CHENLA CHILDREN'S HEALTH, INC.

FINANCIAL STATEMENTS & SUPPLEMENTARY INFORMATION

YEAR ENDED DECEMBER 31, 2023

CHENLA CHILDREN'S HEALTH, INC.

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ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors Chenla Children's Health, Inc. Louisville, Kentucky

Management is responsible for the accompanying financial statements of Chenla Children's Health, Inc. (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets – cash basis as of December 31, 2023, and the related statement of revenues, expenses, and other changes in net assets – cash basis for the year then ended in accordance with the cash basis of accounting, and for determining that the cash basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the cash basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's assets, liabilities, net assets, revenues, and expenses. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The supplementary information contained in the schedules of revenues and expenses – cash basis is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

November 12, 2024

CHENLA CHILDREN'S HEALTH, INC. STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS – CASH BASIS DECEMBER 31, 2023 SEE ACCOUNTANT'S COMPILATION REPORT

ASSETS	
CURRENT ASSETS	
Cash	\$ 912,634
Total current assets	912,634
PROPERTY & EQUIPMENT	
Medical equipment	240,774
Vehicles	<u>68,476</u>
	309,250
Less – accumulated depreciation	84,669
	224,581
TOTAL ASSETS	\$ <u>1,137,215</u>
NET ASSETS	
Without donor restrictions	\$ 964,515
With donor restrictions	172,700
Total net assets	1,137,215
Total fiel assets	1,137,215
TOTAL LIABILITIES AND NET ASSETS	\$ <u>1,137,215</u>

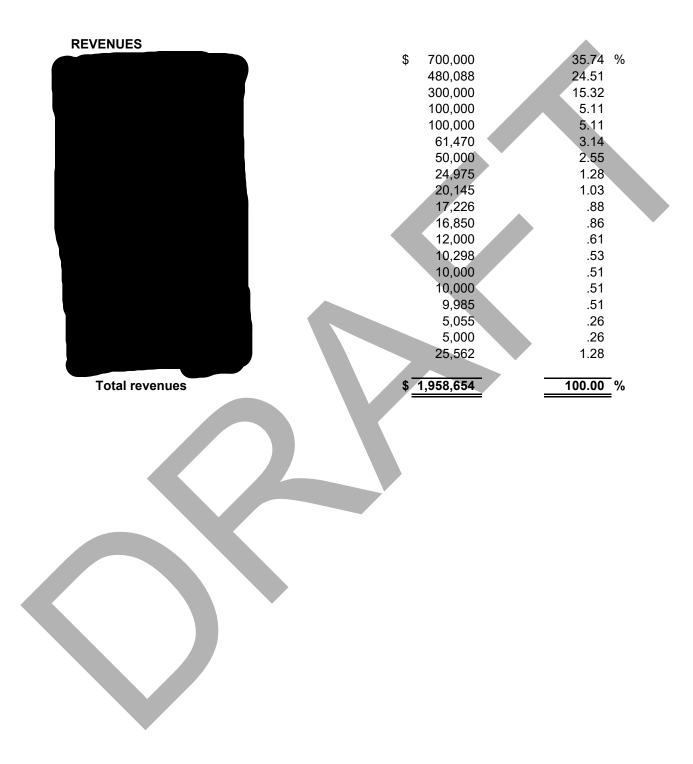
CHENLA CHILDREN'S HEALTH, INC. STATEMENT OF REVENUES, EXPENSES, AND OTHER CHANGES IN NET ASSETS – CASH BASIS YEAR ENDED DECEMBER 31, 2023 SEE ACCOUNTANT'S COMPILATION REPORT

	Without	
	Donor With Donor Restrictions Restrictions	Total
REVENUES		
Total revenues before releases Net assets released from restrictions	\$ 1,518,654 \$ 440,000 307,300 (307,300) 420,700	\$ 1,958,654
Total revenues	1,825,954 132,700	1,958,654
EXPENSES		
Total program expenses	1,378,230	1,378,230
Total general and administrative expenses Total expenses	<u>151,626</u> <u>1,529,856</u>	151,626 1,529,856
CHANGE IN NET ASSETS	296,098 132,700	428,798
NET ASSETS – BEGINNING OF YEAR	668,417 40,000	708,417
NET ASSETS – END OF YEAR	\$ <u>964,515</u> \$ <u>172,700</u>	\$

SUPPLEMENTARY INFORMATION

CHENLA CHILDREN'S HEALTH, INC.

CHENLA CHILDREN'S HEALTH, INC. SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS YEAR ENDED DECEMBER 31, 2023



CHENLA CHILDREN'S HEALTH, INC. SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS YEAR ENDED DECEMBER 31, 2023

PROGRAM EXPENSES		
Salaries – administrative	\$ 45,270	2.31 %
Salaries – doctors	266,497	13.61
Salaries – nurses	377,001	19.25
Salaries – other medical staff	26,266	1.34
Salaries – non-medical	13,066	.67
Salaries – housekeeping	31,887	1.63
Salaries – directors	44,642	2.28
Tax expenses	34,411	1.76
FICA tax	7,389	.38
Directors 401(k)	40,000	2.04
Medicine	63,038	3.22
Medical supplies	73,929	3.77
Lab supplies	17,248	.88
Medical Equipment	15,168	.77
Facility improvements	267,300	13.65
Utilities – electricity	1,235	.06
Utilities – water	1,907	.10
Utilities – fuel	2,181	.11
Utilities – internet/phone	1,672	.09
Staff travel	14,338	.73
Patient services	3,151	.16
Delivery of medical equipment	18,935	.97
Other program expenses	11,699	.59
	,	
Total program expenses	\$ 1,378,230	70.37 %
GENERAL AND ADMINISTRATIVE EXPENSES	¢ 0.054	24 0/
Accounting fees	\$ 6,654	.34 %
Housekeeping supplies & materials	4,469	.23
Labor fees-promotion/bookkeeping/website	15,900	.81
Office rent	6,500	.33
Maintenance	2,529	.13
Fundraising Bank abargan	13,590	.69 .18
Bank charges	3,437	
Professional development	29,264	1.49
Small furniture & fixtures	5,210	.27 .14
Software & apps	2,721 701	.14 .04
Office supplies	488	.04 .02
Printing & photocopying		
General delivery, shipping & postage	520 549	.03
Advertising & marketing	549 40,351	.03 2.06
Depreciation		
Vehicle expense	1,620	.08
Other general/administrative expenses	17,123	.87
Total general and administrative expenses	\$ 151,626	7.74 %

A For the 2023

Address change Name

Initial

Final return/ termin-ated

Amended return

Check if applicable:

В

EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

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.

OMB No. 1545-0047 Open to Public Inspection

1,958,654

Yes X No

Department of the Treasury Internal Revenue Servi

ervice	Go to www.irs.gov/Form990 for instructions a	nd the latest in	formation.	Inspe
23 calend	ar year, or tax year beginning	and ending		
C Name of	forganization		D Employer identification	n number
	LA CHILDREN'S HEALTH, INC		01 004E27E	
Doing bu	usiness as CHENLA CHILDRENS HEALTH		81-0945375	
	and street (or P.O. box if mail is not delivered to street address) OAKVISTA PLACE	Room/suite	E Telephone number (502) 345-6	5575
City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,958
LOUI	SVILLE, KY 40245		H(a) Is this a group return	
F Name a	nd address of principal officer: WILLIAM HOUSWORTH	I	for subordinates?	🗌 Yes

Applica-tion pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CHENLACHILDRENS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 2016 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: CHENLA CHILDREN'S HEALTHCARE IS 1 Activities & Governance A COLLABORATIVE PROJECT WORKING TO PROVIDE HEALTHCARE TO THE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 2 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,396,663 1,958,654. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 9 Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,396,663 1,958,654 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 668,679. 886,429. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 13,590. b Total fundraising expenses (Part IX, column (D), line 25) 323,054. 643,427. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 991,733. 1,529,856. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 404,930. 428,798. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 708,417. 1,137,215 20 Total assets (Part X, line 16) Sà 0. 0. 21 Total liabilities (Part X, line 26) let 708,417. 137 ,215 22 Net assets or fund balances. Subtract line 21 from line 20 1

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.

	Willing Housinfort		11/11/2024								
Sign	Signature of officer				Date						
Here		RTH, DIRECT	OR								
	Type or print name and title										
	Print/Type preparer's name		Preparer's signature		Date	Check	PTIN				
Paid	GREGORY J. SMIT	гн	GREGORY J.	SMITH	11/11	/24 self-employed	P0064709	0			
Preparer		r. ROTH & C				Firm's EIN 61-	0480236				
Use Only	Firm's address 2100 GA	ARDINER LAN	E #207								
	LOUISVI	ILLE, KY 40	205			Phone no. (502) 459-81	.00			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	Paperwork Reduction Act N	Notice, see the separ	ate instructions.	332001 12-21-23			Form 990	(2023)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) CHENLA CHILDREN'S HEALTH, INC 81-0945375 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CHENLA CHILDREN'S HEALTHCARE IS A COLLABORATIVE PROJECT WORKING TO
	PROVIDE HEALTHCARE TO THE CHILDREN AND FAMILIES OF EASTERN CAMBODIA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ including grants of \$) (Revenue \$)
	CHENLA WORKS DIRECTLY WHERE THE HIGHEST CHILD MORTALITY IN CAMBODIA
	EXISTS.
4b	(Code:) (Expenses \$1, 418, 581. including grants of \$) (Revenue \$)
	CHENLA WORKS DIRECTLY TO STRENGTHEN THE LOCAL GOVERNMENT HEALTHCARE FACILITIES AND SYSTEM.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	CHENLA PROVIEDES HEALTHCARE TO CHILDREN IN CAMBODIA.
	<u>.</u>
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,418,581.
4e	Total program service expenses 1,418,581. Form 990 (2023)
332002	12-21-23
	3

08121111 757962 012481.00

2023.05000 CHENLA CHILDREN'S HEALTH, 012481.1

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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one			than o		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week (list any							. from the	from related organizations	other compensation
	hours for	direc				P		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	nal tri		loyee	ompe		1099-NEC)	×	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM HOUSWORTH	50.00	=	=	0	X	ен	щ			
DIRECTOR/PRESIDENT	50.00	x		х				21,440.	Ο.	20,000.
(2) NICOLAS GRUNDMANN	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
(3) TESSA BOUDRIE	3.00									
DIRECTOR	3.00	X						0.	0.	0.
		-	-	-			<u> </u>			n
		1								
332007 12-21-23	1. · · · · ·							r		Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

Form 990 (2023) CHENLA CI	HILDREN'	S	HE.	AL	TH	Ι,	IN	IC	81-09)453	375	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Es	timate	bd
	hours per		not ch unles					compensation	compensatio	I		ount	
	week		cer and					from	from related			other	
	(list any	ctor						the	organizations	s	com	pensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fr	om the	э
	related	tee ol	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
	organizations	l trus	nal tri		oyee	omp(1099-NEC)			and	d relate	əd
	below	ndividual trustee or director	Institutional trustee	er	Key employee	lest c	ner				orga	nizatio	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
										-+			
				_						\rightarrow			
										\rightarrow			
										$ \rightarrow $			
1b Subtotal								21,440.		0.	20),00	00.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								21,440.		0.	20),00	
2 Total number of individuals (including but n									000 of reportable				
compensation from the organization		030	noted	4 40		<i>y vvii</i>	010						0
compensation nom the organization												Yes	No
3 Did the organization list any former officer,	director truct			mol	0.100	0 0r	hia	hast componented ampl	0,000 00	Г		100	
the state in the state is the state of the s								CONTRACTOR CONTRACTOR STORAGE STORAGE STORAGE		- 1	~		Х
line 1a? If "Yes," complete Schedule J for s											3	_	
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$150											4		<u>X</u>
5 Did any person listed on line 1a receive or a					-			•					
rendered to the organization? If "Yes." con	plete Schedule	e J fo	or su	ch p	Derse	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	epe	nder	t co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wit	hin	the organization's tax ye	ear.				
(A)								(B)			(C		
Name and business	address	NC	ONE	1				Description of s	ervices	C	omper	nsatior	<u>ו</u>
							+						
• Total number of independent contract	ooludiaa kut	+ 15	oit I	+	h - ·	- I'-'		abovo) who received	we there				
2 Total number of independent contractors (i		Jt IIN	nted	ιo t		1	lea	above) who received mo	ne man				
\$100,000 of compensation from the organi	zation				0	,						000	
										1	Form	990 (2	2023)

332008 12-21-23

Form	ו 99	0 (2	2023) CHENLA CHILD	REN'S HE	ALTH,	INC		81-0945	375 Page 9
Pa	rt \	/	Statement of Revenue						
			Check if Schedule O contains a response	e or note to any	line in this	Part VIII			
						(A)	(B)	(C)	(D) Revenue excluded
					Tota	l revenue	Related or exempt function revenue	Unrelated business revenue	
							lunction revenue	business revenue	sections 512 - 514
s s	1	2	Federated campaigns 1a						
ant	· ·				-				
5 g					-				
Contributions, Gifts, Grants and Other Similar Amounts			• • • • • • • • • • • • • • • • • • • •		_				
iar Iar			Related organizations 1d		_				
sin,			Government grants (contributions) 1e		_				
er io		f	All other contributions, gifts, grants, and						
ibu the			575.55	.,958,654	•				
t o		g	Noncash contributions included in lines 1a-1f			and street of the Aut			
a S		h	Total. Add lines 1a-1f		<u>1,95</u>	8,654.			
				Business Cod	le				
ø	2	а							
Ś		b							
Ser		č							
E Ja									
Program Service Revenue		d		-	_				
ŗ		e	AU						
<u>н</u>			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, inte	erest, and					
			other similar amounts)						
	4		Income from investment of tax-exempt bond	l proceeds					
	5		Royalties						
			(i) Real	(ii) Persona	1				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)	•					
	7		Gross amount from sales of (i) Securities						
	ľ	a	assets other than inventory 7a		-				
		6	Less: cost or other basis		-				
		D	62 6						
venue			and sales expenses		_				
eve			Gain or (loss)						
۳,			Net gain or (loss)	·····					
Other R	8	а	Gross income from fundraising events (not						
đ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	За					
		b	Less: direct expenses	Bb					
			Net income or (loss) from fundraising events						
	9	а	Gross income from gaming activities. See						
				9a					
		þ		9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns						
	0	a	-	02					
		L.	and allowances1	0a Ob					
			J	•					
-+	-	С	Net income or (loss) from sales of inventory						
S				Business Coc	16				
le el	11	а		-					
ant		b		-	_				
scellaneo <u>Revenue</u>		С			_				
Miscellaneous Revenue			All other revenue		_				
2		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>	<u>1,95</u>	8,654.	0.	0.	0.
33200	9 12	-21-							Form 990 (2023)

332009 12-21-23

CHENLA CHILDREN'S HEALTH, INC 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 Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. Total expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Total expenses 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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			
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			
 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 			
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			
 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 			
 trustees, and key employees 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 			
 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 804,629. 			
persons described in section 4958(c)(3)(B)			
7 Other salaries and wages 804,629.			
8 Pension plan accruals and contributions (include	804,629.		
	40,000.		
section 401(k) and 403(b) employer contributions) 40,000.	40,000.		
10 Payroll taxes 41,800.	41,800.		
11 Fees for services (nonemployees):			
a Management			
b Legal			
c Accounting 6,654.		6,654.	
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 Sch 0.)			
12 Advertising and promotion 549.		549.	
13 Office expenses 18,645.		18,645.	
14 Information technology			
15 Royalties			
16 Occupancy 6,500.		6,500.	
17 Travel	14,338.		
18 Payments of travel or entertainment expenses			
for any federal, state, or local public officials			
19 Conferences, conventions, and meetings 20 Interest			
20 Interest 21 Payments to affiliates			
22 Depreciation, depletion, and amortization 40,351.	40,351.		
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 0.)			
a FACILITY IMPROVEMENTS 267,300.	267,300.		
b MEDICAL SUPPLIES 169,383.	169,383.		
c TRAINING 29,264.		29,264.	
d DELIVERY 18,935.	18,935.		
e All other expenses 71,508.	21,845.	36,073.	13,590.
25 Total functional expenses. Add lines 1 through 24e 1,529,856.	1,418,581.	97,685.	13,590.
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 if following SOP 98-2 (ASC 958-720)			

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332010 12-21-23

Form 990 (2023)

Form 990 (2023	i)	
Part X	Ba	lance Sheet	

I U							
		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			497,069.	1	912,634.
	2	•			19770090	2	512,0510
	3	Savings and temporary cash investments				3	
	4	Pledges and grants receivable, net				4	
	5	Accounts receivable, net Loans and other receivables from any current or former officer, director,					
	J	trustee, key employee, creator or founder, substantial contributor, or 35%					
						5	
	6					Ĵ	
	Ŭ	under costion $4050(0(1))$ and persons described in costion $4050(0)(0)(0)$				6	
	7					7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	309,250.			
	b	Less: accumulated depreciation	10b	84,669.	211,348.	10c	224,581.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			708,417.	16	1,137,215.
	17	Accounts payable and accrued expenses				17	
	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	
s	22						
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
iabi		controlled entity or family member of any of thes	e persons			22	
	23	Secured mortgages and notes payable to unrela	ted third pa	arties		23	
	24	Unsecured notes and loans payable to unrelated	es		24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
G		Organizations that follow FASB ASC 958, che	ck here				
ICe		and complete lines 27, 28, 32, and 33.					
alar	27					27	
ΪB	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, check	here X			
Ĕ		and complete lines 29 through 33.			0		0
ets c	29	Capital stock or trust principal, or current funds	0.	29	0.		
sse	30	Paid-in or capital surplus, or land, building, or ec	708,417.	30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	708,417.	31	<u>1,137,215.</u> 1,137,215.		
ž	32	Total net assets or fund balances			708,417.	32 33	1,137,215.
	33	Total liabilities and net assets/fund balances			/00,41/•	33	$\underline{1, 137, 213}$

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