

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SIHANOUK HOSPITAL		D Employer identification number 23-2910347
		Number and street (or PO box if mail is not delivered to street address) Room/suite 353 W. LANCASTER AVE	E Telephone number 610-254-8800	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site **WWW.HOPEWW.ORG**

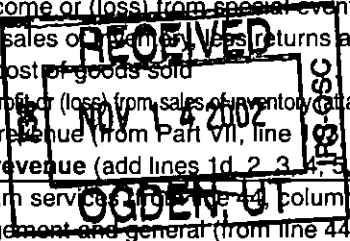
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **4,572,764**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	Expenses	Net Assets								
1 Contributions, gifts, grants, and similar amounts received a Direct public support 1a 4,547,768 b Indirect public support 1b c Government contributions (grants) 1c d Total (add lines 1a through 1c) (cash \$ 2,204,573 noncash \$ 2,343,195) 1d 4,547,768	2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 24,996 5 Dividends and interest from securities 5 6a Gross rents 6a 0 b Less rental expenses 6b 0 c Net rental income or (loss) (subtract line 6b from line 6a) 6c 0 7 Other investment income (describe) 7 0 <table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 0 9 Special events and activities (attach schedule) a Gross revenue (not including \$ 0 of contributions reported on line 1a) 9a 0 b Less direct expenses other than fundraising expenses 9b 0 c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 0 10a Gross sales of inventory, less returns and allowances 10a 0 b Less cost of goods sold 10b 0 c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 0 11 Other revenue (from Part VII, line 44) 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,572,764	(A) Securities	(B) Other	0	0	0	0	0	0	13 Program service expenses (from line 44, column (B)) 13 4,159,867 14 Management and general (from line 44, column (C)) 14 240,638 15 Fundraising (from line 44, column (D)) 15 300,107 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 4,700,612 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 (127,848) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 1,559,398 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,431,550
(A) Securities	(B) Other									
0	0									
0	0									
0	0									



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	679,107	640,830	4,080
27	Pension plan contributions	27			
28	Other employee benefits SCHEDULE 1	28	21,741	16,321	20
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	29,370	29,370	
32	Legal fees	32			
33	Supplies	33	2,606,945	2,593,401	13,544
34	Telephone	34	45,475	30,062	10,950
35	Postage and shipping	35	18,170	18,170	
36	Occupancy	36	56,390	56,390	
37	Equipment rental and maintenance	37	28,722	22,013	3,128
38	Printing and publications	38	10,515	5,258	5,257
39	Travel	39	87,767	70,917	8,000
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	200,607	186,107	14,500
43	Other expenses not covered above (itemize) a SCHEDULE 2	43a	915,803	520,398	273,929
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	4,700,612	4,159,867	300,107

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> SCHEDULE 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a <u>HOSPITAL - EQUIPPED AND STAFFED HOSPITAL IN PHNOM PENH, CAMBODIA, AND CONTINUED TRAINING FOR PHYSICIANS, NURSES AND OTHER MEDICAL STAFF. PROVIDED 24-HOUR OUT-PATIENT CARE WHICH TREATED OVER 65,000 PATIENTS AND PERFORMED OVER 800 SURGICAL OPERATIONS DURING 2001</u> (Grants and allocations \$ _____)	3,989,140
b <u>HIV/AIDS COMMUNITY PROGRAM - PROVIDED PREVENTATIVE EDUCATION TO PEOPLE AT RISK AND ENCOURAGEMENT FOR THE TERMINALLY ILL. PROVIDED CLOTHING, COMPANIONSHIP, FOOD, AND PERSONAL CARE TO OVER 10,000 PATIENTS DURING 2001</u> (Grants and allocations \$ _____)	170,727
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,159,867

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45 Cash — non-interest-bearing		54,424	45	227,396	
	46 Savings and temporary cash investments		555,399	46	385,187	
	47a Accounts receivable	47a	235,617			
	b Less allowance for doubtful accounts	47b	0	32,194	47c	235,617
	48a Pledges receivable	48a	136,405			
	b Less allowance for doubtful accounts	48b	0	214,251	48c	136,405
	49 Grants receivable		0	49	0	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use		0	52	0	
	53 Prepaid expenses and deferred charges		40,714	53	84,668	
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55a Investments — land, buildings, and equipment basis	55a	0			
	b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
56 Investments — other (attach schedule)		0	56	0		
57a Land, buildings, and equipment basis	57a	1,605,827				
b Less accumulated depreciation (attach schedule) SCHEDULE 4	57b	737,734	1,042,960	57c	868,093	
58 Other assets (describe ▶ _____)		0	58	0		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,939,942	59	1,937,366		
Liabilities	60 Accounts payable and accrued expenses		380,544	60	505,816	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b Mortgages and other notes payable (attach schedule)		0	64b	0	
	65 Other liabilities (describe ▶ _____)		0	65	0	
66 Total liabilities (add lines 60 through 65)		380,544	66	505,816		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		1,454,070	67	1,204,699	
	68 Temporarily restricted		105,328	68	226,851	
	69 Permanently restricted		0	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds		0	70	0	
	71 Paid-in or capital surplus, or land, building, and equipment fund		0	71	0	
	72 Retained earnings, endowment, accumulated income, or other funds		0	72	0	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,559,398	73	1,431,550		
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,939,942	74	1,937,366		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a	4,572,764
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$ 0		
	(2) Donated services and use of facilities \$ 0		
	(3) Recoveries of prior year grants \$ 0		
	(4) Other (specify)		
	_____ \$ 0		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	4,572,764
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$ 0		
	(2) Other (specify)		
	_____ \$ 0		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,572,764

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	4,700,612
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$ 0		
	(2) Prior year adjustments reported on line 20, Form 990 \$ 0		
	(3) Losses reported on line 20, Form 990 \$ 0		
	(4) Other (specify)		
	_____ \$ 0		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	4,700,612
d	Amounts included on line 17, Form 990 but not on line a.		
	(1) Investment expenses not included on line 6b, Form 990 \$ 0		
	(2) Other (specify)		
	_____ \$ 0		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,700,612

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BERNARD KRISHER, 4-1-7-605 HIROO SHIBUYA-KA, TOKYO, JAPAN (105)	PRESIDENT 2	0	0	0
TOSHU FUKAMI, 204 VILLAGE NISHIOGI 3-23-7 NASHIOHI-KITA, TOKYO, JAPAN (167)	VICE PRESIDENT 2	0	0	0
ROBERT F. GEMPEL 713 WOODCREST CIRCLE, RADNOR, PA 19001	SEC/TREASURER 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule — see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		x
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		x
b	If "Yes," enter the name of the organization ▶ N/A		
_____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	x
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	x
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	x
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	x
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		0
90a	List the states with which a copy of this return is filed ▶ PENNSYLVANIA SCHEDULE 1		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	0
91	The books are in care of ▶ SIHANOUK HOSPITAL CORPORATION Telephone no ▶ 610-254-8800 Located at ▶ 353 W. LANCASTER AVE WAYNE, PA ZIP + 4 ▶ 19087		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,996	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				24,996	
105 Total (add line 104, columns (B), (D), and (E))					24,996

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 (officer) is based on all information of which preparer has any knowledge

Date 11/06/02

SECRETARY / TREASURER

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information — (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization SIHANOUK HOSPITAL	Employer identification number 23-2910347
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HOPE WORLDWIDE, LTD 353 W LANCASTER AVENUE WAYNE, PA 19087	PROFESSIONAL/MANAGEMENT	588,766
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	x
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	x
b Lending of money or other extension of credit?	2b	x
c Furnishing of goods, services, or facilities?	2c	x
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	x
e Transfer of any part of its income or assets?	2e	x
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	x
4 Do you have a section 403(b) annuity plan for your employees?	4	x
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)								
The organization is not a private foundation because it is (Please check only ONE applicable box)								
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____								
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12 <input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)								
13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))								
Provide the following information about the supported organizations (See page 5 of the instructions)								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%; text-align: center;">(a) Name(s) of supported organization(s)</th> <th style="width: 25%; text-align: center;">(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above							
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)								

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,279,677	2,245,134	1,478,714	2,121,679	8,125,204
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,263	3,066	4,702	13,801	37,832
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,295,940	2,248,200	1,483,416	2,135,480	8,163,036
24 Line 23 minus line 17	2,295,940	2,248,200	1,483,416	2,135,480	8,163,036
25 Enter 1% of line 23	22,959	22,482	14,834	21,355	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					163,261
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					8,163,036
d Add Amounts from column (e) for lines 18 <u>37,832</u> 19 _____ 22 _____ 26b _____					37,832
e Public support (line 26c minus line 26d total)					8,125,204
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.54 %
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year (2000) _____ N/A (1999) _____ N/A (1998) _____ N/A (1997) _____ N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _____ N/A (1999) _____ N/A (1998) _____ N/A (1997) _____ N/A					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>					0
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table —		
	If the amount on line 40 is — The lobbying nontaxable amount is —		
	Not over \$500,000 20% of the amount on line 40	}	41
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

SIHANOUK HOSPITAL

Employer identification number

23-2910347

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note. Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule — see instructions)

General Rule —

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

SIHANOUK HOSPITAL

23-2910347

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 239,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 162,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 151,026	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization SIHANOUK HOSPITAL	Employer identification number 23-2910347
--	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,954,773</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>310,522</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____	----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____	----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____	----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____	----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization SIHANOUK HOSPITAL	Employer identification number 23-2910347
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Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	<u>MEDICAL SUPPLIES AND HOSPITAL EQUIPMENT</u>	\$ <u>1,954,773</u>	<u>1/4/2001, 9/30/2001</u>
8	<u>MEDICAL SUPPLIES AND HOSPITAL EQUIPMENT</u>	\$ <u>310,522</u>	<u>1/31/2001</u>
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Sihanouk Hospital Corporation
IRS form 990 Supporting Schedules
Fiscal Year Ending December 31, 2001

Schedule 1

Form 990, Part II, Line 28 & Part VI, Line 90b
Other Employee Benefits & Number of employees

There are no foreign employees working in the United States nor any U S citizens working in the Corporation. The other employee benefits refer to foreign employees working in Cambodia.

Sihanouk Hospital Corporation
IRS form 990 Supporting Schedules
Fiscal Year Ending December 31, 2001

Schedule 2

Form 990, Part II, Line 43a

Other Expenses

	Total	Program Services	Mngmnt & General	Fundraising
Contract Management services	\$588,766	\$308,966	\$76,055	\$203,745
Foreign Taxes (Cambodia)	\$95,382	\$66,607	\$12,094	\$16,681
Housing	\$107,231	\$64,464	\$18,300	\$24,467
Education/Training	\$53,209	\$19,435	\$7,715	\$26,059
Building Renovation/Improvements	\$2,963	\$2,963	\$0	\$0
Warehouse costs	\$16,800	\$16,800	\$0	\$0
Promotions	\$2,977	\$0	\$0	\$2,977
Insurance	\$5,512	\$0	\$5,512	\$0
Professional/Compliance Fees	\$6,202	\$6,202	\$0	\$0
Bank Charges	\$2,065	\$2,065	\$0	\$0
Facility rental	\$11,640	\$11,640	\$0	\$0
Loss on disposal of fixed assets	\$18,606	\$16,806	\$1,800	\$0
Miscellaneous	\$4,450	\$4,450	\$0	\$0
	\$915,803	\$520,398	\$121,476	\$273,929

Sihanouk Hospital Corporation
IRS form 990 Supporting Schedules
Fiscal Year Ending December 31, 2001

Schedule 3

Form 990, Part III

Organization's Primary Exempt Purpose

Sihanouk Hospital Corporation is a tax exempt organization whose purpose is to provide a center for the further education and clinical training of medical professionals, while delivering 24 hour high quality, free medical care for the poor and needy of Cambodia

Sihanouk Hospital Corporation
IRS form 990 Supporting Schedules
Fiscal Year Ending December 31, 2001

Schedule 4

Form 990, Part IV, Lines 57a & b

Detail of Land, Buildings, Equipment and Depreciation

Description	Land Buildings and Equipment				Accumulated Depreciation				
	Balance		Deletions	Balance		Balance		Balance	
	01/01/2001	Additions		01/01/2001	12/31/2001	01/01/2001	Additions	Deletions	12/31/2001
Building	\$594,643	\$0	\$0	\$594,643	\$117,325	\$29,732		\$147,057	
Generators	\$47,750	\$0	\$0	\$47,750	\$19,498	\$4,775	\$0	\$24,273	
Medical Equipment	\$795,320	\$19,877	\$51,075	\$764,122	\$347,425	\$127,333	\$32,503	\$442,255	
Office Equipment	\$72,244	\$19,418	\$0	\$91,662	\$40,037	\$17,652	\$0	\$57,689	
Vehicles	\$108,350	\$6,300	\$7,000	\$107,650	\$51,062	\$21,115	\$5,717	\$66,460	
	\$1,618,307	\$45,595	\$58,075	\$1,605,827	\$575,347	\$200,607	\$38,220	\$737,734	

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization SIHANOUK HOSPITAL	Employer identification number 23-2910347
	Number, street, and room or suite no. If a P.O. box, see instructions 353 W. LANCASTER AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WAYNE PA 19087	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until NOVEMBER 15, 2002
- For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension WAITING FOR COMPLETION OF FINANCIAL AUDIT

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ N/A

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ N/A

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0 00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature *Robert J. Bumpel* Title SECRETARY Date 8/01/02

Notice to Applicant — To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name	EXTENSION APPROVED
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	AUG 20 2002
	City or town, province or state, and country (including postal or ZIP code)	LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN