



ANNUAL REPORT 2012

TRANSITIONS - UPWARD & ONWARD

If you have ever wonder about the kinds of services and the quality of care Serving at the Crossroads delivers at the Manos Amigas Clinic in the Copan Region of southwestern Honduras, perhaps these pictures will help tell a portion of our story:

Remarkable transformations are taking place! Recalling our humble beginnings, look at what we are accomplishing today.

Before



Interim three-room clinic established in 2004

After



New clinic opened in 2010 offering expanded healthcare services on property purchased by SATC and deeded to MA for development as a medical campus.

Before



Poor diets and lack of dental hygiene frequently lead to multiple cavities and ultimately extractions

After



Introduction to good oral care, preventative measures and restorative dentistry can help teeth look like new

Before



Three-year old with a brain tumor

After



Three weeks after surgery in the US

Before



Diabetic with a foot infection that simply would not heal

After



25 days later after topical oxygen treatments and antibiotics

Before



Senior citizen with psoriasis, bacterial infection and conjunctivitis

After



Feeling much better and relieved of infection 21 days after treatment at the clinic

With these pictures, comes the hope that you will have an appreciation of where your gifts and contributions go, in helping to make the lives of people in this part of the world just a little bit better. The services SATC enables, are the result of generous contributions from our benefactors, given as gifts of love to the people of Honduras by individuals, organizations, companies and civic groups living in a very generous nation.

As a non-profit 501(c)3 charitable organization, SATC works in partnership with the Manos Amigas Clinic to provide quality medical and dental care to those who have less. Our model is one of aiding, informing and empowering local Hondurans to help Hondurans.

Quick Facts:

- *Clinic treated over 8,860 patients in 2012*
- *The total number of patients treated since inception of clinic services in 2004 is 60,647*
- *Twice as many women as men come to the clinic*
- *53% of the people who came to the clinic registered as new patients*
- *The majority of the people seeking dental services expect teeth to be extracted and are surprised to learn the clinic favors restorative dentistry and saving teeth*
- *Age distribution of patients evenly divided into three categories: 1- 14 yrs, 15 - 49 yrs and 50+*
- *People expect to pay a fee. No one is turned away for lack of resources and medications are included as prescribed by physician*
- *MA dental program is one of the few providing root canals for impoverished patients*

Executive Summary



I continually have to pinch myself to believe the things that are happening in SATC and the Honduran Clinic are real! Although we had high expectations for the clinic once it was built, it defied our wildest dreams that it would evolve and morph into the amazing type of facility that exists today, especially with its pace of development and the breadth and scope of programs offered. We are continually surprised by our donor's generosity and their willingness to help. Our modest efforts are blossoming with each blessing and contribution.

It is the desire of our Board of Directors to take advantage of technology, in moving forward with social media and creating greater awareness, wider dissemination of our tasks and accomplishments and to invite wider participation in program ventures that will aid in developing social infrastructure in Honduras. This will occur slowly, but incrementally as SATC realigns its board and looks for ways to attract greater resources.

In 2012, the hiring of a full-time director for the Manos Amigas Clinic, the reinvigoration of their board's leadership, and a decision to computerize has contributed to quicker communications, more effective cost and accounting procedures and movement towards sustainability as training progresses and staff gain in confidence about how to execute their daily tasks.

Although political turmoil and social unrest in Honduras caused many mission groups to abandon their activities in the country, at least for now, SATC continued to come with regularity and purpose to support Manos Amigas and its development. We wanted the community to recognize that our organization is a dependable resource in the Copan region for those having healthcare requirements that were not being addressed, even though four teams cancelled planned visits. A surgical team of Dental Specialists from Chester County, PA and Colorado's Summit in Honduras teams fulfilled their commitments to provide services to the clinic in 2012.

SATC was fortunate enough to introduce new additions and therapies to enhance the clinic's program. A larger electrical generator, the air-conditioning of an OR and patient recovery area, the procurement of surgical equipment, topical oxygen treatments for wounds that would not heal, construction of a guardhouse and the construction of the first playground module were new additions in 2012. Unfortunately, we were caught by surprise for the first two of three challenges that tested our mettle this year - 1) the Honduran government's new requirement for all NGOs to reregister their organizations and foundations - meaning Manos Amigas and SATC must jump through more administrative hoops to once again establish their bona fide, 2) the difficulties encountered in having specialized medical equipment repaired and 3) tightening the administrative reigns at the clinic on a young, dynamic and evolving institution.

Even though we faced a few difficulties, the clinic continues to thrive. Donors continue to support us as we took some big transitional strides to position us for the future, as you will see reported in this publication. I can truly say 2012 was a glorious year. Now, let's continue to move together - *Upward and Onward!*

Mike Tysowsky

Arrival of New Director



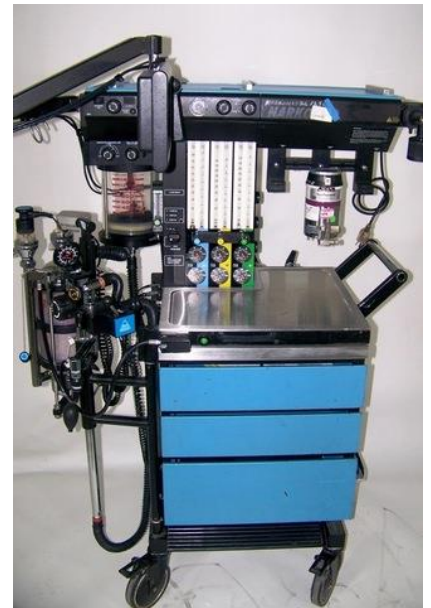
The most significant new development at the clinic this past year was the appointment of a new director. Rapid growth, expansion of programs in fulfillment of patient needs and staff additions were compelling forces for the addition of a full-time director. MA appointed Gaby Aguilar as the new director. Gaby has a passion for people with meager means and resources and whose families struggle to meet the challenges of everyday life in the Copan Region. Coming from a large family herself, Gaby is also of the generation of many of the staffers at the clinic and whose loyalty and respect she commands. She thinks strategically and is unafraid to reach out to various groups and organizations with whom SATC networks. Gaby speaks English well and is familiar with the euphemisms common in business and the bureaucratic environment in which the clinic must operate.

A more dependable electrical supply



In anticipation of the addition of an operating room in the near future, it was critically important to obtain a larger, more efficient generator that could handle the entire clinic instead of a few key areas. SATC is blessed with many friends, so when a phone call was received from Tech Serve, the contract missionary group who partnered with us to build the clinic, offering to procure a 120KV generator, we were elated. To maximize our resources, the unit

was towed from California to Little Rock, AK and then put aboard a common carrier truck for transport to our headquarters in West Chester, PA. Here the unit was modified for Honduran conditions under the auspices of West Chester Engineering Company, another generous supporter, before shipment to the clinic. Since its installation, the generator has been used frequently. It is reassuring to know that a steady supply of electricity is available, irrespective of what power interruptions occur in the community, to continue treating patients, many of whom walk several hours to reach the clinic and who depend upon the facility for healthcare services. It is vitally important to know that when we open an OR, we can continue with any on-going procedures without electrical disruption.



Acquisition of Anesthesia Machine and First Steps Toward Establishment of OR

The leaders of MA expressed interest in having a surgical procedures unit in the local community. The clinic would be the ideal location, except for the fact that there are no surgeons in the immediate area. From all indications, this was going to remain a dream for a long time - that is

until a few SATC board members met Dr. “T”. Dr. “T” is actually Dr. George Trajtenberg, a general surgeon at Chester County Community Hospital in West Chester, PA, very near to the headquarters location for SATC. Dr. Trajtenberg frequently conducted overseas surgical mission trips to the Caribbean. Hearing of our interests and the progress our organization made with the clinic in La Entrada, he made an exploratory trip to the facility, coming back very excited and convinced our board that we already had the spatial layout, and much of the equipment required for an Operating Room (OR) and patient recovery areas. He was ready to help obtain the additional items required and he would recruit a team of medical experts from the Pennsylvania area for mission trips to conduct outpatient surgeries in Honduras. Thus in late 2012, the first acquisitions of an operating table and a Drager anesthesia machine were made, in anticipation of receiving a mission team during the spring of 2013.

An air-conditioning unit was also purchased and a few modifications were made to the OR area. Although very expensive, overhead surgical lights would be ideal, they were beyond our financial means so we purchased mobile surgical lights that will be adequate for the short term.

Wound Therapy Program



The clinic’s introduction to wound healing and the donation of supplies for a new way of treating wounds through the use of topical oxygen was a blessing to clinic patients. SATC purchased a concentrator that produced the oxygen required to flow through a special sack covering a wound. This novel approach of applying topical oxygen to the skin’s surface to speed up healing was of great benefit to diabetics and patients with wounds that heretofore did not heal.

Clinic physicians saw healing take place in as little as three weeks! This therapy, especially when used in conjunction with anti-biotic, represents a new treatment regime for Hondurans.

The use of topical hyperbaric oxygen is a therapy not available to most Hondurans, especially those without financial means to pay for it. SATC was excited to make it available to clinic patients and to learn about the positive results achieved.

Swingin’ in Honduras

SATC extends its thanks to Alex Gadson, including scout leaders of Troop 93 and district scouting officials who sanctioned the “Swingin’ in Honduras” project, for the pursuit of his Eagle Scout Rank. His project involved the construction of a swing set, designed in an architectural style reminiscent of Mayan temples unearthed in an archeological park in the Copan Region of southwestern Honduras. This is a key piece in a modest size playground, under construction adjacent to our healthcare clinic that celebrates the contributions of the Mayan Indians, the indigenous peoples of this area, who were the forbearers of some of the patients coming to our *Manos Amigas* Clinic.



Alex directed his construction team, seeing that the various materials and parts were procured and/or shaped according to his plans, enabling the structure to be built, erected and then disassembled and packed for shipment to Honduras. Alex and some members of his troop plan to travel to the clinic in 2013 to reassemble the swing, working alongside of local stonemasons from the community who will aid in its erection.

SATC is the intermediate beneficiary of Alex's efforts as this project would have remained in the planning stages until an interested party came forward with the requisite interest, funding and skill- set to

initiate the building of the first module for this playground. Alex served as a catalyst in getting our planned program off the drawing board. Clinic visitors and patients will benefit directly as Alex's project will enable clinic staff to separate out patients from siblings, who typically accompany family members, and direct them to the playground where the swing will be located. This frees up staff and patient for examinations and medical tests without the added stress of having to attend to the children.

Drug Violence in Central America, Cancellation of Medical Teams Impact Clinic

Sensationalized headlines in US newspapers captured the attention of virtually all mission groups coming to Honduras this year. Our MA Clinic was especially impacted by the events as in-coming teams cancelled their trips. Cancellations are particularly troublesome in that much preparation goes into planning well before the groups arrive. We cannot be critical of groups wanting to protect themselves from risk or harmful circumstances while in the country. However, we all know there are no guarantees in our comings and goings while living out a fulfilling life, that we will not be confronted with unexpected circumstances that pose personal risk, if mismanaged. Consequently the easiest, risk adverse action that can be taken is to cancel the trip. It is far more difficult to keep going with the program as well as one can under the circumstances and without external help.

To be sure, the planes arriving in Honduras during 2012 were conspicuously empty, with most mission groups opting out of prior plans. Headlines like sensationalizing events around drug related murders, decrying certain cities in Honduras as murder capitals of the world, and the unfortunate death of a Peace Corps volunteer and the US government's removal of all Corps volunteers took their toll on missionary travel to the country. And then the US Department of State's Advisory admonition about traveling to the country was highly effective in reducing the number of visitors.

Events like these are particularly bothersome to local communities, many of whom are dependent upon their life-line of assistance from abroad. La Entrada and the MA Clinic were no different in their reaction to the headlines garnering world attention. They were appalled and impacted! In the local community, people were conspicuously absent from streets after dark and shops closed

earlier because of a lack of shoppers. Hotels were empty and small businesses dependent upon local foot traffic were impacted as well. This was a source of local concern. In rural areas like La Entrada, local residents saw none of the headline grabbing stories. Yes they had lived with Honduran-on-Honduran crime for years, but to their way of thinking, if a person avoided visiting unsavory places, traveling at night, abstained from drugs, and used common sense, then what did anyone have to fear? Most puzzling of all was why had their overseas “friends” abandoned their partnerships? To them, promises were given, commitments were made, expectations were high and now when they needed those services, they were unavailable.

Withstanding these unexpected occurrences, SATC representatives continued to come into the country to provide the linkages necessary to maintain programs, deliver supplies, procure equipment, network with institutions and to insure that service and programs continued, even if at a slightly reduced level. Unfortunately, the launching of a promised new service - eye surgeries and vision improvement had to be cancelled along with some of the services of specialists coming with medical teams. These reactions created a challenge for the clinic because in the local community, some of the people were starting to grumble about reliability and the inability to live up to commitments. However, at no time did the clinic cease operations or lack the necessary medications to provide for their patients. Surgical dental teams continued to come to the clinic and interestingly, more nursing students and dental students requiring a year of mandatory social practice prior to receiving their graduate degrees applied at the clinic for opportunities to serve. Our clinic took on a dental student and two student nurses.



Guard House Construction - A “Labor of Love” Initiated by Ted Gacomis & Volunteers With growth, comes the commitment to protect resources, patients and staff. Now that the property was fenced in and fronted with a wall of block pylons and metal pickets, Manos Amigas opted to have guards on the campus rather than an electronic surveillance system for security. The flow of patients and traffic was controlled through the gates by admission past a guard station. However the greater concern in rural areas is in the hours after darkness sets in.

Consequently, it was essential to provide a home for at least one of the guards to be on the premises virtually full-time. Construction was started by a visiting brigade of US volunteers working alongside local Honduran masons to build a home for the guard and his family. On-site security is a common occurrence in the country to protect valuable assets. Volunteers from Scranton, PA, working with a team of local stone masons under the



direction of US engineer, Ted Gacomis from Exton, PA, completed a modern, block and steel beam, Honduran-style two-bedroom home on the campus with electricity, in-door plumbing, shower and kitchen facilities. The house, within sight of the clinic and front gate, was completed in eight weeks at a cost of \$17,000 (USD). The guard with his family of four was delighted to move in. However, he insisted on “Honduranizing” the house with an outdoor sink or pila, lean-to stick shed and companion dog.

New Government Requirement for NGOs to Reregister

The year 2012 will be remembered for its administrative rigors. Discipline, repetitions and record-keeping protocols are patterns that do not come innately to Hondurans. Even their national government recognizes this. To stem the tide of shady business practices taking place in receiving containerized goods into the country, the government now requires that all Non-Governmental Organizations (NGOs) must re-register their entity through a complex and convoluted administrative process involving presentation of previous credentials, audits of accounts and financial records, site inspections, correction of existing deficiencies, declaration of tax status, examination of strategic plan, records of accomplishment, identification and registration of board members and presentation of meeting minutes.

According to this new law, multiple copies of the documentation must be prepared, translated into Spanish and submitted by an attorney representing the registrant. This process is laborious, expensive and unknown to our Honduran non-governmental partner, Manos Amigas, the foundation that operates the clinic, and to Serving at the Crossroads. Since SATC does not formally reside in Honduras, functions in a support role, owns no property or office there and relies on MA to carry out the program and to pay employees, our organization, is exempt from many of the administrative submission requirements. However, MA was subjected to complete compliance.

For SATC, this resulted in a lot of cajoling, advising and counseling of MA while it was engaged in exploring new administrative frontiers - understanding requirements, seeking legitimate legal representation, establishing rigid operational protocols and identifying bureaucratic offices and functionaries at an early time in the foundation’s developmental evolution. The entire process is expected to take 9 - 12 months before new credentials are issued.

Introduction to Audits, Job descriptions and Standard Operating Procedures (SOP’s)

Giving birth to a fully functioning medical center in Honduras requires greater structure and formality. Thus with growth comes additional personnel, more rules and greater complexities in managing supplies, people and patients. The time had arrived when SATC and MA staff recognized that we were no longer a one-room clinic operation, but had transitioned to an organizationally more diverse institution requiring formal job descriptions, protocols, standardized operating procedures and logistical accountabilities. Consequently, in a country where speed limits are regarded as suggestions rather than law, regimentation in the work place would surely be regarded as a cultural shock! Perhaps this is overstating the issues slightly, but defined ways of doing things needed to be instituted now. Otherwise, we would be tasked with breaking old habits.

An interpersonal skills seminar was held using an external facilitator to enable the staff to identify problem areas in the work place, discuss issues and suggest possible solutions. The process

allowed for team building and for ownership of problems. Although common in the US, this approach to interactive management is not widely practiced in Honduras.

It is important that every staff member have a clear understanding of what each employee does in their respective jobs and how it impacts and relates to other team members. The policies in place now address expectations - expectations for the employee and the patients. There are clearly defined hours when employees must be at the clinic, business hours when patients are seen and times when reports must be written and disseminated. Standardization, record keeping, inventory control and consistency in performance are key elements when trying to deliver uniformity of service. There are prescribed ways for maintaining instruments, cleaning of equipment, obtaining supplies and interacting with patients as well as with each other.

Computerization is still in its infancy in the country and at the clinic. An immediate need for documentation, information dissemination, fiscal control and greater frequency of government auditing for statistical purposes, assessment of taxes and routing out corruption are the drivers behind the necessity for rapid document retrieval and uniformity in record keeping of patient data, financial transactions and employee information. The clinic has a few computers, but more are essential along with training and appropriate software, to allow for transitioning from rudimentary manual recording of minimal information to greater data entry, allowing for more expansive information derived from data bases. This is a difficult task where many in the working population of this mostly rural country have little more than a fourth grade education. Thus, we are assisting Manos Amigas in seeking out and identifying younger people with the requisite academic, business and professional skills with a passion for serving their own people and who have potential to operate with greater efficiency in a more disciplined and increasingly sophisticated work environment.

Sending equipment out of Honduras to US for repair - red tape and lots of trouble

Who would have thought that returning a piece of equipment to the States for repair would be anything other than a routine task? In Honduras, it was anything but routine! The task entailed carefully cradling an electrocardiogram unit in a box with lots of padding, delivering it to the main FEDEX facility - in the country's second largest city, San Pedro Sula, also the nation's largest manufacturing center - filling out the standard overseas form, paying shipping fees and 24-hrs later it should show up at its destination, right? Not exactly! US authorities at customs confiscated the parcel because the appropriate documentation was not completed. Fortunately, the US-based equipment manufacturer was able to intercede, providing the documents and the equipment was released to them for repairs. Problem solved? Not exactly!

Repairs were made and the instrument was shipped back to the clinic, but this time, using United Parcel Service (UPS). End of story? Not exactly! This time the parcel was intercepted and held by UPS for the lack of appropriate documentation showing that a US manufactured instrument had been donated to the clinic, it resided at the clinic, but needed repairs and under warranty was returned to the US to correct its malfunctions and now was being returned back to Honduras where it will remain. All documents were provided. End of story? Not exactly!

UPS wanted additional shipping and handling fees plus taxes for the Honduran government on imported equipment. Manos Amigas (MA), the entity that runs the clinic is a tax-exempt Honduran non-governmental foundation. You guessed it - had to prove it with documentation. End of story? Not exactly!

MA was in the midst of reregistering the foundation as required by the government's new law, so no record of a currently registered foundation was on the "A" list. Consequently, numerous calls and appeals were made to the Honduran Embassy in Washington, DC including a personal visit to the First Lady of Honduras. The department heads of the taxing authority and the customs were prevailed upon by the First Lady. The parcel with the instrument would be released and delivered to the clinic. End of story? Not exactly! Someone in the custom's administrative chain did not get the word to release the parcel. Ugh! So upon paying for a few official approval stamps and a couple of months later, the equipment was back in operation at the clinic to help in saving lives.

End of story? Not so fast.....now a US manufactured sterilizer needs to return to the US for repairs!

LESSONS LEARNED: *even the best of equipment will break at some point; in third world countries, expect frustrations; people in high places might not be able to help; people and their actions are complicated; people are human; goodness requires humility and patience; we do not control timeliness - it's God's timetable.*



Mano a Mano National Conference in Wash, DC a Big Help to SATC and Manos Amigas

SATC participated in the November conference at the Honduran Embassy with the *Primera Dama*, the First Lady of Honduras, Rosa Elena Bonilla de Lobo and Jorge Ramon Hernandez, Ambassador to the US leading the way in frank, open discussion sessions. This was a one-on-one opportunity to display issues, express ideas and resolve problems encountered by non-profit organizations attending to programs in Honduras. The intent was to create understanding, problem solve and initiate practices that would expedite the services

provided by these organizations attending to the needs of people in a developing nation. The First Lady put the services of their embassy at our disposal and SATC has made consistent use of their staff to help resolve the myriad of challenges we face. As laborious as the task was, without their facilitation and guidance, Manos Amigas would not have been able to apply for its reregistration as a Honduran NGO without their help. As Rosa Elena said, "Honduras can not provide for its people without the \$1.8 B infusion of assistance from NGOs like Serving at the Crossroads, Manos Amigas and others, so we need to remove as many obstacles as possible!"

Clinical Services for the Community

The clinic logged more than 8,860 patient visits during 2012. The clinic functioned for most of the year with two physicians - one part-time volunteer and one paid full-time doctor, two dentists and a dental student for a few months as part of a government requirement for service to the community before receiving their professional degree. The physicians saw 7,301 patients, including one special case patient who had returned at the start of the year from brain surgery performed in the US. Slightly more than 50% were new patients who had not been to the clinic previously. The

clinic serves two females for every one male. The age distribution of patients is nearly evenly divided with one third being less than 15 years of age, one-third falling into the 15-49 year bracket and one-third are 50 years or older. The top five medical conditions encountered most frequently were arterial hypertension, diabetes, parasites, inflammation of the pharynx, bronchitis and interuterine problems.

Dental Services

Understanding good oral hygiene and preventative care are still novel concepts to most patients the clinic serves. Availability of dental services has not been a practice they are routinely used to accessing. People customarily visit the dentist when experiencing frequent and severe tooth aches and the practice has been one of yanking the tooth!

This past year the clinic had 1567 patient visits. Like the medical side of the clinic, twice as many females were treated than men. Slightly less than one quarter of the patients were below 15 years of age. Unlike what is offered at the government's central healthcare center, a large array of treatment procedures exist at the MA dental clinic. In addition to exams, procedures include fillings - temporary, amalgam and composite, extractions, root canals sealants and fluoride treatment.

More than 2,120 procedures were performed in 2012. In reviewing the data, the ratio of fillings to extractions is rising, meaning that more teeth are being saved and education is paying off.

The clinic offers dental care that is equivalent or superior to what is customarily performed by private-pay dentists in the area. Although there is a modest clinic fee for dental procedures, they are one-half the fee private dentists charge and above the fee charged at the government's central healthcare clinic. However, the central clinic has neither the calibre of equipment nor the array of procedures available to patients at the MA clinic. Most importantly, irrespective of their ability to pay, all patients at the MA clinic receive the same care and treatment that one would expect from a private-pay dentist.

SATC's Investment Value in the Clinic and the Community

SATC's contributions covered programs for staff, equipment repairs, diagnostic testing, as well as supplies and medications required for medical and dental patients.

In assessing the value of the services the dental clinic provided, we can say with assurance that the cost of the procedures, if performed in the US, would be valued at more than \$360,000 (US). In addition, a team of dental specialists from the US visited the clinic bringing an additional \$25,000 (US) of services to the community. This means that the community of greater La Entrada received more than \$385,000 worth of dental services in 2012.

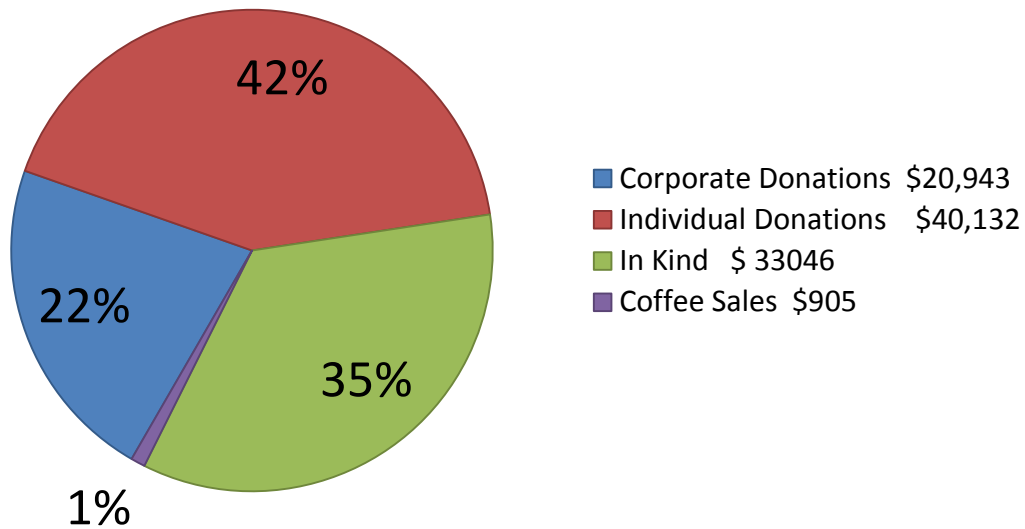
In 2012, SATC purchased more than \$34,327 worth of medications and supplies for the clinic. In addition, \$33,046 of in-kind contributions in the form of medication and supplies were received from US donors and shipped to the clinic as well, bringing the total of medical materials and medication donations to \$67,373. An additional sum of nearly \$15,000 was spent on equipment repairs. As a result of negative press coverage, no medical brigades under the auspices of SATC were willing to travel to the clinic in 2012, so the clinic relied on its paid medical staff members to

provide the community with its services. SATC subsidizes salaries of all clinic personnel and services with monthly contributions that totaled \$35,000 for the year.

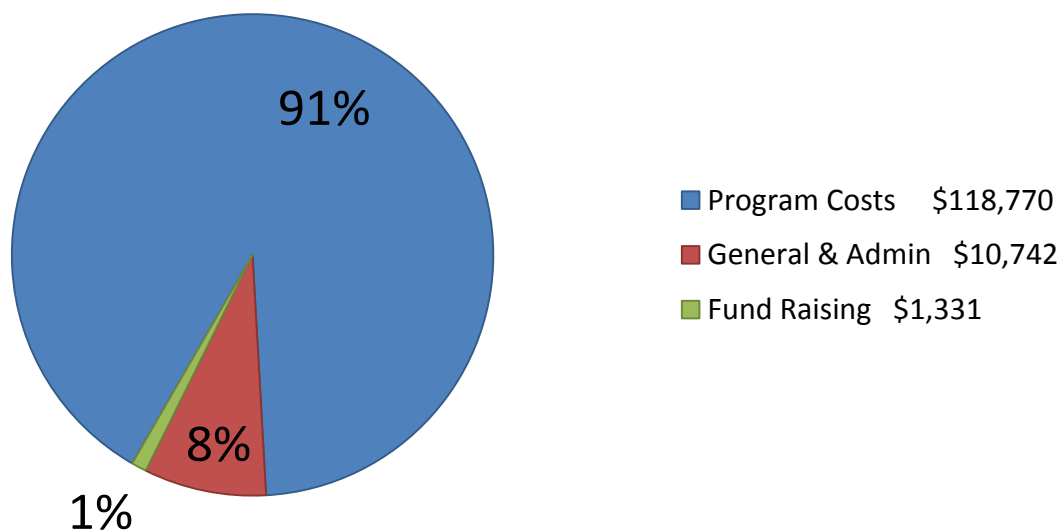
Because of our investment in La Entrada, the clinic is able to diagnose, treat and provide medications for a cost of less than \$13.50/patient visit. Of the total sum expended in 2012, 91% of the funds were spent directly on programs, 8% on Administration and 1% on fundraising.

Financial Statements

Revenue



Expenses



SERVING AT THE CROSSROADS

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2012

(REVIEWED)

	TOTAL	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED
Revenues				
Contributions				
Corporations and Foundations	\$ 20,943	\$ 19,993	\$ 950	\$ -
Individuals	40,132	38,382	1,750	-
In-kind	33,046	-	33,046	-
Coffee sale income	905	905	-	-
Net assets released from restrictions				
Satisfaction of time requirements and program restrictions	-	42,135	(42,135)	-
	<u>95,026</u>	<u>101,415</u>	<u>(6,389)</u>	<u>-</u>
Other income				
Interest and dividend income	21	21	-	-
Realized gains and losses	-	-	-	-
Unrealized gains and losses	-	-	-	-
	<u>21</u>	<u>21</u>	<u>-</u>	<u>-</u>
Total Revenue	<u>\$ 95,047</u>	<u>\$ 101,436</u>	<u>\$ (6,389)</u>	<u>\$ -</u>
Expenses				
Program costs	\$ 118,770	\$ 118,770	\$ -	\$ -
Coffee sale expenses	-	-	-	-
Fundraising costs	1,331	1,331	-	-
General and administrative	10,742	10,742	-	-
	<u>130,843</u>	<u>130,843</u>	<u>-</u>	<u>-</u>
Change in net assets	(35,796)	(29,407)	(6,389)	-
Net assets as of beginning of year	<u>249,425</u>	<u>217,281</u>	<u>31,798</u>	<u>346</u>
Net assets at end of period	<u>\$ 213,629</u>	<u>\$ 187,874</u>	<u>\$ 25,409</u>	<u>\$ 346</u>

See notes to financial statements (2012 reviewed and 2011 audited)

SERVING AT THE CROSSROADS

STATEMENT OF FINANCIAL POSITION

31-Dec-12
(REVIEWED)

	TOTAL	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents				
Checking	\$ 218,059	\$ 192,304	\$ 25,409	\$ 346
Inventory - Medical supplies and equipment	-	-	-	-
Prepaid expenses	-	-	-	-
TOTAL ASSETS	\$ 218,059	\$ 192,304	\$ 25,409	\$ 346
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accrued expenses	\$ 4,430	\$ 4,430.00	-	-
TOTAL CURRENT LIABILITIES	4,430	4,430	-	-
NET ASSETS	213,629	187,874	25,409	346
	\$ 218,059	\$ 192,304	\$ 25,409	\$ 346

See notes to financial statements (2012 reviewed and 2011 audited)