Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

56-1208982

WESTBRIDGE VOCATIONAL INC

Net Asset / Fund Balance at Beginning of Year			254,664
Revenue			
Contributions	641,348		
Program service revenue	1,315,913		
Investment income			
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	10,196		
Total revenue		1,967,457	
Expenses			
Program services	1,458,869		
Management and general	473,861		
Fundraising	80,191		
Total expenses		2,012,921	
Excess / (deficit)			-45,464
Changes			
Net Asset / Fund Balance at End of Year			209,200

Reconciliation of Revenue

Total revenue per financial statements	1,986,957
Less:	
Unrealized gains	
Donated services	19,500
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	1,967,457

Reconciliation of Expenses

Total expenses per financial statements	2,032,421
Less:	
Donated services	19,500
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	2,012,921

Balance Sheet

	Beginning	Ending	Differences
Assets	1,093,099	995,857	
Liabilities	838,435	786,657	
Net assets	254,664	209,200	-45,464

Miscellaneous Information

Amended return	
Return / extended due date	05/15/25
Failure to file penalty	

10525N1

Filing Instructions

WESTBRIDGE VOCATIONAL INC

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due: May 15, 2025

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Electronically: please upload to your Liscio account

By fax: 828-258-2790

By mail: Carter, P. C.
301 College St Ste 320
Asheville, NC 28801-2449

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer

WESTBRIDGE VOCATIONAL INC

EIN or SSN

56-1208982

Name and title of officer or person subject to tax JOHN J RIGDON
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 1,967,457
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CARTER, P. C. to enter my PIN 08982 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 02/06/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 69360012345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ALAN TOLER Date 02/06/25

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/24

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

C Name of organization
WESTBRIDGE VOCATIONAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
140 LITTLE SAVANNAH RD

City or town, state or province, country, and ZIP or foreign postal code
SYLVA NC 28779

D Employer identification number
56-1208982

E Telephone number
828-586-8981

G Gross receipts $ 1,967,457

F Name and address of principal officer:
JOHN J RIGDON
140 LITTLE SAVANNAH RD
SYLVA NC 28779

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

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

J Website: WESTBRIDGEVOC.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1976

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
REHABILITATION FACILITY FOR TRAINING AND JOB PLACEMENT OF DISABLED AND DISADVANTAGED INDIVIDUALS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	63
6 Total number of volunteers (estimate if necessary)	6	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	458,183	641,348
9 Program service revenue (Part VIII, line 2g)	1,500,936	1,315,913
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,750	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,404	10,196
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,000,273	1,967,457
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
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,022,004	1,190,947
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 80,191		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	909,325	821,974
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,931,329	2,012,921
19 Revenue less expenses. Subtract line 18 from line 12	68,944	-45,464

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,093,099	995,857
21 Total liabilities (Part X, line 26)	838,435	786,657
22 Net assets or fund balances. Subtract line 21 from line 20	254,664	209,200

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

JOHN J RIGDON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALAN TOLER	ALAN TOLER	02/11/25		P01522061

Firm's name CARTER, P. C. — Firm's EIN 38-3828234
Firm's address 301 COLLEGE ST STE 320 ASHEVILLE, NC 28801-2449 — Phone no. 828-259-9900

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2023)

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 1,276,502 including grants of $) (Revenue $ 870,721)

SEE SCHEDULE O

4b (Code:) (Expenses $ 125,450 including grants of $) (Revenue $ 376,111)

SEE SCHEDULE O

4c (Code:) (Expenses $ 56,917 including grants of $) (Revenue $ 69,081)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,458,869

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

MICHAEL BOWLER **140 LITTLE SAVANNAH ROAD**

SYLVA **NC 28779** **828-586-8981**

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM BROTHERS	2.00									
CHAIR	0.00	X		X				0	0	0
(2) LISA SIZEMORE	1.00									
VICE-CHAIR	0.00	X		X				0	0	0
(3) ABIGAIL CLAYTON	1.00									
SECR / TREA	0.00	X		X				0	0	0
(4) PATRICIAL BRYSON-WINK	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) JACOB BUCHANAN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) SUE EVANS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) CHRIS SLAUGHTER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) JOHN J RIGDON	40.00									
CEO	0.00	X		X				85,681	0	11,381
(9) MICHAEL E BOWLER	16.00									
FINANCE DIRECTOR	0.00			X				44,998	0	0
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								130,679		11,381
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								130,679		11,381

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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such person*		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

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	633,284				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,064				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			641,348			
Program Service Revenue		Business Code					
	2a PRODUCTION INCOME			1,315,913	1,315,913		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			1,315,913			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME			10,196			10,196
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			10,196			
	12 **Total revenue.** See instructions			1,967,457	1,315,913	0	10,196

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	145,953	103,543	32,884	9,526
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	916,743	647,495	215,428	53,820
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	51,406	38,369	5,690	7,347
10 Payroll taxes	76,845	55,353	17,456	4,036
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	47,669	-16,807	64,428	48
12 Advertising and promotion				
13 Office expenses	91,886	42,802	44,928	4,156
14 Information technology	3,988	837	3,151	
15 Royalties				
16 Occupancy	29,986	12,010	17,329	647
17 Travel	16,309	15,324	981	4
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,671		18,671	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,980	21,388	6,592	
23 Insurance	41,346	18,840	22,013	493
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 PRODUCTION COSTS	517,131	517,131		
b ADJUSTMENT	666		666	
c				
d				
e All other expenses	26,342	2,584	23,644	114
25 **Total functional expenses.** Add lines 1 through 24e	2,012,921	1,458,869	473,861	80,191
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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	262,362	1	46,317
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	49,432	3	77,862
	4	Accounts receivable, net	112,592	4	143,269
	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	99,963	8	92,356
	9	Prepaid expenses and deferred charges	115,765	9	207,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,386,294			
	b	Less: accumulated depreciation — 10b: 957,722	452,985	10c	428,572
	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)	1,093,099	16	995,857
Liabilities	17	Accounts payable and accrued expenses	78,417	17	109,237
	18	Grants payable		18	
	19	Deferred revenue	430,360	19	272,361
	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	301,158	23	388,559
	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	28,500	25	16,500
	26	**Total liabilities.** Add lines 17 through 25	838,435	26	786,657
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	212,614	27	161,400
	28	Net assets with donor restrictions	42,050	28	47,800
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	254,664	32	209,200
	33	Total liabilities and net assets/fund balances	1,093,099	33	995,857

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	1,967,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,012,921
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	254,664
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	209,200

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

WESTBRIDGE VOCATIONAL INC

Employer identification number

56-1208982

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☐ 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 exempt 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).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	599,953	512,779	207,148	458,183	641,348	2,419,411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	599,953	512,779	207,148	458,183	641,348	2,419,411
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						2,419,411

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	599,953	512,779	207,148	458,183	641,348	2,419,411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					9,196	9,196
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,436	100	24	41,154	10,196	52,910
11 **Total support.** Add lines 7 through 10						2,481,517

12 Gross receipts from related activities, etc. (see instructions) 12 7,172,096

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 97.50 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 97.71 %

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	**$ 52,910**

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Name of the organization

WESTBRIDGE VOCATIONAL INC

Employer identification number

56-1208982

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
WESTBRIDGE VOCATIONAL INC

Employer identification number
56-1208982

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 498,478	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 48,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 20,803	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 24,116	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

WESTBRIDGE VOCATIONAL INC

Employer identification number

56-1208982

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		84,378		84,378
b Buildings		970,924	669,329	301,595
c Leasehold improvements				
d Equipment		330,992	288,393	42,599
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				428,572

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **DEFERRED COMPENSATION**	16,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	16,500

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,986,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	19,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	19,500
3	Subtract line **2e** from line **1**			3	1,967,457
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,967,457

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,032,421
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	19,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	19,500
3	Subtract line **2e** from line **1**			3	2,012,921
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,012,921

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIATION IS EXEMPT FROM FEDEREAL INCOME TAXES UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION BELIEVES THAT IS HAS APPROPRIATE SUPPORT FOR ANY TAX PROVISION TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED JUNE 30, 2023, 2022, AND 2021, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for the latest information.	2023 Open to Public Inspection

Name of the organization	Employer identification number
WESTBRIDGE VOCATIONAL INC	56-1208982

FORM 990 - ORGANIZATION'S MISSION

WE ARE WESTBRIDGE VOCATIONAL--A SOCIAL ENTERPRISE CONNECTING PEOPLE TO OPPORTUNITY THROUGH OUR QUALITY-DRIVEN MANUFACTURING. WE ARE DEDICATED TO EMPOWERING ALL PEOPLE WITH BARRIERS TO EMPLOYMENT BY PROVIDING TRAINING OPPORTUNITIES THAT INSPIRE THEM TO LEARN, EARN, AND THRIVE IN A WORLD THAT MAY NOT UNDERSTAND THEIR NEEDS.

FORM 990, PART I, LINE 6

VOLUNTEERS INCLUDE UNCOMPENSATED MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

VOCATIONAL REHABILITATION AND TRAINING - INTEGRATED FACILITY BASED WORK TRAINING AND JOB PLACEMENT.

WESTBRIDGE VOCATIONAL'S (FORMERLY WEBSTER ENTERPRISES) MISSION IS TO SERVE THE DISABLED AND DISADVANTAGED POPULATIONS OF JACKSON, MACON, SWAIN COUNTIES AND THE EASTERN BAND OF THE CHEROKEE. OUR STAFF OF EMPLOYMENT SUPPORT PROFESSIONALS (ESP'S) WORK CLOSELY WITH THE PROGRAM PARTICIPANTS WHO FACE BARRIERS TO INDEPENDENT EMPLOYMENT, WHETHER THEY STRUGGLE WITH ECONOMIC OR SOCIAL HARDSHIPS, PHYSICAL IMPAIRMENTS, OR DEVELOPMENTAL DISABILITIES. OUR WORK GOAL IS TO LOCATE AND SECURE A COMMUNITY BASED, PERSON-CENTERED EMPLOYMENT OPPORTUNITY FOR EACH PARTICIPANT. UTILIZING OUR MANUFACTURING FACILITY, WE HAVE CREATED AN EFFECTIVE TRAINING PROGRAM COVERING: WORK SKILLS SUCH AS MEASURED PRODUCTIVITY AND QUALITY, AND ADHERENCE TO POLICY AND PROCEDURES; AND SOFT-SKILLS, SUCH AS ATTENDANCE AND PUNCTUALITY, INTERACTIONS WITH CO-WORKERS AND SUPERVISORS, AND APPROPRIATE

Name of the organization: WESTBRIDGE VOCATIONAL INC

Employer identification number: 56-1208982

ATTIRE AND HYGIENE. OUR CLASSROOM IS UTILIZED, IN CONJUNCTION WITH SOUTHWESTERN COMMUNITY COLLEGE FOR TEACHING BASIC LANGUAGE AND NUMBER SKILLS, AND ALSO FOR DEVELOPING RESUMES, SEARCHING FOR AND PREPARING JOB APPLICATIONS, AND HONING INTERVIEW SKILLS. OVER THE PAST FIVE YEARS WESTBRIDGE VOCATIONAL HAS PLACED OVER 130 OF OUR PARTICIPANTS IN COMPETITIVE EMPLOYMENT IN THEIR LOCAL COMMUNITIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PRE-EMPLOYMENT TRANSITIONAL SERVICES (PRE-ETS)

WESTBRIDGE VOCATIONAL PETS PROGRAM PROVIDES GRADE-SPECIFIC PETS INSTRUCTION TO HIGH SCHOOL FRESHMAN, SOPHOMORES, JUNIORS AND SENIORS. PARTICIPATING STUDENTS ARE ELIGIBLE FOR UP TO 12 WEEKS OF INSTRUCTION PER YEAR. STUDENTS ENROLLING IN THE PROGRAM AS FRESHMAN WILL BE ELIGIBLE FOR UP TO 38 WEEKS OF PETS SERVICES OVER THE COURSE OF THEIR HIGH SCHOOL CAREER.

MILESTONE INSTRUCTION INCLUDES: CAREER EXPLORATION, PSYCHOMETRIC TESTING, CAREER READINESS INSTRUCTION, WORKS SKILLS LABS, SELF-ADVOCACY TRAINING, WORKPLACE READINESS AND WORK VALUES PROFILE. OUR STAFF ARE SERVING EIGHT HIGH SCHOOLS IN JACKSON, MACON, AND SWAIN COUNTIES AND THE ECBI QUALLA BOUNDARY. DURING THE YEAR, WESTBRIDGE ENGAGED WITH 90 STUDENTS IN THE PETS PROGRAM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

PROJECT SEARCH - INTERNSHIP WORK BASED TRAINING AND JOB PLACEMENT

WESTBRIDGE VOCATIONAL IS THE COMMUNITY REHABILITATION PROGRAM FOR A NATIONALLY RECOGNIZED INITIATIVE CALLED PROJECT SEARCH WHICH PROVIDES JOB TRAINING INTERNSHIPS TO DISABLED INDIVIDUALS IN COLLABORATION WITH THE LOCAL OFFICE OF THE STATE VOCATIONAL REHABILITATION DEPARTMENT AND THE

Name of the organization: WESTBRIDGE VOCATIONAL INC

Employer identification number: 56-1208982

LOCAL COMMUNITY COLLEGE (SCC) AS THE HOST SITE.

PROJECT SEARCH PROVIDES THREE WORK-BASED, 8 TO 10-WEEK INTERNSHIPS FOR HIGH SCHOOL GRADUATES VIA A LARGE EMPLOYER "HOST" SITE. PARTICIPANTS HAVE SEVERE TO MODERATE DEVELOPMENTAL DISABILITIES, SUCH AS INTELLECTUAL DISABILITY, VISUAL IMPAIRMENT, HEARING IMPAIRMENT, ORTHOPEDIC IMPAIRMENT AND/OR AUTISM. COMPETITIVE, LOCAL EMPLOYMENT IS THE GOAL AND FOR THE LAST FOUR YEARS OUR EMPLOYMENT OUTCOME RATE IS OVER 80%! THE SUCCESS OF THIS PROGRAM RESULTS IN HARD-WORKING, ENCOURAGED AND SELF-RELIANT INDIVIDUALS LIVING MORE INDEPENDENTLY WITHIN THEIR COMMUNITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. UPON COMPLETION AND REVIEW, THE RETURN WAS PROVIDED TO EACH VOTING BOARD MEMBER AT A SCHEDULED MEETING PRIOR TO ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION INCLUDES A PERFORMANCE REVIEW BY THE EXECUTIVE COMMITTEE, COMPARISON OF APPRORPIATE COMPARABLE SALARY DATA, AND THE EXECUTION OF A WRITTEN CONTRACT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND BYLAWS ARE AVAILABLE UPON REQUST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICES.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2023
Attachment Sequence No. **179**

Name(s) shown on return: **WESTBRIDGE VOCATIONAL INC**

Identifying number: **56-1208982**

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,057

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	19,057
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
5	STEEL BUILDING Out Of Service: 7/01/15	7/01/91	4,935				4,935	40	MO	S/L	3,085	0
6	NEW BUILDING - PROD.	1/01/91	463,644				463,644	40	MO	S/L	376,711	11,591
7	NEW BUILDING - ADMIN.	1/01/91	154,548				154,548	39	MO	S/L	128,146	3,963
8	PATIO COVER	7/01/93	1,500				1,500	40	MO	S/L	1,141	37
9	AWNING	1/18/91	4,530				4,530	40	MO	S/L	3,331	114
11	PAVING SIDEWALK PADS GU	8/04/92	62,105				62,105	15	MO	S/L	62,105	0
12	DOORS - AUTOMATIC	11/21/95	7,816				7,816	39	MO	S/L	5,528	200
13	QUONSET HUT - WEB	11/01/91	13,342				13,342	40	MO	S/L	10,173	334
14	Steel Building - SETUP/MOVE Out Of Service: 7/01/15	11/01/91	35,440				35,440	40	MO	S/L	20,969	0
15	IMPROVEMENTS TO BUILDING Out Of Service: 7/01/15	6/30/91	2,308				2,308	40	MO	S/L	981	0
23	DESK ADMIN (DONATED) Mass Out of Service: 12/31/15	6/09/97	200				200	5	MO	S/L	200	0
24	FRONT OFFICE CABINET Mass Out of Service: 12/31/15	11/22/97	408				408	10	MO	S/L	408	0
25	2 DRAWER LATERAL FILE CAB Mass Out of Service: 12/31/15	7/14/97	224				224	10	MO	S/L	224	0
26	(5) PLYWOOD SEAT STOOLS Mass Out of Service: 12/31/15	8/20/97	480				480	10	MO	S/L	480	0
37	LAND - NEW SITE (WEBSTER)	7/11/90	84,378				84,378	0	--	Land	0	0
39	DESK Mass Out of Service: 12/31/15	7/01/85	1,362				1,362	10	MO	S/L	1,362	0
40	FILING CABINET Mass Out of Service: 12/31/15	2/28/86	472				472	10	MO	S/L	472	0
46	TABLES Mass Out of Service: 12/31/15	7/31/92	50				50	10	MO	S/L	50	0
47	(3) FILE CABINETS/ (2) DESKS Mass Out of Service: 12/31/15	10/01/92	200				200	10	MO	S/L	200	0
72	DRILL VISE Mass Out of Service: 12/31/15	11/30/62	65				65	10	MO	S/L	65	0
80	REBUILD FORKLIFT Mass Out of Service: 12/31/15	9/15/94	4,000				4,000	10	MO	S/L	4,000	0
82	PALLET TRUCK Mass Out of Service: 12/31/15	4/15/96	467				467	5	MO	S/L	467	0
86	TAPE DISPENSER Mass Out of Service: 12/31/15	3/25/97	314				314	5	MO	S/L	314	0
87	TAPE MACHINE Mass Out of Service: 12/31/15	3/31/98	354				354	10	MO	S/L	354	0
88	15T BARE PUMP AIR COMPRESSOR Mass Out of Service: 12/31/15	8/25/97	2,859				2,859	10	MO	S/L	2,859	0
90	SCALE Mass Out of Service: 12/31/15	8/01/91	1,890				1,890	10	MO	S/L	1,890	0
91	SCALE Mass Out of Service: 12/31/15	8/01/91	893				893	10	MO	S/L	893	0
126	OVERHEAD DOOR Out Of Service: 7/01/15	3/29/99	580				580	40	MO	S/L	236	0
127	EXECUTIVE DESK Mass Out of Service: 12/31/15	2/17/99	365				365	10	MO	S/L	365	0
128	4 DRAWER LATERAL FILE Mass Out of Service: 12/31/15	3/01/99	750				750	10	MO	S/L	750	0
132	PALLET TRUCK Mass Out of Service: 12/31/15	5/28/99	572				572	10	MO	S/L	572	0
133	DLX SUPER RANGE Mass Out of Service: 12/31/15	2/25/99	317				317	10	MO	S/L	317	0
141	DRAPE MACHINE Mass Out of Service: 12/31/15	6/30/00	31,794				31,794	7	MO	S/L	31,794	0
143	WAREHOUSE RACKS Mass Out of Service: 12/31/15	5/26/00	1,440				1,440	7	MO	S/L	1,440	0
146	LUNCHROOM CHAIRS Mass Out of Service: 12/31/15	7/09/99	1,243				1,243	7	MO	S/L	1,243	0
147	NEW OFFICE (off production floor)	4/08/00	2,594				2,594	10	MO	S/L	2,594	0
148	LUNCHROOM DINING TABLES Mass Out of Service: 12/31/15	8/26/99	1,665				1,665	7	MO	S/L	1,665	0
154	GENERAL DUTY PALLET TRUCK Mass Out of Service: 12/31/15	4/06/01	404				404	5	MO	S/L	404	0
155	DYNA-LIFT - FOOT OPERATED	2/06/01	638				638	7	MO	S/L	638	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Mass Out of Service: 12/31/15											
161	POWER WHEEL ON DRAPE MACH	11/06/01	4,518				4,518	5	MO	S/L	4,518	0
	Mass Out of Service: 12/31/15											
167	LFT TABLE HYDC SOUTHWORTH	1/01/09	869				869	7	MO	S/L	807	0
	Out Of Service: 7/01/15											
169	Curtis Air Compressor	7/31/09	1,973				1,973	5	MO	S/L	1,973	0
	Out Of Service: 7/01/15											
170	New classroom	6/30/11	31,893				31,893	39	MO	S/L	9,813	818
171	HVAC	1/31/11	19,710				19,710	39	MO	S/L	6,275	506
173	Automatic door (btw hallway/prod)	3/04/11	3,500				3,500	39	MO	S/L	1,107	90
174	Sidewalk Repair	3/31/11	2,305				2,305	20	MO	S/L	1,412	115
175	Automatic Door (btw warehouse/prod)	6/30/11	6,500				6,500	39	MO	S/L	2,000	167
176	HVAC	5/31/11	22,288				22,288	39	MO	S/L	6,905	572
178	Fabricated drape holders	11/30/10	1,040				1,040	5	MO	S/L	1,040	0
179	Conveyor belt	12/31/10	2,741				2,741	5	MO	S/L	2,741	0
180	Software	3/31/11	2,300			X	0	3	MO	Amort	2,300	0
	Out Of Service: 12/31/15											
183	Toyota Electric Forklift	4/09/12	12,700				12,700	5	MO	S/L	12,700	0
184	Belt Conveyor	4/09/12	2,737				2,737	5	MO	S/L	2,737	0
185	Label Dispenser	5/04/12	2,385				2,385	5	MO	S/L	2,385	0
195	Barrel Sheeter	7/31/12	22,388				22,388	5	MO	S/L	22,388	0
196	Computer Equipment	7/31/12	37,010				37,010	5	MO	S/L	37,010	0
197	Renovations to Sewing Bldg	12/15/12	16,289				16,289	39	MO	S/L	1,079	0
	Out Of Service: 7/01/15											
198	Chop Saw with Stand	8/30/11	600				600	5	MO	S/L	600	0
199	Electrical for HVAC install	7/18/11	2,507				2,507	39	MO	S/L	766	64
200	(2) Tables - Western Bldrs	7/18/11	1,300				1,300	7	MO	S/L	1,300	0
201	(2) Tables - Western Bldrs	10/13/11	2,600				2,600	7	MO	S/L	2,600	0
202	Garage Door & Insulation	11/01/12	1,505				1,505	39	MO	S/L	103	0
	Out Of Service: 7/01/15											
203	24" Sheeter Machine	12/01/13	9,850				9,850	5	MO	S/L	9,850	0
204	Roll Hauler	9/30/12	27,221				27,221	5	MO	S/L	27,221	0
205	Baler Reconditioned	9/15/12	8,153				8,153	5	MO	S/L	8,153	0
206	(2) Glue Guns	6/30/13	16,395				16,395	5	MO	S/L	16,395	0
207	Hot Melt System	8/30/12	1,801				1,801	5	MO	S/L	1,801	0
215	Sewing Building Addition	4/01/14	61,979				61,979	39	MO	S/L	1,987	0
	Out Of Service: 7/01/15											
216	H GT 26hp Riding Mower	9/08/14	760				760	5	MO	S/L	760	0
220	Handicap Door	11/09/14	2,000				2,000	0	--	Memo	0	0
221	Duke Energy Lighting Upgrade	2/10/15	18,962				18,962	39	MO	S/L	4,092	486
223	Machine Betterment	8/20/15	3,600				3,600	5	MO	S/L	3,600	0
224	2 Dell Lattitude E6430s laptops	2/01/17	0				0	0	HY		0	0
225	Access Control System	4/01/17	0				0	0	HY		0	0
235	2016 Ford Transit: VIN NMOGE9F71G123	11/07/16	0				0	0	HY		0	0
236	Hydraulic Clicker Press	1/15/18	0				0	0	HY		0	0
237	Sewing Machine	9/01/17	0				0	0	HY		0	0
240	Dell Lattitude Laptop - Project Search	12/01/18	0				0	0	HY		0	0
241	Dell Lattitude Laptop - PETS	10/01/18	0				0	0	HY		0	0
242	3 Dell INSP Laptops - PETS	10/01/18	0				0	0	HY		0	0
244	Minolta Copier - C258 (capitalized lease)	7/03/18	0				0	0	HY		0	0
245	4 Trane HVAC units	6/30/20	0				0	0	HY		0	0
246	2-Ton Trane/90Gas furn/MD Sewing	11/01/19	0				0	0	HY		0	0
247	Dell Latitude 14 Laptop series E7470 1	8/05/19	0				0	0	HY		0	0
248	Dell Latitude 14 Laptop series E7470 2	8/05/19	0				0	0	HY		0	0
249	Dell Latitude 14 Laptop series E7470 3	8/05/19	0				0	0	HY		0	0
250	Dell Latitude 14 Laptop series E7470 4	8/05/19	0				0	0	HY		0	0
251	Dell Latitude 14 Laptop series E7470 5	8/05/19	0				0	0	HY		0	0
252	Surface Pro7-Use w/ Standard Time	5/01/20	0				0	0	HY		0	0
253	Awning 1	11/01/20	0				0	0	HY		0	0
254	Awning 2	11/01/20	0				0	0	HY		0	0
255	No-Contact Infrared Thermometer/wall mou	8/10/20	0				0	0	HY		0	0
256	Dell Latitude 15 Laptop series 5500	8/01/20	0				0	0	HY		0	0
257	Phillips HeartStart AED 1	3/01/21	0				0	0	HY		0	0
258	Phillips HeartStart AED 2	3/01/21	0				0	0	HY		0	0
259	Dell Latitude E5450 14" Laptop-Std Time	12/01/20	0				0	0	HY		0	0
260	Dell Latitude E5450 14" Laptop-Std Time	12/01/20	0				0	0	HY		0	0
261	Aluminum Plate/Clicker	4/01/21	0				0	0	HY		0	0
262	Backpack, handheld vital oxide Sprayer	4/15/21	0				0	0	HY		0	0
263	Rotary air compressor & install	2/01/23	0				0	0	HY		0	0
264	Ergonomic chairs for prod	2/01/23	0				0	0	HY		0	0
265	Fork Lift battery for Toyota lift	11/22/22	0				0	0	HY		0	0

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
266	Dell Vostro 5620 Laptop (S. Stimson)	7/07/22	0				0	0	HY		0	0
267	3 Dell 7390 laptops - (used Techsoup)	8/05/22	0				0	0	HY		0	0
268	Dell Vostro 3420	11/28/22	0				0	0	HY		0	0
269	Dell Vostro 5620 i7 - M. Bowler	4/24/23	0				0	0	HY		0	0
270	3 Electronic ratio scales	1/08/24	0				0	0	HY		0	0
271	4 Televisions and mounts	3/13/24	0				0	0	HY		0	0
272	3 Dell 7320 Laptops, Core i5 (Used TechSo	5/05/24	0				0	0	HY		0	0
	Total Other Depreciation		1,243,525				1,241,225				866,844	19,057
	Total ACRS and Other Depreciation		1,243,525				1,241,225				866,844	19,057
	Grand Totals		1,243,525				1,241,225				866,844	19,057
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,243,525				1,241,225				866,844	19,057

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
180	Software	3/31/11	2,300		0	0	2,300	0
	Grand Total		2,300		0	0	2,300	0

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
5	STEEL BUILDING	7/01/91	4,935	0	0
6	NEW BUILDING - PROD.	1/01/91	463,644	11,591	0
7	NEW BUILDING - ADMIN.	1/01/91	154,548	3,963	0
8	PATIO COVER	7/01/93	1,500	38	0
9	AWNING	1/18/91	4,530	113	0
11	PAVING SIDEWALK PADS GU	8/04/92	62,105	0	0
12	DOORS - AUTOMATIC	11/21/95	7,816	201	0
13	QUONSET HUT - WEB	11/01/91	13,342	333	0
14	Steel Building - SETUP/MOVE	11/01/91	35,440	0	0
15	IMPROVEMENTS TO BUILDING	6/30/91	2,308	0	0
23	DESK ADMIN (DONATED)	6/09/97	200	0	0
24	FRONT OFFICE CABINET	11/22/97	408	0	0
25	2 DRAWER LATERAL FILE CAB	7/14/97	224	0	0
26	(5) PLYWOOD SEAT STOOLS	8/20/97	480	0	0
37	LAND - NEW SITE (WEBSTER)	7/11/90	84,378	0	0
39	DESK	7/01/85	1,362	0	0
40	FILING CABINET	2/28/86	472	0	0
46	TABLES	7/31/92	50	0	0
47	(3) FILE CABINETS/ (2) DESKS	10/01/92	200	0	0
72	DRILL VISE	11/30/62	65	0	0
80	REBUILD FORKLIFT	9/15/94	4,000	0	0
82	PALLET TRUCK	4/15/96	467	0	0
86	TAPE DISPENSER	3/25/97	314	0	0
87	TAPE MACHINE	3/31/98	354	0	0
88	15T BARE PUMP AIR COMPRESSOR	8/25/97	2,859	0	0
90	SCALE	8/01/91	1,890	0	0
91	SCALE	8/01/91	893	0	0
126	OVERHEAD DOOR	3/29/99	580	0	0
127	EXECUTIVE DESK	2/17/99	365	0	0
128	4 DRAWER LATERAL FILE	3/01/99	750	0	0
132	PALLET TRUCK	5/28/99	572	0	0
133	DLX SUPER RANGE	2/25/99	317	0	0
141	DRAPE MACHINE	6/30/00	31,794	0	0
143	WAREHOUSE RACKS	5/26/00	1,440	0	0
146	LUNCHROOM CHAIRS	7/09/99	1,243	0	0
147	NEW OFFICE (off production floor)	4/08/00	2,594	0	0
148	LUNCHROOM DINING TABLES	8/26/99	1,665	0	0
154	GENERAL DUTY PALLET TRUCK	4/06/01	404	0	0
155	DYNA-LIFT - FOOT OPERATED	2/06/01	638	0	0
161	POWER WHEEL ON DRAPE MACH	11/06/01	4,518	0	0
167	LFT TABLE HYDC SOUTHWORTH	1/01/09	869	0	0
169	Curtis Air Compressor	7/31/09	1,973	0	0
170	New classroom	6/30/11	31,893	818	0
171	HVAC	1/31/11	19,710	505	0
173	Automatic door (btw hallway/prod)	3/04/11	3,500	89	0
174	Sidewalk Repair	3/31/11	2,305	115	0
175	Automatic Door (btw warehouse/prod)	6/30/11	6,500	166	0
176	HVAC	5/31/11	22,288	571	0
178	Fabricated drape holders	11/30/10	1,040	0	0
179	Conveyor belt	12/31/10	2,741	0	0
180	Software	3/31/11	2,300	0	0
183	Toyota Electric Forklift	4/09/12	12,700	0	0
184	Belt Conveyor	4/09/12	2,737	0	0
185	Label Dispenser	5/04/12	2,385	0	0
195	Barrel Sheeter	7/31/12	22,388	0	0
196	Computer Equipment	7/31/12	37,010	0	0
197	Renovations to Sewing Bldg	12/15/12	16,289	0	0
198	Chop Saw with Stand	8/30/11	600	0	0
199	Electrical for HVAC install	7/18/11	2,507	65	0
200	(2) Tables - Western Bldrs	7/18/11	1,300	0	0
201	(2) Tables - Western Bldrs	10/13/11	2,600	0	0
202	Garage Door & Insulation	11/01/12	1,505	0	0
203	24" Sheeter Machine	12/01/13	9,850	0	0
204	Roll Hauler	9/30/12	27,221	0	0
205	Baler Reconditioned	9/15/12	8,153	0	0
206	(2) Glue Guns	6/30/13	16,395	0	0
207	Hot Melt System	8/30/12	1,801	0	0

56-1208982 **Future Depreciation Report FYE: 6/30/25**

FYE: 6/30/2024 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
215	Sewing Building Addition	4/01/14	61,979	0	0
216	H GT 26hp Riding Mower	9/08/14	760	0	0
220	Handicap Door	11/09/14	2,000	0	0
221	Duke Energy Lighting Upgrade	2/10/15	18,962	487	0
223	Machine Betterment	8/20/15	3,600	0	0
224	2 Dell Lattitude E6430s laptops	2/01/17	0	0	0
225	Access Control System	4/01/17	0	0	0
235	2016 Ford Transit: VIN NMOGE9F71G123225	11/07/16	0	0	0
236	Hydraulic Clicker Press	1/15/18	0	0	0
237	Sewing Machine	9/01/17	0	0	0
240	Dell Lattitude Laptop - Project Search	12/01/18	0	0	0
241	Dell Lattitude Laptop - PETS	10/01/18	0	0	0
242	3 Dell INSP Laptops - PETS	10/01/18	0	0	0
244	Minolta Copier - C258 (capitalized lease)	7/03/18	0	0	0
245	4 Trane HVAC units	6/30/20	0	0	0
246	2-Ton Trane/90Gas furn/MD Sewing	11/01/19	0	0	0
247	Dell Latitude 14 Laptop series E7470 1	8/05/19	0	0	0
248	Dell Latitude 14 Laptop series E7470 2	8/05/19	0	0	0
249	Dell Latitude 14 Laptop series E7470 3	8/05/19	0	0	0
250	Dell Latitude 14 Laptop series E7470 4	8/05/19	0	0	0
251	Dell Latitude 14 Laptop series E7470 5	8/05/19	0	0	0
252	Surface Pro7-Use w/ Standard Time	5/01/20	0	0	0
253	Awning 1	11/01/20	0	0	0
254	Awning 2	11/01/20	0	0	0
255	No-Contact Infrared Thermometer/wall mounted	8/10/20	0	0	0
256	Dell Latitude 15 Laptop series 5500	8/01/20	0	0	0
257	Phillips HeartStart AED 1	3/01/21	0	0	0
258	Phillips HeartStart AED 2	3/01/21	0	0	0
259	Dell Latitude E5450 14" Laptop-Std Time	12/01/20	0	0	0
260	Dell Latitude E5450 14" Laptop-Std Time	12/01/20	0	0	0
261	Aluminum Plate/Clicker	4/01/21	0	0	0
262	Backpack, handheld vital oxide Sprayer	4/15/21	0	0	0
263	Rotary air compressor & install	2/01/23	0	0	0
264	Ergonomic chairs for prod	2/01/23	0	0	0
265	Fork Lift battery for Toyota lift	11/22/22	0	0	0
266	Dell Vostro 5620 Laptop (S. Stimson)	7/07/22	0	0	0
267	3 Dell 7390 laptops - (used Techsoup)	8/05/22	0	0	0
268	Dell Vostro 3420	11/28/22	0	0	0
269	Dell Vostro 5620 i7 - M. Bowler	4/24/23	0	0	0
270	3 Electronic ratio scales	1/08/24	0	0	0
271	4 Televisions and mounts	3/13/24	0	0	0
272	3 Dell 7320 Laptops, Core i5 (Used TechSoup)	5/05/24	0	0	0
	Total Other Depreciation		1,243,525	19,055	0
	Total ACRS and Other Depreciation		1,243,525	19,055	0
	Grand Totals		1,243,525	19,055	0

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24

2022 & 2023

Name

WESTBRIDGE VOCATIONAL INC

Taxpayer Identification Number

56-1208982

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	13,210	8,064	-5,146
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	444,973	633,284	188,311
	4. Program service revenue	4.	1,500,936	1,315,913	-185,023
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	11,750		-11,750
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	29,404	10,196	-19,208
	12. **Total revenue.** Add lines 1 through 11	12.	2,000,273	1,967,457	-32,816
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	145,677	145,953	276
	16. Salaries, other compensation, and employee benefits	16.	876,327	1,044,994	168,667
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	58,653	47,669	-10,984
	19. Occupancy, rent, utilities, and maintenance	19.	26,098	29,986	3,888
	20. Depreciation and Depletion	20.	28,572	27,980	-592
	21. Other expenses	21.	796,002	716,339	-79,663
	22. **Total expenses.** Add lines 13 through 21	22.	1,931,329	2,012,921	81,592
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	68,944	-45,464	-114,408
Other Information	24. Total exempt revenue	24.	2,000,273	1,967,457	-32,816
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,542,090	1,326,109	-215,981
	27. Total assets	27.	1,093,099	995,857	-97,242
	28. Total liabilities	28.	838,435	786,657	-51,778
	29. Retained earnings	29.	254,664	209,200	-45,464
	30. Number of voting members of governing body	30.	7	7	
	31. Number of independent voting members of governing body	31.	6	6	
	32. Number of employees	32.	58	63	
	33. Number of volunteers	33.	12	6	

Form **990**

Tax Return History

2023

Name

WESTBRIDGE VOCATIONAL INC

Employer Identification Number

56-1208982

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	599,953	512,779	208,648	458,183	641,348	
Membership dues						
Program service revenue	1,474,448	1,408,561	1,472,238	1,500,936	1,315,913	
Capital gain or loss				11,750		
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	1,436	100	24	29,404	10,196	
Total revenue	2,075,837	1,921,440	1,680,910	2,000,273	1,967,457	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	132,790	130,227	120,481	145,677	145,953	
Other compensation	1,059,775	937,382	846,121	876,327	1,044,994	
Professional fees	23,670	23,427	33,120	58,653	47,669	
Occupancy costs	26,594	23,188	24,819	26,098	29,986	
Depreciation and depletion	34,798	36,404	29,814	28,572	27,980	
Other expenses	777,838	705,845	758,698	796,002	716,339	
Total expenses	2,055,465	1,856,473	1,813,053	1,931,329	2,012,921	
Excess or (Deficit)	20,372	64,967	-132,143	68,944	-45,464	
Total exempt revenue	2,075,837	1,921,440	1,680,910	2,000,273	1,967,457	
Total unrelated revenue						
Total excludable revenue	1,475,884	1,408,661	1,472,262	1,542,090	1,326,109	
Total Assets	1,182,362	907,616	829,408	1,093,099	995,857	
Total Liabilities	930,951	591,238	643,688	838,435	786,657	
Net Fund Balances	251,411	316,378	185,720	254,664	209,200	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	$ 67,169	$ 2,693	$ 64,428	$ 48
LESS: DONATED SERVICES	-19,500	-19,500		
TOTAL	$ 47,669	$ -16,807	$ 64,428	$ 48

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS EXPENSE	$ 26,342	$ 2,584	$ 23,644	$ 114
TOTAL	$ 26,342	$ 2,584	$ 23,644	$ 114

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
CANNON FOUNDATION (PF)	$ 48,802	$
TOTAL	$ 48,802	$ 0

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
OTHER INCOME	$ 10,196
LESS: DEDUCTIONS	-1,000
TOTAL	$ 9,196

Federal Statements

Accounts payable - EOY

Description	Amount
ACCOUNTS PAYABLE	$ 63,374
ACCRUED EXPENSES	45,863
TOTAL	$ 109,237