA ZUNGUZE                                 | DIRECTOR<br>1  | 0   |
| Address:  | 1807 Nobility Circle Salt Lake City Utah 84116 |  |   |
| Phone:  |  |  |   |
| Email:  |  |  |   |

**Section II. Fee Calculation**

| <p>9. <b>Total Revenue</b> .....<br/>                 (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, <b>Attach explanation if Total Revenue is \$0.</b>)</p>   | 9.               | 14,917      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
|---|------------------|-------------|----------------|------|---------------------|------|---------------------|------|-----------------------|------|-----------------------|-------|-----------------------|-------|-----------------------|-------|---------------------|-------|-----|--|----|
| <p>10. <b>Revenue Fee</b> .....<br/>                 (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <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>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table> | Amount on Line 9 | Revenue Fee | \$0 - \$24,999 | \$10 | \$25,000 - \$49,999 | \$25 | \$50,000 - \$99,999 | \$45 | \$100,000 - \$249,999 | \$75 | \$250,000 - \$499,999 | \$100 | \$500,000 - \$749,999 | \$135 | \$750,000 - \$999,999 | \$170 | \$1,000,000 or more | \$200 | 10. |  | 10 |
| Amount on Line 9  | Revenue Fee      |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$0 - \$24,999  | \$10             |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$25,000 - \$49,999   | \$25             |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$50,000 - \$99,999   | \$45             |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$100,000 - \$249,999   | \$75             |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$250,000 - \$499,999   | \$100            |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$500,000 - \$749,999   | \$135            |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$750,000 - \$999,999   | \$170            |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| \$1,000,000 or more   | \$200            |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>11. <b>Net Assets or Fund Balances at End of the Reporting Period</b> .....<br/>                 (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.)</p>   | 11.              | 0           |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>12. <b>Net Fixed Assets Used to Conduct Charitable Activities</b> .....<br/>                 (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.)</p>   | 12.              | 0           |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>13. <b>Amount Subject to Net Assets or Fund Balances Fee</b> .....<br/>                 (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</p>  | 13.              | 0           |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>14. <b>Net Assets or Fund Balances Fee</b> .....<br/>                 (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$1,000.</b> Round cents to the nearest whole dollar.)</p>  | 14.              |             | 0              |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>15. <b>Are you filing this report late?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No .....<br/>                 (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.)</p>   | 15.              |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>16. <b>Total Amount Due</b> .....<br/>                 (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</p>   | 16.              |             | 10             |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |
| <p>17. <b>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 or confirmation of its filing</b></p>   |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |     |  |    |

|  |   |   |   |
|--|---|---|---|
| <p><b>Please Sign Here</b></p>         | <p>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.</p> <p>⇒ _____</p> <p style="margin-left: 40px;">Signature of officer</p> <p style="margin-left: 40px;">JANET HUME-SCHWARZ</p> <p style="margin-left: 40px;">Officer's name (printed)</p> | <p style="text-align: center;">5/9/2015</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 40px;">PO BOX 912, LA GRANDE, OR 97850</p> <p style="margin-left: 40px;">Address</p> <p style="margin-left: 40px;">541-663-0335</p> <p style="margin-left: 40px;">Phone</p> | <p style="text-align: center;">DIRECTOR</p> <p style="margin-left: 40px;">Title</p>     |
| <p><b>Paid Preparer's Use Only</b></p> | <p>⇒ _____</p> <p style="margin-left: 40px;">Preparer's signature</p> <p style="margin-left: 40px;">J. HUME, CPA, INC</p> <p style="margin-left: 40px;">Preparer's name</p>   | <p style="text-align: center;">5/9/2016</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 40px;">PO BOX 912, LA GRANDE, OR 97850</p> <p style="margin-left: 40px;">Address</p>  | <p style="text-align: center;">541-663-0335</p> <p style="margin-left: 40px;">Phone</p> |

**Sabu Help Board Contact 2015**

| First Name | Last Name | Email  | Phone #                  | Address  |
|------------|-----------|--|--------------------------|--|
| Sabina     | Zunguze   | <a href="mailto:sabina@agift2africa.com">sabina@agift2africa.com</a>   | 801-347-0261             | 1807 Nobility Circle Salt Lake City Utah 84116 |
| Vicky      | Wason     | <a href="mailto:vicky.wason@utah.edu">vicky.wason@utah.edu</a>         | 801-688-8696             | 1411 S Utah St # 26 Salt Lake City Utah 84104  |
| Jeff       | Fisher    | <a href="mailto:jef.fisher@mtctrains.com">jef.fisher@mtctrains.com</a> | 801-897-8647             | 7537 Brighton Point Dr. SLC 84121              |
| Doctor     | Ayeliya   | <a href="mailto:info@sabuhelp.org">info@sabuhelp.org</a>               | 801-834-4992             | 4212 S Atherton Dr # 20 Taylorsville UT 84123  |
| Marsha     | Pilgeram  | <a href="mailto:shanthi22@earthlink.net">shanthi22@earthlink.net</a>   | 801.879-5068/801298 7496 | 1120 East 400 North, Bountiful UT 84010        |
|            |           |  |                          |  |

**Position**

|              |
|--------------|
| Board Member |
| Board Member |
| Board Member |
| President    |
| Board Chair  |
|              |

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
 Portland, OR 97201-5451  
 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

For Accounting Periods Beginning in:

# 2015

### Section I. General Information

1. **Registration #:** 40190

**SABU Help**  
 1118 J Ave  
 La Grande OR 97850

**Phone:** (541) 663-0335      **Fax:** (541) 975-1975  
**Period Beginning:** 1/1/2015      **Period Ending:** 12/31/2015

**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?  
 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.

| Name | Position | Phone | Mailing Address & Email Address |
|------|----------|-------|---------------------------------|
|      |          |       |                                 |

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.)

| (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:   | _____        |  |   |
| Address:  | _____        |  |   |
| Phone:  | (____) _____ |  |   |
| Email:  | _____        |  |   |
| Name:   | _____        |  |   |
| Address:  | _____        |  |   |
| Phone:  | (____) _____ |  |   |
| Email:  | _____        |  |   |
| Name:   | _____        |  |   |
| Address:  | _____        |  |   |
| Phone:  | (____) _____ |  |   |
| Email:  | _____        |  |   |



# 2015 Form CT-12 Instructions

## General Instructions

### Purpose

Oregon law charges the Attorney General with the duty and responsibility to represent the public's interest in connection with assets held for charitable purposes. The Attorney General carries out this responsibility by requiring organizations holding such assets to register and file periodic financial reports.

Once submitted, this Form and all attachments become a part of the public record. Any interested person may examine or obtain a copy of an annual report of a charitable organization by contacting the Charitable Activities Section.

### Who Must File

All organizations registered with the Charitable Activities Section of the Oregon Department of Justice must annually file Form CT-12, CT-12F, or CT-12S unless the Attorney General has specifically exempted the organization from the reporting requirements.

### What Form to File

File Form CT-12 if the organization is incorporated or organized in Oregon.

File Form CT-12F if the organization is incorporated or organized outside of Oregon. The Charitable Activities Section does not require multi-state annual report forms in lieu of completed Form CT-12F.

File Form CT-12S if the organization is a split-trust that holds assets for the benefit of charitable and non-charitable beneficiaries.

If the organization does not fit within any of the categories, file Form CT-12.

The fiscal year should match the starting year of the fiscal period covered by the report.

All required attachments and payment of fees are due in the Charitable Activities Section's office no later than 15 days after the end of the fiscal year. If the due date falls on a legal holiday, the due date is the next business day.

The Charitable Activities Section does not use the postmark date to determine whether an organization has filed timely. Instead, filings are considered timely if they are physically received within 5 business days after the due date. All filings received more than 5 business days after the due date will be assessed a late charge. See Instruction 15 Late Fees.

### Extensions for Filing and Paying Fees

An organization may apply for an extension of time to file. Extension requests must be received on or before the due date of the report to avoid a late fee. The maximum available extension period is 180 days. An extension to file is also an extension to pay any associated fees. Therefore, estimated payments should not be included with extension requests.

Extensions may be requested through the Department of Justice website at <http://www.doj.state.or.us/charigroup/pages/howtoextend.aspx>. Follow the instructions carefully to ensure that the Charitable Activities Section receives your request. Please contact our office if you have any questions about the online extension process or are experiencing difficulties with your online request.

The organization may also submit a written request or a copy of the organization's federal extension request (IRS Form 8868) so long as the Charitable Activities Section receives the request or copy before the due date of the report. A written request should specify the length of and reason for the requested extension. The organization's 4 or 5-digit registration number should be noted on the top of all extension requests. If you would like acknowledgement that your extension request has been received, you should enclose an additional copy of the request and a self-addressed, stamped envelope.

The Charitable Activities Section will not provide formal notice that the organization's extension request has been approved. Instead, the organization should assume that its extension request has been granted unless you hear otherwise from our office. In the event your request is denied, to avoid a late fee, the annual report must be submitted by the later of the due date or within 10 days after the organization receives notice of denial of the requested extension.

**Important Note**—An extension request filed with the IRS or the Oregon Department of Revenue does NOT act as an extension for the Charitable Activities Section.

The report is submitted to the Charitable Activities Section by the due date.

### Record Keeping

Please retain a copy of this report and all supporting documentation for at least five years after the due date.

### Rounding and Blank Lines

Round all amounts on the report to the nearest whole dollar. Drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next whole dollar. If the amount is zero write "\$0."

Do not leave any line blank.

### Important Reminders

**Don't lose your tax-exempt status.** Most tax-exempt organizations other than churches must file a yearly return with the IRS. Very small organizations are required to file IRS Form 990-N, also known as the e-Postcard. The IRS is required by law to revoke the tax-exempt status of any organization that has failed to file a required return for three consecutive years.

Please refer to <http://www.irs.gov/eo> for more information about these requirements.

**Important information regarding Social Security numbers (SSNs) – Forms submitted to this office become a public record. In order to protect the privacy of named individuals, you should redact any SSNs (if used) from copies of any IRS forms submitted. Although we endeavor to redact social security numbers from any forms we receive, we request your assistance in safeguarding this information by not including it in your submission.**

Balances  
nus liabilities  
value to the  
des less any a  
ventory, prepa  
uildings & eq  
preciation if the



ELLEN F. ROSENBLUM  
Attorney General

FREDERICK M. BOSS  
Deputy Attorney General



1515 SW 5th Avenue  
Suite 410  
Portland, Oregon 97201  
Telephone: (971) 673-1880  
FAX: (971) 673-1882  
TTY: (800) 735-2900  
[www.doj.state.or.us](http://www.doj.state.or.us)

DEPARTMENT OF JUSTICE  
PORTLAND OFFICE

## Your Annual Report is Due By May 15, 2016

Dear Registered Organization:

All organizations registered with the Charitable Activities Section of the Department of Justice must annually file reports setting forth information as to the nature of the assets held for charitable purposes and their administration.

Our records indicate your organization is required to complete Form **CT-12**. A blank copy of the 2015 form is attached. You must complete and submit this form no later than 4 months and 15 days after the end of your organization's fiscal year or a late fee will be assessed if you have not filed for an extension. Refer to the "*General Instructions*" heading on page 1 of the instructions for information on changes to this year's form and how to obtain an extension.

All organizations must attach a complete copy of all forms, supporting schedules, and attachments filed with IRS except public charities should remove the 990/990EZ Schedule B listing of contributors before filing the IRS return with this office. Once submitted, this report and all attachments become a part of the public record. Additionally, your organization may be required to complete certain IRS forms specially for Charitable Activities Section purposes even though these forms were not required by the IRS. Refer to Line 17 of the Instructions for an explanation.

If you have questions on how to complete this form, please call the Charitable Activities Section at (971) 673-1880.

***Important Reminders – You may wish to use the checklist below for reference to ensure your filing is complete and to avoid any late fees.***

- Did you sign the form?
- Did you include a check made payable to the *Oregon Department of Justice*?
- Did you attach a copy of all required IRS forms and schedules? (If you are submitting such forms for Oregon purposes only, don't forget to note that on the forms.)
- Did you provide contact information for all directors and other key persons as requested? (Oregon law requires at least 3 directors.)
- If you used the services of a CPA or other paid preparer, has that person signed and included contact information?
- Did you attach a copy of the independent audit report if such an audit was prepared?
- If you requested an extension of time to file with the IRS, did you also submit an extension request with our office on or before the original due date?

### ***Additional Resources***

The IRS website has helpful information regarding nonprofit compliance requirements at: <https://www.irs.gov/Charities-&-Non-Profits>. The Nonprofit Association of Oregon offers training and an information and referral Helpline at (888) 206-3076 (toll free) or (503) 233-9240 (in Portland) or via email at: [helpline@nonprofitoregon.org](mailto:helpline@nonprofitoregon.org). Oregon nonprofits are encouraged to consider membership in the Nonprofit Association of Oregon, whose mission includes strengthening the capacity of nonprofits. Information is available at: [www.nonprofitoregon.org](http://www.nonprofitoregon.org). The Center for Nonprofit Stewardship at: [www.nonprofitsteward.org](http://www.nonprofitsteward.org) or (541) 929-9320 also offers a variety of nonprofit board training opportunities.

456 # 101 (55)

Phone: (503) 986-2200  
Fax: (503) 376-4381

Articles of Incorporation—Nonprofit

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

FILED

JUN 04 2008

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 252103-94  
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet If Necessary.

1) NAME: SABU HELP

2) REGISTERED AGENT

JANET HUME-SCHWARZ

3) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS  
(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO boxes.)

1118 J AVENUE

LA GRANDE, OR 97850

4) ADDRESS FOR MAILING NOTICES

P.O. BOX 912

LA GRANDE, OR 97850

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) TYPE OF CORPORATION (Select only one)

Public Benefit  Mutual Benefit  Religious

7) WILL THE CORPORATION HAVE MEMBERS?  YES  NO

ORS 65.061(28)

(a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or bylaws, to vote on more than one occasion for the election of a director or directors.

(b) A person is not a member by virtue of any of the following rights the person has:

(A) As a delegate;

(B) To designate or appoint a director or directors;

(C) As a director; or

(D) As a holder of an evidence of indebtedness issued or to be issued by the corporation.

(c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION

TO IRS APPROVED NON-PROFIT ORGANIZATION

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

NAME, STREET ADDRESS, CITY/STATE/ZIP

DOCTOR AYELIYA P.O. BOX 945 LA GRANDE, OR 97850

CHRISTOPHER GITOME P.O. BOX 945 LA GRANDE, OR 97850

PATRICE NYA P.O. BOX 945 LA GRANDE, OR 97850

ELILAI ELOBT P.O. BOX 945 LA GRANDE, OR 97850

10) EXECUTION/SIGNATURE(S) (All incorporators must sign. Attach a separate sheet if necessary.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature

[Signature]  
[Signature]  
[Signature]

Printed Name

DOCTOR AYELIYA

CHRISTOPHER GITOME

PATRICE NYA

ELILAI ELOBT

11) CONTACT NAME (To resolve questions with this filing.)

JANET HUME-SCHWARZ

DAYTIME PHONE NUMBER (Include area code.)

541-663-0335

FEES

Required Processing Fee \$60  
Confirmation Copy (Optional) \$6  
Processing Fees are nonrefundable.  
Please make check payable to  
"Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted, on a separate sheet for your protection.

[Signature]