

CHENLA CHILDREN'S HEALTH, INC.
FINANCIAL STATEMENTS
& SUPPLEMENTARY INFORMATION
YEAR ENDED DECEMBER 31, 2022

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, 2022, 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.

October 31, 2023

CHENLA CHILDREN'S HEALTH, INC.
STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS – CASH BASIS
DECEMBER 31, 2022
SEE ACCOUNTANT'S COMPILATION REPORT

ASSETS	
CURRENT ASSETS	
Cash	\$ <u>497,069</u>
Total current assets	497,069
 PROPERTY & EQUIPMENT	
Medical equipment	187,190
Vehicles	<u>68,476</u>
	255,666
Less – accumulated depreciation	<u>44,318</u>
	<u>211,348</u>
 TOTAL ASSETS	 \$ <u><u>708,417</u></u>
 NET ASSETS	
Without donor restrictions	\$ 668,417
With donor restrictions	<u>40,000</u>
Total net assets	<u>708,417</u>
 TOTAL LIABILITIES AND NET ASSETS	 \$ <u><u>708,417</u></u>

**CHENLA CHILDREN'S HEALTH, INC.
STATEMENT OF REVENUES, EXPENSES, AND
OTHER CHANGES IN NET ASSETS – CASH BASIS
YEAR ENDED DECEMBER 31, 2022
SEE ACCOUNTANT'S COMPILATION REPORT**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUES			
Total revenue before releases	\$ 412,618	\$ 984,045	\$ 1,396,663
Net assets released from restrictions	<u>944,045</u>	<u>(944,045)</u>	
Total revenue	1,356,663	40,000	1,396,663
EXPENSES			
Total program expenses	901,036		901,036
Total general and administrative expenses	<u>90,697</u>		<u>90,697</u>
Total expenses	<u>991,733</u>		<u>991,733</u>
CHANGE IN NET ASSETS	364,930	40,000	404,930
NET ASSETS – BEGINNING OF YEAR	<u>303,487</u>		<u>303,487</u>
NET ASSETS – END OF YEAR	<u>\$ 668,417</u>	<u>\$ 40,000</u>	<u>\$ 708,417</u>

CHENLA CHILDREN'S HEALTH, INC.

SUPPLEMENTARY INFORMATION

**CHENLA CHILDREN'S HEALTH, INC.
SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS
YEAR ENDED DECEMBER 31, 2022**

REVENUES



\$ 400,000	28.64 %
394,045	28.21
190,000	13.60
100,000	7.16
61,470	4.40
50,000	3.58
50,000	3.58
25,694	1.84
24,975	1.79
18,500	1.32
14,000	1.00
12,000	.86
10,000	.72
6,899	.49
39,080	2.81
\$ <u>1,396,663</u>	<u>100.00</u> %

Total revenue

CHENLA CHILDREN'S HEALTH, INC.
SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS
YEAR ENDED DECEMBER 31, 2022

PROGRAM EXPENSES

Salaries & wages	\$ 46,250	3.31 %
Salaries – administrative	36,608	2.62
Salaries – doctors	183,003	13.10
Salaries – nurses	255,366	18.28
Salaries – other medical staff	15,200	1.09
Salaries – non-medical	8,567	.61
Salaries – housekeeping	19,295	1.38
Salaries – directors	38,142	2.73
Tax expenses	40,085	2.87
FICA tax	6,163	.44
Directors 401(k)	20,000	1.43
Medicine	58,495	4.19
Medical supplies	73,183	5.24
Lab supplies	20,011	1.43
Medical Equipment	17,535	1.26
Facility improvements	12,833	.92
Utilities – electricity	420	.03
Utilities – water	1,258	.09
Utilities – fuel	1,772	.13
Utilities – internet/phone	2,196	.16
Staff travel	14,418	1.03
Patient services	2,677	.19
Delivery of medical equipment	18,625	1.33
Other program expenses	8,934	.65
Total program expenses	\$ <u>901,036</u>	<u>64.51</u> %

GENERAL AND ADMINISTRATIVE EXPENSES

Accounting fees	\$ 6,923	.50 %
Housekeeping supplies & materials	4,217	.30
Labor fees-promotion/bookkeeping/website	17,000	1.22
Office rent	5,600	.40
Maintenance	2,490	.18
Fundraising	2,952	.21
Bank charges	3,732	.27
Professional development	3,268	.23
Memberships & subscriptions	1,300	.09
Software & apps	2,060	.15
Office supplies	627	.04
Printing & photocopying	425	.03
General delivery, shipping & postage	930	.07
Advertising & marketing	3,351	.24
Depreciation	21,734	1.56
Vehicle expense	5,146	.37
Other general/administrative expenses	8,942	.64
Total general and administrative expenses	\$ <u>90,697</u>	<u>6.50</u> %

Return of Organization Exempt From Income Tax

Form **990**

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHENLA CHILDRENS HEALTH INC		D Employer identification number 81-0945375
	Doing business as CHENLA CHILDRENS HEALTH		E Telephone number (502) 345-6575
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,396,663.
	3607 OAKVISTA PLACE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40245		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: WILLIAM HOUSWORTH SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHENLACHILDRENS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2016	M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHENLA CHILDREN'S HEALTHCARE IS A COLLABORATIVE PROJECT WORKING TO PROVIDE HEALTHCARE TO THE		
	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	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a 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)	959,796.	1,396,663.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	959,796.	1,396,663.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		522,012.	668,679.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		2,952.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		386,603.	323,054.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	908,615.	991,733.	
19 Revenue less expenses. Subtract line 18 from line 12	51,181.	404,930.	
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)	303,487.	708,417.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		303,487.	708,417.

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		
	WILLIAM HOUSWORTH, DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GREGORY J. SMITH	GREGORY J. SMITH	10/31/23		P00647090
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	LOUIS T. ROTH & CO., PLLC 2100 GARDINER LANE #207 LOUISVILLE, KY 40205	61-0480236		(502) 459-8100	

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: 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? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) CHENLA WORKS DIRECTLY WHERE THE HIGHEST CHILD MORTALITY IN CAMBODIA EXISTS.

4b (Code:) (Expenses \$ 922,770. including grants of \$) (Revenue \$) CHENLA WORKS DIRECTLY TO STRENGTHEN THE LOCAL GOVERNMENT HEALTHCARE FACILITIES AND SYSTEM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) CHENLA PROVIDES HEALTHCARE TO CHILDREN IN CAMBODIA.

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

4e Total program service expenses 922,770.

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 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) WILLIAM HOUSWORTH DIRECTOR/PRESIDENT	50.00 50.00	X		X				20,628.	0.	10,000.
(2) NICOLAS GRUNDMANN DIRECTOR	3.00 3.00	X						0.	0.	0.
(3) TESSA BOUDRIE DIRECTOR	3.00 3.00	X						0.	0.	0.

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 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			
1b Subtotal							20,628.	0.	10,000.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							20,628.	0.	10,000.	

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 0

	Yes	No
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>		X
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>		X
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>		X

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
NONE		

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 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	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	1,396,663.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,396,663.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
			6a				
			6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
			8a				
8b							
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			1,396,663.	0.	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	602,431.	602,431.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,000.	20,000.		
9 Other employee benefits				
10 Payroll taxes	46,248.	46,248.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,923.		6,923.	
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 O.)				
12 Advertising and promotion	3,351.		3,351.	
13 Office expenses	10,880.		10,880.	
14 Information technology				
15 Royalties				
16 Occupancy	5,600.		5,600.	
17 Travel	14,418.	14,418.		
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	21,734.	21,734.		
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 MEDICAL SUPPLIES	160,514.	160,514.		
b DELIVERY	18,625.	18,625.		
c CONTRACT LABOR	17,000.		17,000.	
d FACILITY IMPROVEMENTS	12,833.	12,833.		
e All other expenses	51,176.	25,967.	22,257.	2,952.
25 Total functional expenses. Add lines 1 through 24e	991,733.	922,770.	66,011.	2,952.
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	222,635.	1	497,069.
	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 255,666.		
	b Less: accumulated depreciation	10b 44,318.	80,852.	10c 211,348.
	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)		303,487.	16	708,417.
Liabilities	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	
	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		23	
	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		0.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	303,487.	31	708,417.
	32 Total net assets or fund balances	303,487.	32	708,417.
	33 Total liabilities and net assets/fund balances	303,487.	33	708,417.

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	1,396,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	991,733.
3	Revenue less expenses. Subtract line 2 from line 1	3	404,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	303,487.
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	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	708,417.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- 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

	Yes	No
2a	X	
2b		X
2c		X
3a		X
3b		

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