

Section I. General Information

1. 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 with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations: in-person; direct mail; advertising; vending machine; telephone; or other solicitations. Yes No
 If yes, also write the name of the fundraising firm(s) here: _____ (If you checked "other solicitations", attach an explanation.)
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency 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

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 this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit 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: _____ Address: _____ Phone: (____) _____ Email: _____		
Name: _____ Address: _____ Phone: (____) _____ Email: _____		
Name: _____ Address: _____ Phone: (____) _____ Email: _____		

Section II. Fee Calculation

<p>9. Total Revenue <small>(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF. For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)</small></p>	9.																			
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) The revenue fee is determined by the amount on line 9.</small></p> <table border="1" 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.	
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 Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number)</small></p>	11.																			
<p>12. Net Fixed Assets Used to Conduct Charitable Activities..... <small>(Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.																			
<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.																	
<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.																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input 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.																	
<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 & 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. Such organizations 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	<p>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.</p> <p>⇒ _____</p> <p>Signature of officer _____ Date _____ Title _____</p> <p>_____</p> <p>Officer's name (printed) _____ Address _____</p> <p>_____</p> <p>Phone _____</p>
Paid Preparer's Use Only	<p>⇒ <u> PJ 07/17 </u></p> <p>Preparer's signature _____ Date _____ Phone _____</p> <p>_____</p> <p>Preparer's name (printed) _____ Address _____</p>

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@doj.oregon.gov.



2024 Form CT-12 Instructions

You can now complete and file reports online at <https://justice.oregon.gov/paymentportal/Account/Login>

General Instructions

Purpose

Oregon law charges the Attorney General with the duty and responsibility to represent the public's interest in charitable organizations and in assets held or received for charitable purposes. The Attorney General carries out this responsibility by requiring charitable organizations 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.

Reports can also be viewed on our website at <https://justice.oregon.gov/Charities>.

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 either incorporated, organized, or headquartered in Oregon.

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

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

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

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

Due Date

The form, all required attachments and schedules, and payment of fees are due in the Charitable Activities Section's office no later than 4 months

and 15 days after the end of the organization's fiscal year. If the due date falls on a weekend or

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, reports must be physically received by the due date to not be considered late. See Instruction 15 Late Fees.

Extensions for Filing

Important Note—An extension request filed with the IRS or the Oregon Department of Revenue does NOT act as an extension with the Charitable Activities Section unless a copy is submitted to the Charitable Activities Section by the due date.

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.

Please do not submit an incomplete CT-12 if you intend to later supplement or amend your report with a copy of your IRS return. Instead, file an extension request so that you can submit a complete report by the extended due date with a copy of the appropriate IRS form attached.

Extensions may be requested through the Department of Justice website at <https://justice.oregon.gov/Charities/Extensions>. Follow the instructions carefully to ensure that we receive your request. Please contact our office if you have any questions or difficulties with your online request.

You should print and retain a copy of the online Confirmation of Extension Request. You should also expect to receive an email regarding your online request.

You 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 CT-12 report. 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.

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.

Record Keeping

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

Do Not Leave Blank Lines, Round Amounts to Nearest Dollar

Do not leave any line blank. Your report may be treated as incomplete if you leave blank lines or do not include dollar amounts where requested.

Your report may also be treated as incomplete if you list revenue or net assets as \$0, but do not provide an explanation.

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." Attach an explanation if lines 9 or 11 on CT-12 are \$0.

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 <https://www.irs.gov/charities-and-nonprofits> 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 SSNs from any forms we receive, we request your assistance in safeguarding this information by not including it in your submission.

Online Filing Option

The Department has an online filing option if you would like to complete and file your report electronically and pay via credit card. For additional information, visit <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report/>

How to Contact the Charitable Activities Section

To obtain blank forms, mailed instructions, technical assistance or information about a charitable organization, contact the Charitable Activities Section or visit our website at:

Charitable Activities Section
Oregon Department of Justice
100 SW Market Street
Portland, OR 97201-5702
Phone: (971)673-1880
TTY: (800)735-2900
Fax: (971)673-1882
Email: charitable@doj.oregon.gov
Website: <https://www.doj.state.or.us>

Where to File

Send completed forms and corresponding fees to the above address. Do not send cash.

Line Instructions

Section I.

General Information

1. *Missing or Incorrect Information*

The Charitable Activities Section sends a form preprinted with name, address, contact information and registration number to all registered organizations. If the organization is returning one of these preprinted forms, provide any missing or corrected information. If the organization is completing a blank form, provide the requested information in this section.

Name Changes

If applicable, write the organization's new legal name. Attach a copy of the filed amended articles of incorporation or trust document that changed the organization's name.

Address, Email, and Phone Number Changes

If applicable, write the new address where mail for the organization should be directed in the future. If applicable, write the new daytime phone number and email address for the organization.

Accounting Year Changes

If applicable, write the organization's new or short reporting period. Preprinted forms are based upon the accounting period we have on record for the organization. If the organization has changed its fiscal year or is filing a final report for a period less than 12 months, the shortened period covered by the report must be noted here. If the organization is filing a final report, also see the instructions for line 6 for closing requirements.

Short Year Report—If the organization is filing a shortened report due to a change in fiscal year, see the instructions for line 13 for calculation of prorated Net Assets or Fund Balances fee.

Amended Reports

If amending previously submitted information for the same accounting period, check the amended report box. Either complete a blank form that includes the amended information or provide a copy of the previously submitted form that clearly shows what information is being amended. Submit any additional fee due with the amended report.

2. *Independent Audit*

Check yes if the organization had an independent audit of its financial records performed by a certified public accountant. **Attach a copy of the auditor's report, the financial statements, the accompanying notes, schedules, or other documents supplementing the report or financial statements.** Do not submit copies that are professionally bound. If the audit has not been completed prior to the report due date, please note that and the estimated completion date on the CT-12.

If the accountant's role was limited to preparation of the organization's 990N/990EZ/990 but did not perform a separate audit, check no.

3. *Fundraising Contracts*

Check yes if the organization entered into a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon. Check the type(s) of campaign to which the contract(s) relates and write the name(s) of the fundraising firm(s) in the space provided. If you checked "other solicitations" as the type of campaign, attach an explanation.

4. *Disclosure of Legal Action*

Check yes if 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. This includes assurances of voluntary compliance or

discontinuance involving the organization or any other proceeding in which the organization or any current officer, director, trustee, or key employee is subject to any injunction, order, or pending action relating to the solicitation of contributions, or administration of charitable assets. **Attach a written explanation of each such action or agreement, including the agency involved and the allegations. Also, attach a copy of any agreements or actions that occurred in the current reporting period.**

5. *Amendments to Articles of Incorporation, Bylaws, Trust Documents, or Tax-Exempt Status*

Check yes if during the reporting period the organization amended its articles, bylaws, or trust documents, or if the IRS issued a new tax-exempt status ruling for the organization, including revocation.

Important Note—Attach copies of amendments to articles of incorporation bearing the Secretary of State's file stamp, signed and dated copies of amended bylaws, amended trust documents, and/or IRS determination letters.

6. *Final Report*

Check yes if this is the final report for the organization.

If the organization is dissolving, the Charitable Activities Section must be notified in writing 30 days prior to the dissolution or the distribution of the organization's assets. This notification may be done either through a letter or submission of a completed Closing Form which can be obtained by contacting the Charitable Activities Section or from our website. Notification must include the disposition of assets including the name, address, phone number, and contact person of each organization that will receive any remaining assets and the amount of the assets involved or a copy of the minutes of the board meeting that approved the dissolution containing the same information.

If the organization is filing a final report for a reason other than a dissolution, such as the discontinuance of soliciting contributions, holding assets or conducting charitable activities in Oregon, there are similar notification requirements.

If the organization is a trust and is filing a final report for any reason, the Charitable Activities Section should be contacted for specific instructions and requirements related to closing procedures.

A final report must reflect the financial transactions of the charitable organization from the day after the close of its last accounting period to the date of the disposition of all remaining assets.

Important Note—Dissolving corporations must submit a copy of any articles of dissolution filed

with the Corporation Division in addition to the information required above. If articles of dissolution have not been filed, then the anticipated date of dissolution must be provided.

Important Note—The organization must submit this information even if the distribution of assets has already occurred.

7. Who Keeps the Books?

Indicate the person to be contacted if the organization's books need to be accessed for information or review. Either a business or personal phone number, email, and mailing address are acceptable. If the person does not have an email address, please note that on the form.

8. Officers, Directors, Trustees, and Other Key Employees

List each person who was an officer, director, trustee, or key employee (defined below) of the organization at any time during the year even if they are a volunteer and do not receive any compensation from the organization. Give the daytime phone number and preferred mailing address at which officers, etc., want the Charitable Activities Section to contact them. Use an attachment if there are more persons to list than there are lines available.

A failure to fully complete this part can subject the organization to late fees or civil penalties for filing an incomplete form.

If the organization is an Oregon public benefit corporation, it must have a minimum of three individuals serving on its board of directors.

Officers include those officers required by applicable state law, such as president, secretary, or treasurer, and also includes the person(s) elected or appointed to implement the decisions of the governing body or for supervising the management, administration, or operation of the organization, regardless of title or the amount of compensation received. The CEO or Executive Director is an officer for purposes of this form. The top financial official may also be an officer if they are responsible for managing the organization's finances.

A "key employee" is any person, other than an officer, director, or trustee, who has responsibilities over the organization that are similar to those of its officers, directors, or trustees. If the organization attaches a 990 or 990EZ, it may rely on the IRS definition of key employee in the corresponding IRS instructions for purposes of this form.

Column (C)

If an IRS form is attached that includes complete and accurate compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section.

Otherwise, for each person listed, report the total amount of compensation paid or deferred for payment to a later date, including salary, fees, bonuses, benefits, taxable allowances or reimbursements, the value of noncash compensation, and severance payments.

Enter a zero in column (C) if the person was a volunteer and was not paid or did not accrue any compensation during the reporting year.

The organization may provide an attachment to explain the entire compensation package for any person listed in this part, including whether the compensation includes the payment of amounts previously deferred.

Section II.

9. Total Revenue

The Charitable Activities Section has adopted the definition for "Total Revenue" used by the Internal Revenue Service. If the organization completed one of the following IRS Forms for this reporting period, the Total Revenue figure should come from the line number listed:

- IRS Form 990, Part I, line 12 (current year)
- IRS Form 990-EZ, Part I, line 9
- IRS Form 990-PF, Part I, line 12a

If the organization was not required to complete one of these IRS Forms, or filed an IRS Form 990-N, a summary of what constitutes Total Revenue is provided within these instructions. A more detailed definition can be found in the IRS instructions for the forms listed above.

"Total Revenue" includes such items as:

- Contributions, gifts, or grants
- donated real property
- donated thrift items
- membership dues & assessments
- program service revenue
- government fees & contracts
- interest or dividend income
- gross rental income less rental expense
- other investment income
- gain or loss on sales of assets other than inventory
- gain or loss from special events & activities which may include bingo, raffles, and Monte Carlo events
- gain or loss on sale of inventory
- all other sources of revenue.
- include amounts obtained from both Oregon and out of state sources.

To report contributions received in a form other than cash, use the market value as of the date of the contribution. When market value cannot be readily determined, use an appraised or estimated value.

To determine the amount of any noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value in assigning a value to the revenue received. "Fair market value" is the amount a reasonable

person would pay for the item at the time it was donated to the organization.

Important Note—Do not include the value of services donated to the organization, or items such as the free use of materials, equipment, or facilities in reporting Total Revenue.

Important Note—Do not leave Line 9 blank. If Total Revenue is zero, list that amount. Attach an explanation of why Total Revenue is zero and indicate whether the organization plans to continue operations. See the instructions for line 6 if this is the organization's final report.

10. Revenue Fee

Use the Total Revenue figure from line 9 to calculate the revenue fee according to the following schedule.

Revenue Fee Schedule

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

The maximum amount subject to a revenue fee is \$1,000,000. The maximum revenue fee is \$400. The minimum revenue fee is \$20, even if total revenue is zero or a negative amount.

11. Net Assets or Fund Balances at the End of the Reporting Period

The Charitable Activities Section has adopted the definitions for "Net Assets" and "Fund Balances" used by the Internal Revenue Service. If the organization completed one of the following IRS forms for this reporting period, the Net Assets or Fund Balances figure should come from the line number listed:

- IRS Form 990, Part I, line 22 (end of year)
- IRS Form 990-EZ, Part I, line 21
- IRS Form 990-PF, Part III, line 6

If the organization was not required to complete one of these IRS forms, or filed an IRS Form 990-N, a summary of what constitutes Net Assets or Fund Balances is provided below. A more detailed definition can be found in the IRS instructions for the forms listed above.

Net Assets and Fund Balances refer to the organization's assets minus liabilities.

"Assets" are items of value to the organization, such as cash, receivables less any allowance for doubtful accounts, inventory, prepaid expenses, investments, land, buildings & equipment less any accumulated depreciation if the organization records depreciation.

"Liabilities" are the amount of debts and obligations owed by the organization, such as

accounts payable, accrued expenses, deferred revenue, loans, and mortgages.

12. Net Fixed Assets Used to Conduct Charitable Activities

Enter the amount of the organization's Net Fixed Assets that were held for use in the operation of charitable activities at the end of the reporting period.

Important Note—You should not include any cash, bank accounts, stock holdings, investment accounts, or other liquid assets in Line 12. Line 12 should only include fixed assets that are used for charitable purposes, such as land, buildings, or equipment that are used directly for charitable purposes.

The following instructions provide guidance on how to calculate Net Fixed Assets, where the amount may be located on the organization's IRS return, and whether that amount should be adjusted to include only those fixed assets used for charitable purposes.

The Charitable Activities Section defines "Net Fixed Assets" as the organization's book value (cost or other basis less any accumulated depreciation) of all owned land, buildings, or equipment, **that are used directly for charitable purposes.** For example, if the charity owns and operates a museum, the building that houses the museum is a net fixed asset. However, undeveloped land, a building owned and used for rental income, or any other fixed asset used for investment purposes should not be included in Line 12. Accordingly, the net fixed assets used for charitable purposes on Line 12 may be less than the organization's total net fixed assets.

If the organization completed one of the following IRS Forms for this reporting period and all its Net Fixed Assets are held for use in conducting charitable activities, the figure should come from the line number listed:

- IRS Form 990, Part X, line 10c (end of year)
- IRS Form 990-EZ, Part II, line 23B and/or 24B to the extent 24B includes equipment or similar assets used for charitable programs.
- IRS Form 990-PF, Part II, line 14b

If the organization was not required to complete one of these IRS Forms, or filed an IRS Form 990-N, this figure will need to be calculated from the organization's accounting records, but the 990/990EZ can be used as worksheets to determine the amount to report.

13. Amount Subject to Net Assets or Fund Balances Fee

Subtract line 12 from line 11. If the result is less than \$50,000 enter \$0 on line 13. If the result is more than \$20,000,000 enter \$20,000,000.

Example #1	line 11	\$ 100,000	
	line 12	(25,000)	
		75,000	
	line 13		<u>\$ 75,000</u>

Example #2	line 11	\$ 100,000	
	line 12	(80,000)	
		20,000	
	line 13		<u>\$ 0</u>

Important Note—If the organization is filing a short report of less than one year due to a change in accounting periods, the amount entered on line 13 should be prorated by the number of months covered by the report. To determine the prorated amount, divide the amount determined above by 12 and multiply by the number of months covered by the short report. No similar proration should be made if the short report is due to the initial or final reporting period.

14. Net Assets or Fund Balances Fee

Multiply the amount subject to a Net Assets or Fund Balances fee from line 13 by .0001 and enter this figure on line 14. Round to the nearest whole dollar. If the result is less than \$5 enter \$0. If the amount is more than \$2,000 enter \$2,000.

15. Late Fees

If the report is not filed or the fee is not paid by the due date (or the extended due date), an initial late fee of \$20 will be due. If the report or payment remains outstanding more than 13 months past the end of the fiscal year covered by the report, the late fee will increase to \$50. If the delinquency is not corrected within 16 months of the end of the fiscal year covered by the report, the late fee increases to \$100.

Late Fee Schedule

Fiscal Year End Dates	Late Report Received Before This Date	Late Report Received Between These Dates	Late Report Received After This Date
Late Fee:	\$20	\$50	\$100
12/31/24	2/1/26	2/1/26-4/30/26	4/30/26
1/31/25	3/1/26	3/1/26-5/31/26	5/31/26
2/28/25	4/1/26	4/1/26-6/30/26	6/30/26
3/31/25	5/1/26	5/1/26-7/31/26	7/31/26
4/30/25	6/1/26	6/1/26-8/31/26	8/31/26
5/31/25	7/1/26	7/1/26-9/30/26	9/30/26
6/30/25	8/1/26	8/1/26-10/31/26	10/31/26
7/31/25	9/1/26	9/1/26-11/30/26	11/30/26
8/31/25	10/1/26	10/1/26-12/31/26	12/31/26
9/30/25	11/1/26	11/1/26-1/31/27	1/31/27

10/31/25	12/1/26	12/1/26-2/28/27	2/28/27
11/30/25	1/1/27	1/1/27-3/31/27	3/31/27

The above late fees apply automatically and cannot be waived. The Department has the authority to obtain additional civil penalties against the organization and its officers and directors or take other administrative action in connection with the failure to file timely and complete reports.

16. Total Amount Due

Add lines 10, 14, and 15. This is the total amount due. Make check or money order payable to the "Oregon Department of Justice". Do not send cash. Mail payment together with the report to:

**Charitable Activities Section
Oregon Department of Justice
100 SW Market Street
Portland, Oregon 97201-5702**

Important Note—Indicate on the check the organization's 4 or 5-digit Oregon Department of Justice registration number. The registration number is located on line 1 of the preprinted Form CT-12 or can be obtained by contacting the Charitable Activities Section or looking up the charity on our website at <https://justice.oregon.gov/Charities>.

17. IRS Forms, Schedules, and Attachments

All organizations must attach a complete copy of all forms, supporting schedules, and attachments filed with the IRS, except publicly-supported charities are not required to attach Schedule B, Listing of Contributors.

Even if your organization is not required to file a Form 990, 990-EZ, or 990-PF with the IRS, if the organization's revenues or net assets exceed certain thresholds, it may be required to complete one of these forms for Oregon purposes to meet the Charitable Activities Section's filing requirements.

In general, if your organization's total revenues are at least \$50,000, or its assets are more than \$100,000, you may be asked to complete a 990-EZ or 990 for Oregon purposes only. If the organization has not filed the form with the IRS, it should note on the form that it is for Oregon purposes only.

Additional instructions are provided below for 990-N filers and for organizations that do not file any type of 990 with the IRS.

For 990-N Filers—If your organization does not complete an IRS Form 990 or 990-EZ because it files an IRS form 990-N, the Charitable Activities Section will consider suspending the requirement to file a Form 990 or 990-EZ for Oregon purposes upon request.

If the organization files an IRS Form 990-N because its gross receipts are normally \$50,000 or less, but its assets are more than \$100,000, please contact this office in writing if you would like the Charitable Activities Section to consider suspending the requirement to file an IRS Form 990 or 990-EZ for Oregon purposes. The amount of assets in excess of \$100,000 is material to consideration of suspension requests. Please include a balance sheet or similar statement listing your assets to expedite review of your request.

For organizations that do not file a 990/990EZ/990-N with the IRS. Please attach to your CT-12 a copy of your Form 1120 or other return your organization has filed with the IRS for the reporting period. We will contact you if this office determines that a 990-EZ or 990 is required for Oregon purposes.

Important Note— Organizations that file Form 990 or 990-EZ with the IRS are not required to attach the Schedule B listing of contributors to filings with the Charitable Activities Section. However, if voluntarily submitted, the schedule of contributors may be made available for public inspection.

This exclusion does not apply to Form 990-PF filers who must submit their schedule of contributors (Schedule B).

Important Note for CPAs/Paid Preparers/Beneficiaries – Forms submitted to this office become a public record. In order to protect the privacy of named individuals, you should redact Social Security Numbers (if used) from the copy of the IRS Form 990/990-EZ/990-PF/5227/1041-A (Schedule K) submitted to this office. 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.

Signature Block

To complete the return, an authorized officer must sign in the space provided. For a corporation or association, this officer may be the president, vice president, treasurer, chief executive officer, executive director, chief financial officer, or other corporate officer, such as tax officer. A trustee, receiver, or assignee must sign any return he or she files for a trust. Power of Attorney signature is not accepted.

In the paid preparer's information section, include the name, daytime phone number, and address of any person who was paid by the organization to complete this report. Please include the name of the individual person who assisted in the preparation of the report in addition to the name of their firm.

Contact the Following Agencies for Assistance

Charitable Activities Section

Oregon Department of Justice
100 SW Market Street
Portland, Oregon 97201-5702
Phone: (971) 673-1880
TTY: (800) 735-2900
Fax: (971) 673-1882
Email: charitable@doj.oregon.gov
Website: <https://www.doj.state.or.us>

Issues

- Questions about annual reports for charitable organizations-Forms CT-12, CT-12F, and CT-12S
- Registration of charitable organizations and trusts
- Merging nonprofit organizations
- Dissolving nonprofit organizations
- Reporting illegal activity by nonprofit organizations
- Serving as a board member of a nonprofit organization
- Information about charitable organizations and copies of annual reports
- Questions about raffles and other charitable gaming

Forms

- RF-C, Registration Form for Charitable Organizations
- RF-T, Registration Form for Trusts
- CT-12, Annual Report Form for Oregon Charities
- CT-12F, Annual Report Form for Foreign Charities
- CT-12S, Annual Report Form for Split-Interest Trusts
- Closing Form

Publications

- Oregon Wise Giving Guide
- A Guide to Non-Profit Board Service in Oregon

Oregon Revised Statutes

- Chapter #65, Nonprofit Corporations
- Chapter #128, Trusts; Charitable Activities
- Chapter #130, Uniform Trust Code
- Chapter #464, Charitable Gaming
- Chapter #646, Trade Practices & Antitrust Regulation

Oregon Administrative Rules

- Chapter #137-010-0005 *et seq.*

Internal Revenue Service

Phone: (877) 829-5500
Website: <https://www.irs.gov/charities-and-nonprofits>

Issues

- Obtaining federal tax identification number or federal tax-exempt status
- Completing federal tax forms

Forms

- 990, Return of Organization Exempt From Income Tax
- 990-EZ, Short Form - Return of Organization Exempt From Income Tax
- 990-PF, Return of Private Foundation
- 990-T, Exempt Organization Business Income Tax Return
- 1023/1023-EZ, Application for Recognition of Exemption Under §501(c)(3)
- 1024, Application for Recognition of Exemption Under §501(a)
- 1041, U.S. Income Tax Return for Estates and Trusts
- 1041-A, U.S. Information Return - Trust Accumulation of Charitable Amounts
- 1128, Application to Adopt, Change, or Retain a Tax Year
- 4720, Return of Certain Excise Taxes on Charities and Other Persons
- 5227, Split-Interest Trust Return
- 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation
- 8822, Change of Address
- 8868, Application for Extension of Time to File an Exempt Organization Return
- 8976, Notice of Intent to Operate Under Section 501(c)(4)

Publications

- Pub. 526, Charitable Contributions
- Pub. 538, Accounting Periods and Methods
- Pub. 557, Tax-Exempt Status for Your Organization
- Pub. 583, Starting a Business and Keeping Records
- Pub. 598, Tax on Unrelated Business Income of Exempt Organizations
- Pub. 3079, Gaming Publication for Tax-Exempt Organizations
- Pub. 4220, Applying for 501(c)(3) Tax-Exempt Status
- Pub. 4221, Compliance Guide for 501(c)(3) Organizations

Oregon Secretary of State Corporation Division

Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
Phone: (503) 986-2200
Website: <https://sos.oregon.gov/business/Pages/default.aspx>

Issues

- Forming a new corporation
- Merging nonprofit corporations
- Dissolving nonprofit corporations
- Amending articles of incorporation
- Obtaining copies of filed articles of incorporation and amendments

Forms

- Articles of Incorporation
- Assumed Business Name Registration
- Articles of Amendment
- Restated Articles
- Articles of Dissolution
- Revocation of Dissolution
- Application for Authority to Transact Business

Publications

- Oregon Business Guide

Oregon Department of Revenue

Revenue Building
955 Center St. NE
Salem, OR 97301-2555
Phone: (503) 378-4988 and (800) 356-4222
Website: <https://www.oregon.gov/DOR>

Issues

- State taxation and filing requirements

Forms

- 20, Oregon Corporation Excise Tax Return
- 41, Oregon Fiduciary Income Tax Return

State of Oregon

Website: <https://www.oregon.gov>

Return of Organization Exempt From Income Tax

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

2024

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

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

C Name of organization MAMA BABY INTERNATIONAL
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 3061
 City or town, state or province, country, and ZIP or foreign postal code
NEWBERG, OR 97132

D Employer identification number
27-2044727

E Telephone number
(503) 998-4627

F Name and address of principal officer:
JENNIFER GALLARDO, 21865 NE HIDDEN SPRINGS RD, DUNDEE, OR 97115

G Gross receipts \$ 818,874.

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.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: https://mamababyhaiti.org/

K Form of organization: Corporation Trust Association Other

L Year of formation: 2010

M State of legal domicile: OR

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE PRENATAL, BIRTH, POSTPARTUM AND PEDIATRIC CARE AT A BIRTH CENTERS LOCATED IN UNDER PRIVILEGED AREAS OF GREAT NEED. TO TEACH PRENATAL HEALTH, NUTRITION, HYGIENE, CHILDBIRTH, BREAST FEEDING, CONTRACEPTION METHODS AND OTHER HEALTH RELATED TOPICS TO PEOPLE OF THESE AREAS WHO OTHERWISE WOULD NOT HAVE ACCESS. TO PROVIDE SAFE WATER AND QUALITY FOOD TO PATIENTS AT THEIR APPOINTMENTS, CLASSES AND DURING POSTPARTUM STAY.</u>		
	2 Check this box <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
	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)	855,843.	813,073.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,173.	5,801.
	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)	868,016.	818,874.
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)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	12,937.	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,037,423.	752,456.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,037,423.	752,456.
19 Revenue less expenses. Subtract line 18 from line 12	-169,407.	66,418.	
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)	271,636.	286,580.
	22 Net assets or fund balances. Subtract line 21 from line 20	104,584.	105,684.
		167,052.	180,896.

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 _____ Date _____
JENNIFER GALLARDO, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Preparer's name Paul A Godfrey Preparer's signature Paul A Godfrey Date 04/28/2025 Check if self-employed PTIN P01700812
 Firm's name Godfrey Business Consulting Service Firm's EIN 47-2653085
 Firm's address 4810 Betty Lou Dr, San Antonio, TX 78229 Phone no. (210) 560-0404

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE PRENATAL, BIRTH, POSTPARTUM AND PEDIATRIC CARE AT A BIRTH CENTERS LOCATED IN UNDER PRIVILEGED AREAS OF GREAT NEED. TO TEACH PRENATAL HEALTH, NUTRITION, HYGIENE, CHILDBIRTH, BREAST FEEDING, CONTRACEPTION METHODS AND OTHER HEALTH RELATED TOPICS TO PEOPLE OF THESE AREAS WHO OTHERWISE WOULD NOT HAVE ACCESS. TO PROVIDE SAFE WATER AND QUALITY FOOD TO PATIENTS AT THEIR APPOINTMENTS, CLASSES AND DURING POSTPARTUM STAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 156,309. including grants of \$ 0.) (Revenue \$ 4,000.)

Donations were made by Donors to build a birth center facility, rather than paying lease expenses.

4b (Code: _____) (Expenses \$ 636. including grants of \$ 0.) (Revenue \$ 1,801.)

Mama Baby Haiti Children Donation. Education support services

4c (Code: _____) (Expenses \$ 438,204. including grants of \$ 0.) (Revenue \$ 807,272.)

General Fund. Community Service Support

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 595,149.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 7		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____ OR _____
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 JENNIFER GALLARDO, P.O. BOX 3061, NEWBERG, OR 97132 (503) 998-4627

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER GALLARDO CO-FOUNDER FUNRAISING	20.00	X								
(2) PATRICIA COUCH CO-FOUNDER MIDWIFERY SCHOOL DIRECTOR	20.00	X								
(3) KAELI CREED SECRETARY	20.00									
(4) EDITH ETUWEWE BAKER VOLUNTEER COORDINATOR	20.00			X						
(5) JULIE SHIVLEY TREASURER	20.00			X						
(6) CARMELLE MOISE IN COUNTRY CLINIC DIRECTOR	20.00			X						
(7) TRISTA SLOWIK DONOR RELATIONS	20.00									
(8) RENEE SICIGNANO CHAIR - BOARD OF DIRECTORS	20.00									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	813,073.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		813,073.				
	Program Service Revenue				Business Code			
2a		Build a Birth Center	813920	4,000.	4,000.	0.	0.	
b		MBH Children Donation	611710	1,801.	1,801.	0.	0.	
c								
d								
e								
f		All other program service revenue . . .						
g	Total. Add lines 2a-2f		5,801.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions		818,874.	5,801.	0.	0.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,515.	0.	19,515.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	12,937.	0.	0.	12,937.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,720.	0.	8,720.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	192.	0.	192.	0.
b CLINIC EQUIPMENT	2,761.	2,761.	0.	0.
c CAP HAITI CLINIC REPAIRS	4,044.	4,044.	0.	0.
d				
e All other expenses	704,287.	668,955.	35,332.	0.
25 Total functional expenses. Add lines 1 through 24e	752,456.	675,760.	63,759.	12,937.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,341.	1	92,664.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 193,916.		
	b Less: accumulated depreciation	10b	269,295.	10c 193,916.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		271,636.	16 286,580.	
Liabilities	17 Accounts payable and accrued expenses		17	2,100.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	104,584.	23	103,584.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		104,584.	26 105,684.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	167,052.	27	180,896.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	167,052.	32	180,896.
33 Total liabilities and net assets/fund balances	271,636.	33	286,580.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	818,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	752,456.
3	Revenue less expenses. Subtract line 2 from line 1	3	66,418.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,052.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-52,574.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	180,896.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		