

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization Child Welfare Organization, Portland
Doing business as Portland
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
89, Edmond St, Apartment 4B 23
City or town, state or province, country, and ZIP or foreign postal code
6783
F Name and address of principal officer:
Roger Deakins, 89, Edmond St.

D Employer identification number
789933
E Telephone number
(234)8994322
G Gross receipts \$

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: childwelfare.org

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
For the welfare of underprivileged kids

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	<u>4</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>2</u>
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>4</u>
6 Total number of volunteers (estimate if necessary)	6	<u>89</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>\$5010001</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>\$20000</u>	<u>\$30000</u>
9 Program service revenue (Part VIII, line 2g)	<u>\$3999</u>	<u>\$3987</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>\$23999</u>	<u>\$33987</u>

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>\$49800</u>	<u>\$89000</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>\$23000</u>	<u>\$45000</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>\$20000</u>	<u>\$25000</u>
19 Revenue less expenses. Subtract line 18 from line 12		

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>\$200000</u>	<u>\$230000</u>
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20		

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

Signature of officer
John Adams
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

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

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