

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2021****Open to Public Inspection****A** For the **2021** calendar year, or tax year beginning **07/01/2021** and ending **06/30/2022****B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **OREGON COUNCIL ON PROBLEM GAMBLING**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

6312 SW CAPITOL HWY PMB 1020

City or town, state or province, country, and ZIP or foreign postal code

PORTLAND, OR 97239**F** Name and address of principal officer: **GINA PARZIALE****6312 SW CAPITOL HWY PMB 1020, PORTLAND, OR 97239****D** Employer identification number**91-1757244****E** Telephone number**971-361-9333****G** Gross receipts \$ **422,400****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

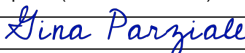
If "No," attach a list. See instructions.

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.oregoncpg.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1998****M** State of legal domicile: **OR****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RESEARCH AND TREAT GAMBLING ADDICTION.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	334,900	421,952
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	626	408
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,526	422,400
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		48,903
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	290,228	427,844
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	290,228	476,747
19	Revenue less expenses. Subtract line 18 from line 12	45,298	-54,347	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	688,585	661,135
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		01/24/2023
	Signature of officer	Date
	GINA PARZIALE, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check ☐ if self-employed	PTIN
	JEREMY CORK		01/24/2023		P01544850
	Firm's name ▶ EASY OFFICE DBA JITASA	Firm's EIN ▶ 26-2176601			
	Firm's address ▶ 1750 W FRONT STREET SUITE 200, BOISE, ID 83702	Phone no. 208-287-4777			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

SIGNATURE CERTIFICATE



REFERENCE NUMBER
9EFB67C9-3923-46E7-9A0D-80C7F4CA173D

TRANSACTION DETAILS	DOCUMENT DETAILS
Reference Number 9EFB67C9-3923-46E7-9A0D-80C7F4CA173D	Document Name Final - 2021 Form 990 Pg1 - OCPG
Transaction Type Signature Request	Filename final_-_2021_form_990_pg1_-_ocpg.pdf
Sent At 01/24/2023 07:10 EST	Pages 1 page
Executed At 01/24/2023 12:10 EST	Content Type application/pdf
Identity Method email	File Size 62.2 KB
Distribution Method email	Original Checksum 93c62125862ca26b37544885f8b954547042c86c307e034e124f95b6705f84fe
Signed Checksum 8ffb8000bccc37869ccb9a4347c79b655d8dbc7a9537e4f63d46c599a994fbf	
Signer Sequencing Enabled	
Document Passcode Disabled	

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name JEREMY CORK	Status signed	Viewed At 01/24/2023 12:10 EST
Email jeremy.cork@jitasagroup.com	Multi-factor Digital Fingerprint Checksum 251e4a18ad4721e22a1ce02a8501ca6e0edc788e4400f671371b22cf4e35001d	Identity Authenticated At 01/24/2023 12:10 EST
Signer Sequence 1	IP Address 67.215.32.70	Signed At 01/24/2023 12:10 EST
Components 2	Device Chrome via Windows	
	Typed Signature 	
	Signature Reference ID 2A12C220	
Name GINA PARZIALE	Status signed	Viewed At 01/24/2023 12:06 EST
Email gina@oregoncpg.org	Multi-factor Digital Fingerprint Checksum 11142ee1cd08fc3c7f5d30e0583c8853a04a72569802f7247abd7c468fc81293	Identity Authenticated At 01/24/2023 12:07 EST
Signer Sequence 0	IP Address 24.19.191.242	Signed At 01/24/2023 12:07 EST
Components 2	Device Mobile Safari via iOS	
	Typed Signature 	
	Signature Reference ID BB4AF672	

AUDITS

TIMESTAMP	AUDIT
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