



Business Plan

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The market analysis and financial projections presented herein represent the Company’s best judgment and reasonable assumptions of future events and circumstances; all other information contained herein has been obtained from sources deemed reliable. However, no warranty or representation, expressed or implied, is made as to the accuracy or completeness of any information contained herein, and same is submitted subject to errors and omissions, and no representations or warranties of future company performance or market trends are intended and such are expressly disclaimed.

MISSION STATEMENT

To change the lives of children and rewrite history.

The Company's mission is to provide child healthcare to children from birth to age 18.

The mortality rate of children from birth to age 5 is unbelievable, and the Company strives to change that by providing not only comprehensive healthcare to those who are not able to afford it, but also through providing training to parents and guardians to play their part in reducing the death rate among children.

We are here to grow a healthy nation and rewrite history.

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EXECUTIVE SUMMARY

Objective: Venerable Sydney Children's Wellness Center (also referred to as “the Company”) is a non-profit organization striving for healthcare improvement and access for Nigerian Children, primarily those who are newborn to 18 years of age. The Company is a consortium of highly qualified and compassionate professionals and mentors who wish to change the world through hard work and combined efforts at a macro level. The Company will provide medical services for children, from preventive treatments to surgical and complex medical care, as and when required, by employing dedicated health professionals. The Company also intends to support local hospitals and doctors to achieve its aims and objectives at the national level.



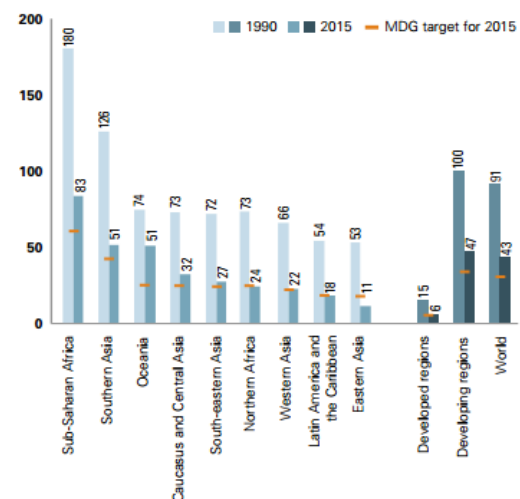
Problem: According to UNICEF Level and Trends in Child Mortality (2015), the annual number of under-five deaths dropped from 12.7 million to 5.9 million. Child survival remains an urgent concern. It is unacceptable that about 16,000 children still die every single day – equivalent to 11 deaths occurring every minute. Without any further acceleration to the current pace of reduction in under-five mortality, a projected 69 million children – more than the current population of Thailand – will die before they reach their fifth birthday between now and 2030, the SDG target year, with 3.6 million of these lives lost in the year 2030 alone. These numbers are still unacceptably high. A concerted effort is needed to further accelerate the pace of progress, and countries and the international community must invest further to end preventable child deaths.

Region	Under-five deaths (thousands)						Decline (percent) 1990–2015	Share of global under-five deaths (percent)	
	1990	1995	2000	2005	2010	2015		1990	2015
Developed regions	223	154	129	111	96	80	64	1.7	1.3
Developing regions	12,526	10,840	9,654	8,189	6,917	5,865	53	98.3	98.7
Northern Africa	280	194	142	121	111	114	59	2.2	1.9
Sub-Saharan Africa	3,871	4,079	4,114	3,748	3,292	2,947	24	30.4	49.6
Latin America and the Caribbean	632	494	378	280	258	196	69	5.0	3.3
Caucasus and Central Asia	145	120	88	72	68	62	58	1.1	1.0
Eastern Asia	1,662	851	615	424	266	194	88	13.0	3.3
Eastern Asia excluding China	28	42	30	18	15	12	55	0.2	0.2
Southern Asia	4,796	4,154	3,566	2,916	2,398	1,891	61	37.6	31.8
Southern Asia excluding India	1,439	1,215	1,053	872	803	690	52	11.3	11.6
South-eastern Asia	856	702	542	457	371	331	61	6.7	5.6
Western Asia	270	231	192	156	136	117	57	2.1	2.0
Oceania	14	15	16	16	15	13	6	0.1	0.2
World	12,749	10,994	9,783	8,299	7,013	5,945	53	100.0	100.0

Main Focus Area

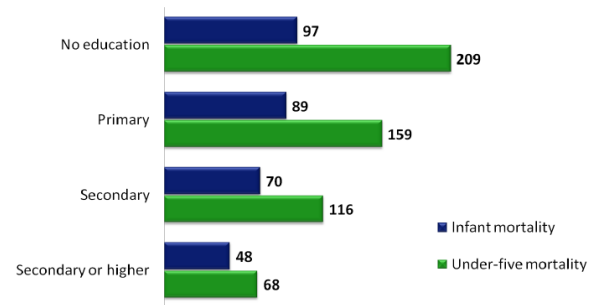
Sub-Saharan Africa remains the region with the highest under-five mortality rate in all regions in the world, with 1 child in 12 dying before his or her fifth birthday, a far higher than the average ratio of 1 in 147 in high-income countries. The region is home to most of the highest mortality countries in the world. The seven countries with an under-five mortality rate above 100 are all located in sub-Saharan Africa. Moreover, extended efforts are needed to provide the necessary services and interventions given the expected growing number of births and child populations in this region – with a 95 percent probability the number of children under age five in sub-Saharan Africa will grow by an extra 26–57 million (with a median of 42 million), from 157 million in 2015 to between 183 and 214 million in 2030. The region may face unique challenges in reducing the number of child deaths: the number of under-five deaths in sub-Saharan Africa may increase or stagnate even with a declining under-five mortality rate if the decline in the mortality rate does not outpace the increase in population, as observed during the 1990s.¹

Under-five mortality rate by Millennium Development Goal region, 1990 and 2015 (deaths per 1,000 live births)



¹ Levels & Trends in Child Mortality, UNICEF. 2015

Women's education has been reported as a key factor in reducing infant and child mortality.² The higher a woman's level of education, the more likely it is that she will marry later, play a greater role in decision making, and exercise her reproductive rights. Her children will tend to be better nourished and enjoy better health. The lack of primary education and lack of access to health care contribute significantly to child and maternal mortality statistics. Women who complete secondary education are more likely to delay pregnancy, receive prenatal and post-natal care and have their birth attended to by qualified medical personnel. Data from the NDHS 2008 revealed that educational levels among girls and women were related to higher infant and under-5 mortality.



Healthcare Services: Venerable Sydney Children's Wellness Center will provide heavily subsidized and free (for needy children) child healthcare, pharmacy services including medicine for child illness, immunizations, and basic health services. The company will aim to provide free health care to all the local orphanages in the local vicinity and will assess financial ability on a case by case basis to more destitute families. The Company will also provide 24-hour, on-call doctors, pediatricians, general practitioners, nurses and professional health visitors' services around the clock. The Company will ensure the availability of health specialists to diagnose and treat minor medical occurrences and to refer to the local hospital in the area for other major illness or treatments

Venerable Sydney Children's Wellness Center is registered as a 501 (c)(3) in the state of Texas and headquartered in Austin County.

that require surgery and other complex medical treatment and accommodation for on-site staff, including caterers and cleaners. The Emergency Department will provide wellness services, pediatrics, definitive treatment of minor to moderate traumatic injuries, evaluation of chest pains and services for accidental injuries' of patients (children). After the completion of Phase 2 and achievement of the Company's objective for the first six years, the organization will be able to become a fully operational specialist hospital for all medical cases in child care. The Company will then provide full support to the local community hospitals and take over the care of children in the local community to ease current overcrowding issues and will provide integrated healthcare for children up to 18 years of age. Another important part to be played by the Company is regarding the general education and training of parents and guardians. Parents and guardians should have knowledge about basic medication and importance of consultancy to the physician.

Market Size: Nigeria's estimated population of 177 million in 2014 (projected from the 1991 National Population Census) makes it the largest country in sub-Saharan Africa and the tenth most populated country worldwide. Nigeria's population is mostly rural, with 63.7 percent of the population living in rural areas. According to UNICEF, about 45 percent of Nigeria's total population is younger than 15, with about 20 percent (24 million) younger than 5. The sheer numbers involved, therefore, demand that child survival issues be placed at the forefront of the national agenda. Despite its wealth of human and natural resources, Nigeria is ranked among the 13 poorest countries in the world; two of every three Nigerians (66%) live below the extreme poverty line of \$1 (US). Less than one-half of the population has access to safe water (40% in rural areas), and only 41 percent have access to adequate sanitation (32% in rural areas). Overall, the adult literacy rate is 56 percent; however, the rate for men and boys (67%) is much higher than for women and girls (47%). These facts adversely affect the survival of children and the reproductive health (RH) status of women in general. Child survival in Nigeria is threatened by nutritional deficiencies and illnesses, particularly malaria, diarrheal diseases, acute respiratory infections (ARI), and vaccine-preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood. Other threats include high maternal morbidity and mortality.

Awareness and Marketing Campaign: To reach its goals, marketing for Venerable Sydney Children's Wellness Center will be done through a variety of mediums, with the Internet being the primary driver and the Launch of the Children's Wellness event. The Company has already developed a user-friendly portal (www.vscwc.org) that

² NDHS:2008

outlines all of the services being provided. Moving forward, plans call for the Company's website to be Search Engine Optimized (SEO) to give it more traction and traffic, which will ultimately translate into increased revenues and profit margins. The Company will also have a social media presence via Facebook and Twitter; having these social media partners will give the Company the opportunity to drive a strong word-of-mouth, authentic marketing message. It will leverage on fund raising online companies like Global-giving, idonate and others to be identified. Having this marketing thrust will give the Company the ability to save on marketing costs while driving both finances and donors' trusts. Other marketing activities will include charity show appearances in the UK, in the USA and in other parts of the world, which will give the Company the opportunity to make valuable impressions for the noble cause of saving infants and toddlers in Nigeria. Print advertising will round out the marketing model, with print advertisements being placed in publications that are typically read by members of the targeted audience.

Target Market: The primary target market for the Company will be children from birth to age 18 from all local orphanages and destitute families. However, children from comparatively wealthier families will also be treated, and they will have to register and pay a nominal fee in the form of a donation to the Company. The incidence of mortality varied among infants in Nigeria aged birth to 1 year and children under 5 years and according to socio-economic characteristics of maternal education, urban or rural residence, and geopolitical zones. Urban areas recorded lower childhood mortality rates than rural areas, with an under-5 mortality rate of 107.8 for urban areas and 142 for rural areas in 1999. At the geopolitical level, the Northwest had the highest under-5 mortality rate of 188 per 1,000 children aged birth to 5, followed by the Northeast with 175.2 deaths, while the lowest rate of 84.4 was recorded in the central region.

Competition and Competitive Advantages: Venerable Sydney Children's Wellness Center does not face direct competition, as there is no hospital in the area specifically providing pediatric care in the region. However, there are healthcare providers, with the most notable being Federal Medical Center (Queen Elizabeth Hospital), Amachara General Hospital, and Obioma Hospital Maternity and Laboratory. Venerable Sydney Children's Wellness Center has a significant advantage over other healthcare providers in the market. These competitive advantages include:

- **Intellectual Property:** Venerable Sydney Children's Wellness Center owns its logos, websites, and product patents.
- **Cost Leadership Strategy:** The Company will offer healthcare services at a nominal fee for affordable families and free for needy children compared to the competition within the healthcare industry.
- **Differentiation Strategy:** Venerable Sydney Children's Wellness Center will focus on child health as well as education and awareness of parents and guardians.
- **Innovation Strategy:** Venerable Sydney Children's Wellness Center will be the only health center for pediatric medicine in the region
- **Operational Effectiveness Strategy:** The Company will operate with as little overhead as possible to meet revenue goals while maintaining positive cash flow and efficient business operations.

Management: Many people have the aching heart for the sorrows and miseries of society, but few of them take bold steps for the betterment of the community. The founders of the Venerable Sydney Children's Wellness Center are the best example in this regard who took a step ahead and became practical in saving the life of the needy Nigerian Children. The management comprises highly qualified professionals, priest, mentors who have decades of experience in the field of hospitality and management, who care for the society and strive to bring a drastic change through collective work.

Financial Overview: The pricing for Venerable Sydney Children's Wellness Center's medical services will range from \$1.00 to \$1.20, as the non-profit organization will be dependent on donations, grants, and support from

donors, governments, and well-wishers. Direct costs of revenue will range from \$0.30 to \$0.78. The Company expects steady growth over the first five years of operation and projects the resulting receipts to be generated:

	Year 1	Year 2	Year 3	Year 4	Year 5
Receipts	\$250,000	\$1,630,651	\$2,016,781	\$2,654,137	\$3,301,965

OBJECTIVE

The purpose of this plan is to provide prospective donors and well-wishers with the information necessary to evaluate the scope and future growth of Venerable Sydney Children's Wellness Center in the marketplace. In addition to serving as a roadmap for management, the plan will show that: 1) a significant market opportunity exists when analyzing the current market demands and competitive landscape; 2) the management team set in place is qualified to execute a well-thought-out, operational marketing and sales strategy, and 3) the correct capital structure will allow for a long-lasting, profitable business.

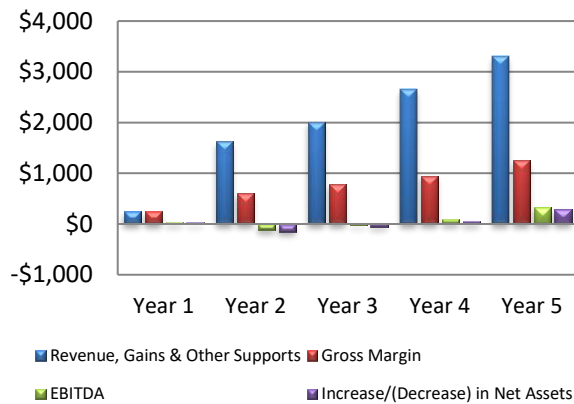
To achieve the Company's objectives, Venerable Sydney Children's Wellness Center is seeking **\$1.515M** in total funding. The funding will be allocated in a variety of ways, including running the wellness event, staffing, operations, and marketing initiatives. Venerable Sydney Children's Wellness Center's financial model shows consistent growth for the brand over the next five years. By year five, plans call for the Company to achieve **\$3.3M** in annual gross revenue with a net surplus of **\$298K** or approximately **9.02%**.

FINANCIAL OBJECTIVES

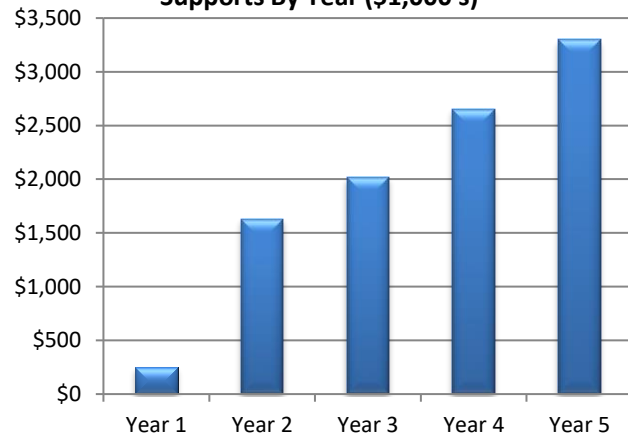
The following table and graphs illustrate the financial goals of Venerable Sydney Children's Wellness Center during the next five years. The financials are explained in detail throughout the duration of the plan.

Financial Highlights (\$1,000's)																	
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Y1	Y2	Y3	Y4	Y5
Revenue, Gains & Other Supports	8	13	15	20	23	23	23	23	25	25	28	28	250	1,631	2,017	2,654	3,302
Gross Margin	8	13	15	20	23	23	23	23	25	25	28	28	250	599	779	946	1,253
Operating Expenses	56	13	13	13	13	13	13	13	13	15	18	23	214	750	836	886	955
EBITDA	-49	0	2	7	10	10	10	10	12	10	12	7	41	-117	-23	95	334
Increase/(Decrease) in Net Assets	-49	0	2	7	10	10	10	10	12	10	10	5	36	-150	-57	60	298
Gross Margin/Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	37%	39%	36%	38%
EBITDA/Revenue	-650%	-2%	15%	36%	43%	43%	43%	43%	49%	40%	45%	27%	17%	-7%	-1%	4%	10%
Net Increase/(Decrease) in Net Assets	-650%	-2%	15%	36%	43%	43%	43%	43%	49%	40%	35%	17%	14%	-9%	-3%	2%	9%
Net Cash Flow	237	0	2	7	10	10	10	10	12	12	13	12	334	-50	-46	111	336
Cash Balance - Ending	242	241	244	251	261	270	280	290	302	314	327	339	339	289	243	354	689

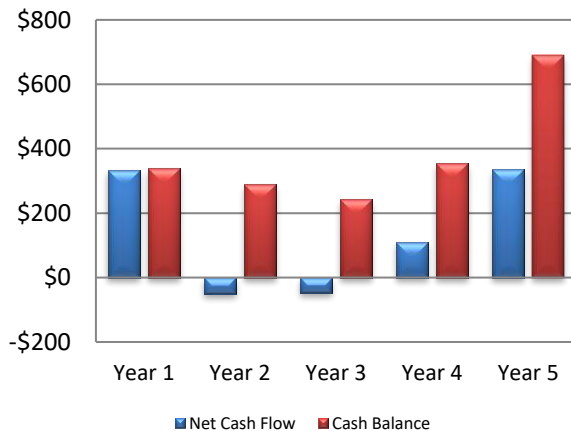
Projected Operating Highlights By Year (\$1,000's)



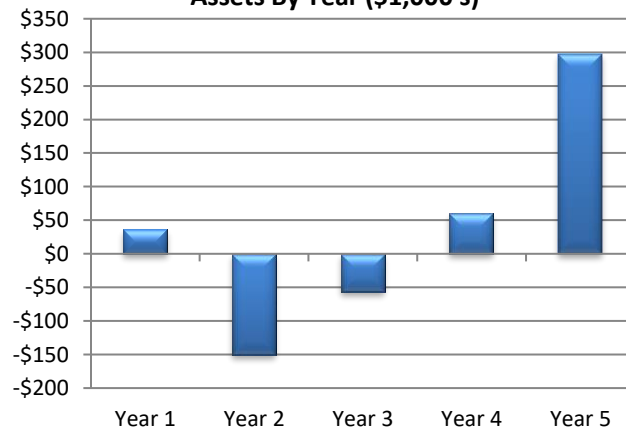
Projected Revenue, Gains & Other Supports By Year (\$1,000's)



Projected Cash Flow By Year (\$1,000's)



Projected Net Increase/(Decrease) in Net Assets By Year (\$1,000's)



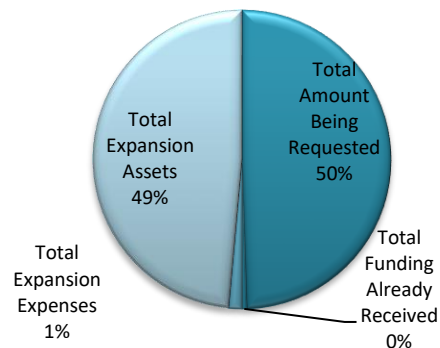
EXPANSION SUMMARY

The following tables and graphs detail the funding the business will need to bring the vision to reality. Expansion funding includes all the expenditures, both expansion assets and expansion expenses, incurred before the

Company expands. The working capital element of the asset table represents the balance of cash at the beginning of Month 1 of the financial projections.

Use of Expansion Funding	
Expenses	
Legal Fees	\$3,000
Grand Opening Advertising	\$10,000
Website Development	\$3,500
Initial Office Supplies	\$5,000
Professional Fees	\$3,000
Fees & Commission	\$6,500
Prepaid Insurance	\$2,500
Contingencies	\$10,000
Total Expansion Expenses	\$43,500
Long-term Assets	
Preliminary Construction Costs	\$15,809
New Building Construction Costs	\$516,064
Renovation of Existing Property	\$225,774
General External Work	\$79,046
Contingencies	\$16,562
Contractor Fees	\$137,516
5 Acre Land (Donation)	\$0
Medical Equipments & Furniture	\$110,000
Office Furniture	\$10,000
Computer & Accessories	\$12,000
Vehicle (Ambulance)	\$7,000
Total Long-Term Assets	\$1,129,771
Short-Term Assets	
Working Capital	\$241,729
Medical Inventory	\$100,000
Total Short-Term Assets	\$341,729
Total Expenses & Assets	
Total Expansion Expenses	\$43,500
Total Expansion Assets	\$1,471,500
Total Funding Requirements	\$1,515,000

Total Source & Use of Funds



Total Expansion Funding	
Total Amount Being Requested	\$1,500,000
Total Funds Already Received	\$15,000
Total Funding	\$1,515,000
New Expansion Funding Being Requested	
Bank Amount Being Requested	\$0
Line-of-Credit (LOC) Requested	\$0
Grant Amount Being Requested	\$1,500,000
Total Amount Being Requested	\$1,500,000
Expansion Funding Already Received	
Founder & Trustees Contribution	\$15,000
Investor Contribution	\$0
Total Funding Already Received	\$15,000
Expansion Capital and Liabilities	
Loss at Expansion (Expansion Expenses)	(\$43,500)
Total Funds Received & Requested	\$1,515,000
Cash Balance on Expansion Date	\$341,729

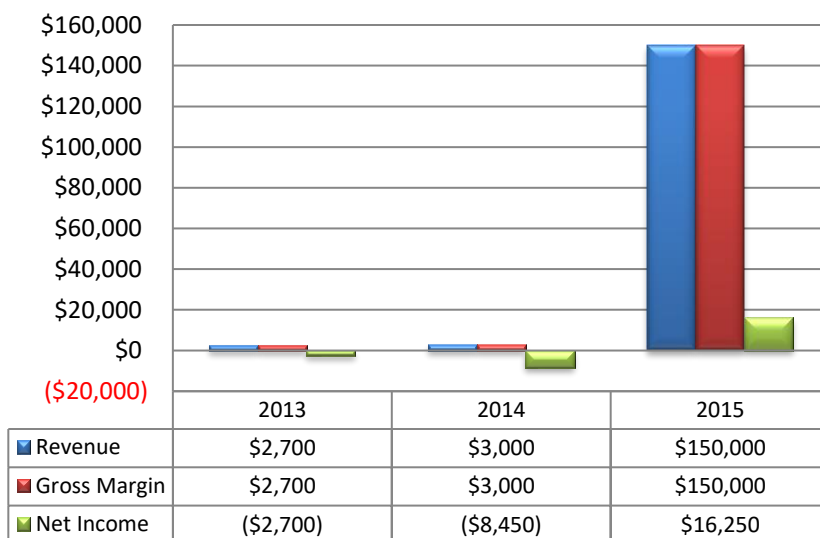
As shown in the charts and the graph above, the total expansion funding needed to successfully implement this venture is **\$1.51K**. To date, the founders have invested **\$15K** in personal funds to create the Company's brand. As depicted above, **\$43.5K** will be used for expansion expenses; **\$1.129M** will be used to purchase long-term assets, and **\$100K** will be used for purchasing medical inventory. The remaining balance of **\$241K** will be used for working capital.

PAST PERFORMANCE

The following table and graph detail the past performance of the Company from 2013 to 2015. The figures are a recapitulation from the Company's accountant. Venerable Sydney Children's Wellness Cent has counter-signed and verified that numbers are true and correct.

Past Performance	2013	2014	2015
Revenue	\$2,700	\$3,000	\$150,000
Gross Margin	\$2,700	\$3,000	\$150,000
Gross Margin %	100.00%	100.00%	100.00%
Operating Expenses	\$5,400	\$11,450	\$133,750
Net Income	(\$2,700)	(\$8,450)	\$16,250

Past Performance



CHILDREN HEALTHCARE SERVICES



Venerable Sydney Children's Wellness Center will establish a state-of-the-art, world-class health center for Nigerian children. The Company will provide medical services for children, from preventive treatments to surgical and complex medical care as and when required. The Company will employ the best doctors and health professionals in not only taking care of the children, but also helping other health facilities and local professionals in Nigeria. Venerable Sydney Children's Wellness Center's services are broadly categorized into three phases:

- Phase I: Regular Children's Wellness Event
- Phase II: Establishment of Healthcare facility for children from birth to 5 years old
- Phase III: will be the extension of the Company's services to children up to 18 years old

PHASE I – CHILDREN'S WELLNESS EVENT

1. Children specialist care for 'cleft lip and palate'
2. General wellness routine checks for all attending children
3. All children's details will be stored in a secured 'Medical Record System' design with identification features like bio-metrics and current photos }
4. 'Your Health is in Your Hands' training sessions. This includes:
 - o Deworming, First Aid and CPR training for parents and orphanage care workers
 - o Nutrition talks and materials
5. Oral & body Hygiene awareness and checks
6. Check of immunizations

PHASE II – SERVICES FOR NEW BORN TO 5 YEAR OLD CHILDREN

1. To provide heavily subsidized and free* child healthcare.
2. To provide heavily subsidized and free* in-house pharmacy services for the patients. The Company will ensure availability of illness treatments, immunizations and basic health medicine for children within this age bracket.
3. Providing medical care to the patients around the clock.
4. To ensure the availability of health specialists to diagnose and treat minor medical occurrences and to refer to the local hospital in the area for other major illness or treatments that require surgery and other complex medical treatment.
5. To provide accommodation for on-site staff, including caterers and cleaners.
6. The healthcare program will be conducted from Monday thru Saturday, with limited open hours on Sunday. Hours, from Monday to Friday, are 7 AM to 10 PM and, on Saturday, 10 AM to 5 PM with emergency hours after 5 PM, and Sunday will be emergency only. Although the hospital center will not

be open after hours, the Company plans to maintain on-site, 24-hour on-call doctors and nurses for any emergency cases.

Emergency Department

The emergency services offered by Venerable Sydney Children's Wellness Center include:

- Wellness services, immunizations, check-ups and basic care training for young parents and guardians
- Treatment of pediatric ailments: Mainly minor illness to start with, providing, where possible, initial diagnosis before referring to the local community general government hospital for further analysis or treatment
- Definitive treatment of minor to moderate traumatic injuries
- Treatment of emergencies such as drug interaction and chest pains, and actions to ensure significant illness can be gotten under control
- Treatment of injuries in occupational and industrial medicine (such as home incidences)

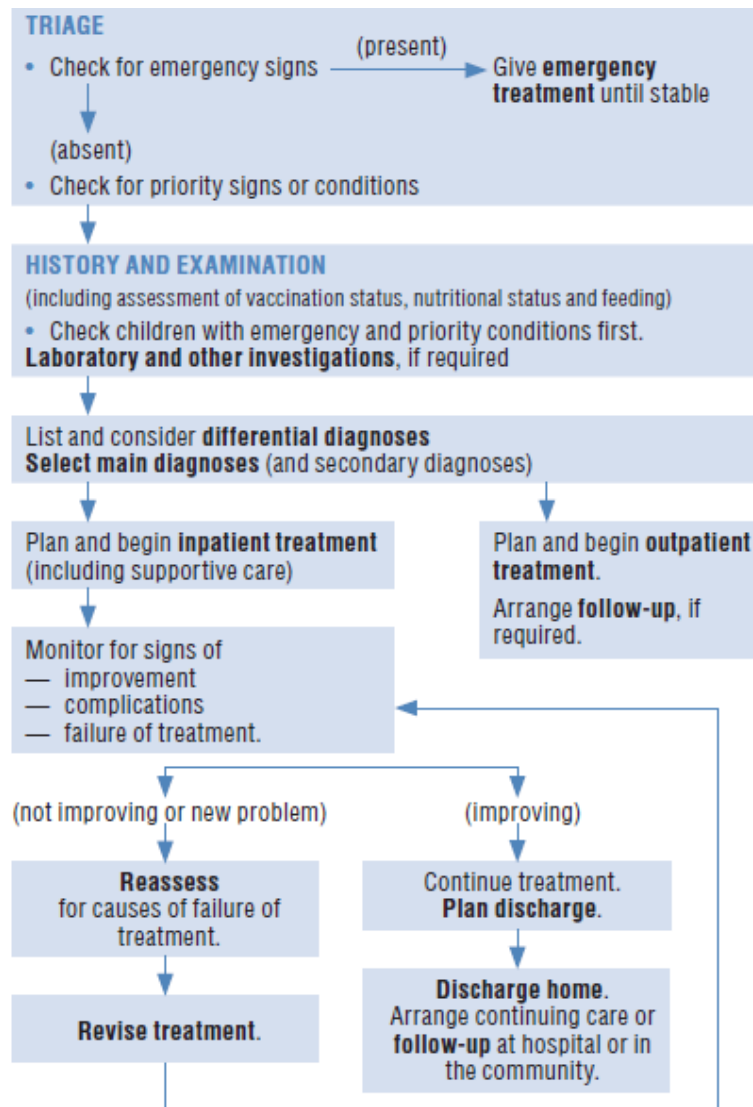
PHASE III – EXTENDED SERVICES FOR CHILDREN UP TO 18 YEARS

1. Extension of the age limit of patients up to 18 years of age.
2. With the economic efforts of the management and increases in a donation, the Company will manage the same fee structure as Phase I.
3. Extension of the status of the program from a limited corporation to a Non-Government Organization (NGO).
4. To become a fully operational specialist hospital for all medical cases in child care.
5. To become a full support to the local community hospitals and take over the care of children in the local community to ease current overcrowding issues.

FEE POLICY

- a. Children whose parents can afford to pay reasonable fees may do so in the form of donations.
- b. Those who cannot afford the costs can still be taken good care of. The cure shall not be denied only due to non-payment of fees.
- c. Fees in the form of donations will be minimum for those patients who can afford to pay. This is a charity organization, and the information relating to fee payments will be determined on the day the patient arrives, as each case will be evaluated on a case-by-case basis. The program may become totally free if adequate funds are available.
- d. All treatment costs may also require a minimum charge. However, the aim will be for the healthcare workers to do immediate evaluations to determine the nature of the ailment of the child being examined. Based on these assessments, if the treatment is within our services, it will be provided for free.
- e. Venerable Sydney Children's Wellness Center will extend priority health care services at no charge to all identified childcare facilities in nature of vulnerable and special needs. These children will receive free health care.

TREATMENT FLOW CHART



DEVELOPMENT PLAN

Redevelopment is planned for a building for a Children's Health Care Center for children up to 18 years old. The building shall be renovated to fit for the purpose of a healthcare center. The Company plans to use further land provided by the patron to build living quarters for overseas and some local health specialists. A Nigerian Corporation shall donate the land in exchange for a stake in the Company. After completion of Phase II and the Company becoming an NGO, the premises will be the property of the NGO. The Premises shall become fully operational within six years and with the opening of the facility for children up to 18 years of age as per the development plan of the Company.



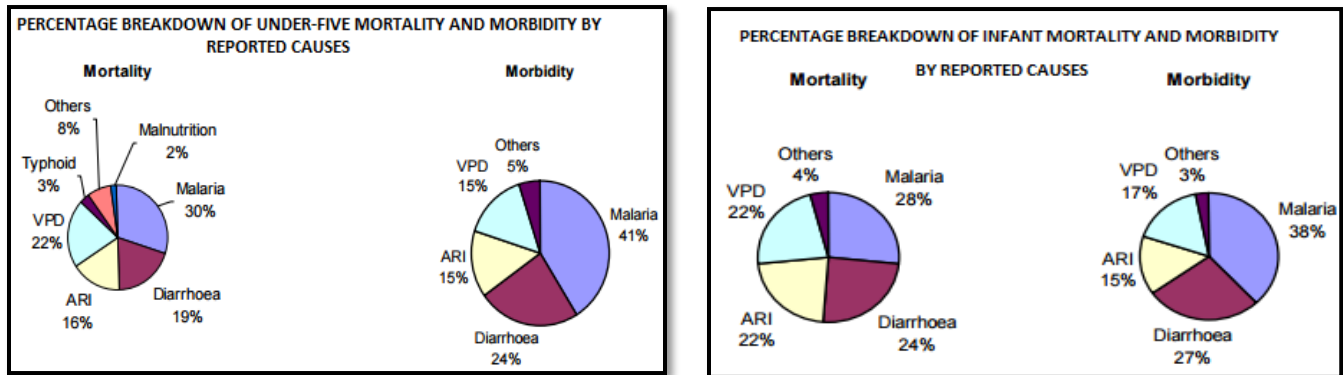
The Contract with M&E Associates

The Company has entered into construction contract with M&E Associates. Following are the salient points related to cost and completion of the building work:

- 15% of the contract amount shall be paid for the design and supervision of construction.
- 5% of the total amount will be paid once all statutory approval is obtained.
- The hospital will be constructed as the following milestones are achieved by the builder:
 - 20% payment will be done by signing the final contract.

- Further, 20% shall be paid upon completion of DPC.
- 15% at completion of roofing
- 10% payment will be released upon installation of electrical and mechanical appliances.
- 10% will be after completion and finishing of the building.
- Remaining 5% will be finally paid after the completion of commissioning.

CHILD SURVIVAL IN NIGERIA – STUDY



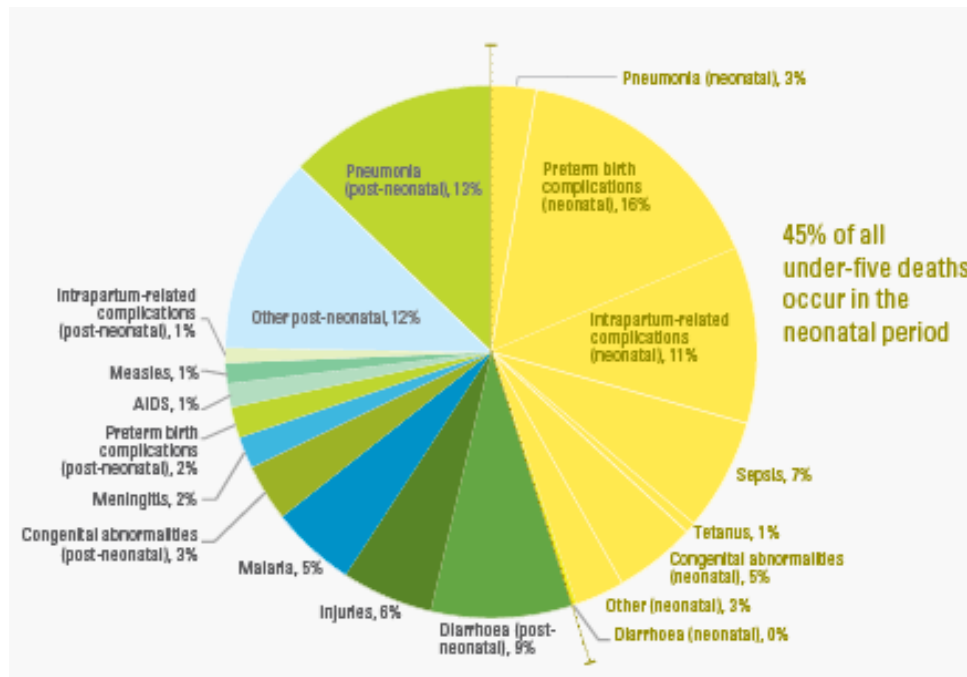
Nigeria's estimated population of 177.476 Million in 2014 (World Bank) makes it the largest country in sub-Saharan Africa and the 10th most populated country worldwide. Nigeria's population is mostly rural, with 63.7 percent of the population living in rural areas. According to UNICEF, about 45 percent of Nigeria's total population is younger than 15, with about 20 percent (24 million) younger than 5. The sheer numbers involved, therefore, demand that child survival issues be placed at the forefront of the national agenda. Despite its wealth of human and natural resources, Nigeria is ranked among the 13 poorest countries in the world; two of every three Nigerians (66%) live below the extreme poverty line of \$1 (US). Nigeria's per capita health expenditure stands at \$114.97 (2013) and was even lower among people living in rural areas, limiting their access to adequate nutrition, quality health care, and other essential social services, especially among vulnerable groups (women and children).

Less than one-half of the population has access to safe water (40% in rural areas), and only 41 percent have access to adequate sanitation (32% in rural areas). Overall, the adult literacy rate is 56 percent; however, the rate for men and boys (67%) is much higher than for women and girls (47%). These facts adversely affect the survival of children and the reproductive health (RH) status of women in general. Child survival in Nigeria is threatened by nutritional deficiencies and illnesses, particularly malaria, diarrhoeal diseases, acute respiratory infections (ARI), and vaccine-preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood. Other threats include high maternal morbidity and mortality. There is the need for an enabling environment through well-articulated policies, projects, and programmes to ensure the wholesome development of Nigerian children and enhance the quality of life. Despite progress, key infectious diseases remain the main killers of children under age 5; preterm birth and intrapartum-related complications are responsible for the majority of neonatal deaths³.

“Child survival in Nigeria is threatened by nutritional deficiencies and illnesses, particularly malaria, diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases...”

³ UNICEF, 2015

Global distribution of deaths among children under age five by cause, 2015⁴

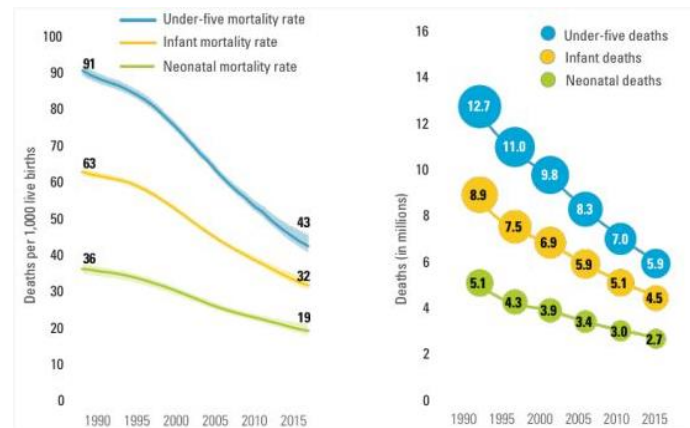


INFANT/CHILD MORTALITY AND MORBIDITY

According to UNICEF (2015), since 1990, the world has cut both the rate and number of child deaths by more than one half. This progress, while remarkable, falls short of the Millennium Development Goal 4 (MDG 4) target of a two-thirds reduction in the under-five mortality rate. In 2015, an estimated 5.9 million children under the age of five will still die; equivalent to 11 every minute. This underscores that child survival needs to be a continued priority when we look beyond the MDGs.

Under Five Mortality

The global under-five mortality rate has fallen by 53 per cent, from 91 deaths per 1,000 live births in 1990 to an estimated 43 in 2015. The infant mortality rate has fallen by nearly half. Neonatal mortality has declined less steeply than the other rates, dropping 47 per cent. Over the same period, the absolute number of child deaths per year has also fallen substantially. In 1990, 12.7 million children around the world died before reaching their fifth birthday; in 2015, that number has fallen to 5.9 million children. Over the same period,



⁴ WHO and Maternal and Child Epidemiology Estimation Group (MCEE) provisional estimates 2015

the number of newborn babies who died within the first 28 days of life declined from 5.1 million to 2.7 million.

This progress, while remarkable, falls short of the MDG 4 target of a two-thirds reduction in the under-five mortality rate. If every country had further accelerated progress in improving child survival since 2000 and achieved the MDG 4 target by 2015, an additional 14 million under-five deaths would have been averted between 2000 and 2015. At a regional level, the overall trends are positive but vary. Since 1990, every region of the world has reduced its under-five mortality rate by at least half. East Asia and the Pacific and Latin America and the Caribbean each met the MDG 4 target of a two-thirds reduction in the under-five mortality rate.⁵

DETERMINANTS OF CHILDHOOD MORTALITY AND MORBIDITY

VPD, malaria, ARI and diarrheal illnesses are the most common childhood ailments that contribute substantially to morbidity and mortality among children younger than 5. The breakdowns are from standard data on notifiable diseases collected by health authorities and collated through the National Health Management Information Systems (NHMIS). Although not entirely reliable, these data provide an approximate picture of the diseases that lead to ill health and death among children less than five years of age in Nigeria.

Malaria

Malaria is by far the most significant cause of morbidity and mortality in infants (38% and 28%) and young children (41% and 30%). About 75 percent of malaria deaths occur in children younger than 5. Malaria also accounts for about 11 percent of maternal deaths, especially for first-time mothers. It contributes mainly to neonatal and perinatal mortality as well as anemia in young children, thus undermining their growth and development. It is estimated that 50 percent of the population has at least one episode of malaria each year, whereas children younger than 5 suffer from two to four attacks a year. Also, malaria indirectly exacerbates poverty by diminishing productivity and household income, which further adversely affects child health and well-being. Malaria has remained problematic because, like in most other tropical countries, efforts to control malaria before the Roll Back Malaria (RBM) Initiative failed to adopt an inter-sectorial approach in considering the social and environmental factors sustaining the disease. Victims were thus virtually dependent on home-based treatment and chloroquine.

Diarrheal Illnesses

These illnesses are the second most common cause of infant deaths and the third leading cause of under-5 mortality, as shown in Figures 1 and 2. The World Bank reveals that Nigeria has lost 43 healthy years of life per 1,000 from diarrheal 5 illnesses.

ARI

ARI include a broad range of upper and lower respiratory tract infections (pneumonia), commonly manifesting with a cough, fever, and rapid breathing. ARI were the fourth leading cause of under-five morbidity and, together with VPD, the third leading cause of infant mortality.

Sickle Cell Disease (SCD)

SCD is the most common genetic disorder affecting Nigerians. About 25 percent of the population carry the sickle cell trait (the AS gene), and about 100,000 children born annually have an acute sickle cell disorder. The disease (resulting from homozygous S genes) affects about 2–3 percent of the population, which is one of the highest prevalence rates worldwide.

Childhood Malnutrition and Child Survival

In Nigeria, more than 50 percent of all childhood deaths have under-nutrition as an underlying. Progress in Nutrition is assessed from indicators of malnutrition, breastfeeding, salt iodization, and vitamin-A supplementation for children younger than 5. WHO/UNICEF recommends that children be exclusively breastfed for the first four to six months of life, and after that introduced to appropriate and adequate complementary foods along with breast milk. According to the NDHS, 96 percent of mothers said they were breastfeeding their babies, and 86 percent of children ages 12–23 months 6 were still being breastfed.

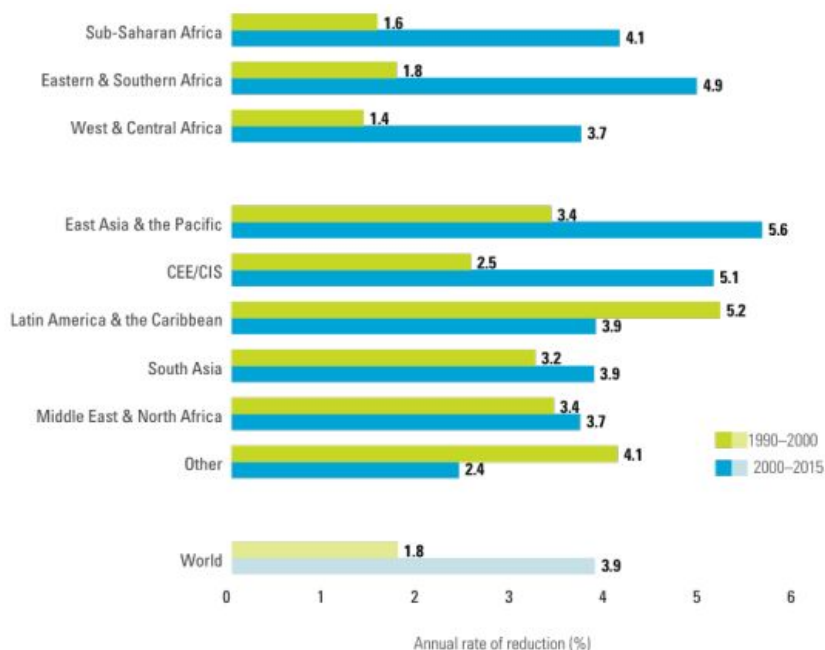
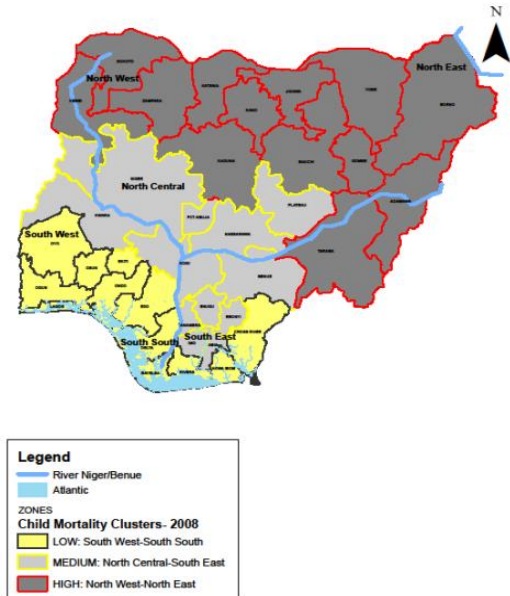
⁵ <http://www.data.unicef.org/child-mortality/under-five.html#sthash.dHbGgloj.dpuf>

Non-health Factors Influencing Child Survival

- Female literacy
- Access to safe water and adequate sanitation
- Poverty
- Cultural factors and gender bias

GEOGRAPHICAL SEGMENTATION

Nigeria, like most developing countries, has a young population with a broad-based age pyramid and a relatively high dependency ratio of about 82 per cent. Children aged birth to 14 years constituted about 40.9% of the country's estimated total population of about 177.476 Million. The active age group, those aged 15 to 64 years, made up 55.9% of the population while the elderly (those aged 65 years and above) constituted about 3.1 per cent of the population. Specifically, children aged birth to 5 years were about 16.8% of the country's total population. The country's high dependency rate of about 82 per cent, the low Gross National Income of equivalent USD 2,710 in 2013, and the high incidence of poverty of about 71 % have implications for the health status of Nigeria, particularly for infant and child mortality rates. The cluster map shows groups of high under-5 mortality rates in two regions, the Northeast and Northwest, clusters of moderate rates in two regions, the Southeast and Northcentral, while the Southwest and South-south showed clusters of low under-5 mortality rates.



Even with the progress made in reducing under-five deaths during the MDG period, over the past 25 years, a total of 236 million children died before reaching their fifth birthday. This number is staggering – more than the current population of Brazil, the world's fifth most populous country. About 16,000 children under the age of five still die every day. The remaining burden of child mortality is not evenly shared across regions and countries. The 5.9 million under-five deaths that are estimated to occur in 2015 are heavily concentrated in sub-Saharan Africa and South Asia, and in lower income countries. In very-low-mortality countries (with an under-five mortality less than 10 deaths per 1,000

live births in 2015), infectious diseases are not the main causes of death for children under five. In those countries, pneumonia, diarrhea, malaria, sepsis, pertussis, tetanus and meningitis, measles and AIDS together only account for 10 per cent of all under-five deaths.

Umuahia is the capital city of Abia State in southeastern Nigeria. Umuahia is located along the railroad that lies between Port Harcourt to Umuahia's south and Enugu City to its north. Umuahia has a population of 359,230, according to the 2006 Nigerian census. Umuahia's indigenous ethnic group is the Igbo. Umuahia has been well known as an agricultural market center since 1916. It is also a railway collecting point for crops such as yams, cassava, corn (maize), taro, citrus fruits, and palm oil, and kernels. There are several breweries in Umuahia, and there is also a palm-oil-processing plant. Nigeria's National Root Crops Research Institute, at Umudike, is adjacent to the town. Umuahia also has several colleges, including Trinity College (theological) and several hospitals. Umuahia comprises two local government areas: Umuahia North and Umuahia South. These local governments are also composed of clans such as the Umuopara, Ibeku, Olokoru, Ubakala, and Ohuhu communities. The Ibeku traditionally own Umuahia town after early British administrators based the city on their lands. Umuahia is a city composed of five clans who each have their own origin stories of how they came to settle at the place later named Umuahia. Umuahia was established by the British colonial administration of Nigeria in the early 20th century and was declared the second capital of the short-lived nation of the Republic of Biafra on 28 September 1967 after Nigerian troops captured Enugu.



NIGERIA: DEMOGRAPHICS⁶

DEMOGRAPHICS	NIGERIA
Population	177 Million
Age Structure	0-14 years: 43.2% (male 39,151,304/female 37,353,737) 15-24 years: 19.3% (male 17,486,117/female 16,732,533) 25-54 years: 30.5% (male 27,697,644/female 26,285,816) 55-64 years: 3.9% (male 3,393,631/female 3,571,301) 65 years and over: 3.1% (male 2,621,845/female 2,861,826) (2014 est.)
Dependency Ratios	Total Dependency Ratio: 89.2 % Youth Dependency Ratio: 84 % Elderly Dependency Ratio: 5.2 % Potential Support Ratio: 19.3 (2014 estimate)
Median Age	Total: 18.2 Years Male: 18.1 Years Female: 18.3 years (2014 est.)
Population Growth Rate	2.47% (2014)
Birth Rate	38.03 births/1,000 population (2014)
Death Rate	13.16 deaths/1,000 population (2014)
Net Migration Rate	-0.22 migrant(s)/1,000 population (2014)
Urbanization	Urban Population: 49.6% Of Total Population Rate of Urbanization: 3.75% Annual Rate of Change (2010-15)
Major Cities Population	Lagos 11.223 million; Kano 3.375 million; Ibadan 2.949 million; ABUJA (capital) 2.153 million; Port Harcourt 1.894 million; Kaduna 1.524 million
Sex Ratio	At Birth: 1.06 Male(s)/Female 0-14 Years: 1.05 Male(s)/Female 15-24 Years: 1.05 Male(s)/Female 25-54 Years: 1.05 Male(s)/Female 55-64 Years: 1.04 Male(s)/Female 65 Years and Over: 0.85 Male(s)/Female Total Population: 1.01 Male(s)/Female (2014 Est.)

⁶ http://www.indexmundi.com/nigeria/demographics_profile.html

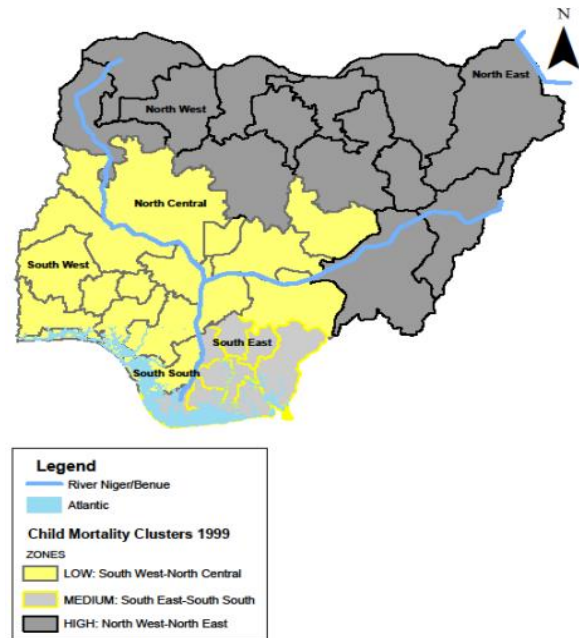
Mother's Mean Age at First Birth	20.3 years
Infant Mortality Rate	Total: 74.09 deaths/1,000 live births Male: 79.02 deaths/1,000 live births Female: 68.87 deaths/1,000 live births (2014)
Life Expectancy at Birth	Total Population: 52.62 Years Male: 51.63 Years Female: 53.66 Years (2014 Est.)
Total Fertility Rate	5.25 children born/woman (2014)
Contraceptive Prevalence Rate	14.1%
HIV/AIDS Adults Prevalence Rate	3.1% (2012 est.)
HIV/AIDS Death	3,426,600 (2012 est.)
Drinking Water Source	Improved: Urban: 78.8% of Population Rural: 49.1% of Population Total: 64% of Population Unimproved: Urban: 21.2% of Population Rural: 50.9% of Population Total: 36% of Population (2012 Est.)
Sanitation Facilities Access	Improved: Urban: 30.8% Of Population Rural: 24.7% Of Population Total: 27.8% Of Population Unimproved: Urban: 69.2% Of Population Rural: 75.3% Of Population Total: 72.2% Of Population (2012 Est.)
Major Infectious Diseases	Degree of Risk: Very High Food or Waterborne Diseases: Bacterial and Protozoan Diarrhea, Hepatitis A And E, And Typhoid Fever Vector borne Diseases: Malaria, Dengue Fever, And Yellow Fever Water Contact Diseases: Leptospirosis and Schistosomiasis Respiratory Disease: Meningococcal Meningitis Aerosolized Dust or Soil Contact Disease: One of The Most Highly Endemic Areas for Lassa Fever Animal Contact Disease: Rabies
Ethnic Groups	Nigeria, Africa's most populous country, is composed of more than 250 ethnic groups; the following are the most populous and politically influential: Hausa and Fulani 29%, Yoruba 21%, Igbo (Ibo) 18%, Ijaw 10%, Kanuri 4%, Ibibio 3.5%, Tiv 2.5%
Religions	Muslim 50%, Christian 40%, indigenous beliefs 10%
Languages	English (official), Hausa, Yoruba, Igbo (Ibo), Fulani, over 500 additional indigenous languages
Literacy	Definition: Age 15 And Over Can Read and Write Total Population: 61.3% Male: 72.1% Female: 50.4%
School Life Expectancy (Primary to Tertiary)	Total: 9 Years Male: 10 Years Female: 8 Years
Child Labor (5-14 Years)	Total Number: 11,396,823 Percentage: 29 %
Maternal Mortality Rate	630 deaths/100,000 live births (2010)

Underweight children below 5 years of age	24.4% (2011)
Health Expenditures	5.3% of GDP (2011)
Physicians Density	0.4 physicians/1,000 population (2008)
Hospital Bed Density	0.53 beds/1,000 population (2004)
Adult – Obesity Prevalence	6.5% (2008)

TARGET MARKET

The primary target market for the Company will be children between the ages of birth to 18 from all local orphanages and destitute families. However, children from comparatively wealthier families will also be treated, and they will have to register and pay a nominal fee in the form of a donation to the Company.

The incidence of mortality varied among infants in Nigeria ages birth to 1 year and children under 5 years and according to socio-economic characteristics of maternal education, urban or rural residence, and geopolitical zones. Urban areas recorded lower childhood mortality rates than rural areas with an under-five mortality of 107.8 for urban areas and 142 for rural areas in 1999. At the geopolitical level, the Northwest had the highest under-five mortality rate of 188 per 1,000 children aged birth to 5, followed by the Northeast with 175.2 deaths, while the lowest rate of 84.4 was recorded in the central region. The cluster map on the right presents a vivid illustration of the differences in mortality rates among the geopolitical zones. The map indicates significant clusters of child mortality rates among the geopolitical zones. Two of the geopolitical regions, the Northwest and the Northeast, exhibited groups of high under-5 mortality rates; while the Southeast showed medium rates and the Southwest and part of Northcentral presented a cluster of low under-5 mortality rates. One of the striking features of the mortality pattern is the consistently high mortality rates in the Northern part of Nigeria. The Northwest and the Northeast had the highest mortality rates in 1999 and 2008 respectively. Data in the following table show spatial differences in childhood mortality rates⁷.



Socio Economic Characteristics	Infant Mortality (1q0)	Child Mortality (4q1)	Under Five Mortality (5q0)
RESIDENCE			
Urban	67	58	121
Rural	95	106	191
REGION			
Northeast	109	126	222
Northwest	91	139	217
Southeast	95	64	153
Southwest	59	32	89
Northcentral	77	62	135
South	84	58	138
MOTHER'S EDUCATION			
No Education	97	124	209
Primary	89	77	159
Secondary	70	49	116
Above secondary	48	22	68

⁷ Nigeria Demographic Health Survey, 2008

MARKET NEEDS

- Political Support
 - Regarding child health, the country has adopted and implemented, to a certain extent, some major global initiatives affecting children, such as the Safe Motherhood Initiative and its follow-up, Making Pregnancy Safer, Baby-Friendly Hospital Initiative (BFHI), and Integrated Management of Childhood Illness (IMCI).
- Policies and Plans
 - Nigeria has in place several policies and procedures that affect the survival of children and their mothers. Some of these have been adopted and are being implemented, whereas some are drafts or under review.
- Legislation and Protection of Children's Rights
 - As a follow-up to the WSC in 1990, the Government of Nigeria established the National Child Welfare Committee (NCWC) to formulate a framework for implementing the summit's goals.
- Donors/Partners
 - The Nigerian government has enjoyed and still enjoys the goodwill of many international donors and partners in the area of child survival and maternal health. As a result of the decline in public funding in the late 1980s and early 1990s, the health sector became highly dependent on donor funding and technical input from development partners till 2015.
- National NGOs
 - Although there is a sizeable number of non-governmental organizations working on child rights and protection, there are only a few that show a strong commitment to promoting child health issues;
 - Therefore, the market critically needs a dedicated consortium of fundraisers who regularly contribute to children healthcare in Nigeria like Venerable Sydney Children's Wellness Center.

MARKETING AND AWARENESS

Venerable Sydney Children's Wellness Center recognizes that a clear marketing approach and a well-regarded brand are essential for propagating a firm standing towards the Nigerian Healthcare industry. To raise brand awareness among its intended donors and supporters, the Company will emphasize a logo and company colors on all marketing materials along with dissemination of information on current healthcare situation in Nigeria and especially for Children. The Company's branding, values and the mission will aid in fueling word-of-mouth buzz and building a loyal customer following.

By upholding a positive corporate image in addition to providing its top-quality healthcare services, Venerable Sydney Children's Wellness Center will increase its market share, stand out among its competitors, and become a dominant player in the market. The Company will also fervently track any direct or indirect competition in the marketplace to ensure it stays on top of cutting-edge industry trends and opportunities. Moving forward, Venerable Sydney Children's Wellness Center will strive to meet the following objectives as it accomplishes specific keys to success:

OBJECTIVES

- To play a vital role in the betterment of children's healthcare in Nigeria
- To eradicate infant mortality in the Nigerian region
- To provide adequate medical facilities for Nigerian Children through an integrated program of health education, immunization, early diagnosis and hospital treatment referrals
- To provide advanced, specialized treatment facilities
- To provide efficient and effective free medical services to needy children
- To develop collaborative and consultative research partnerships with local hospitals, parents, and guardians
- To achieve sustainable and adequate financial support through donations and charity

- To co-operate and enter into arrangements with relevant authorities, organizations, national, local or international
- To develop a strong customer service model
- To remain flexible in its service offerings
- To stay attuned to the marketplace and integrate products into the business mix that meet the needs of the targeted audience

KEYS TO SUCCESS

- Prudently managing resources and funds
- Remaining focus on the aim and objectives
- Building confidence with the donors and supporters
- Demonstrating professionalism in deeds
- Educating the general public and mitigating any negative stereotypes associated with the industry

LOCAL COMPETITIVE ANALYSIS

Venerable Sydney Children's Wellness Center is keenly aware that it must consistently analyze the local competitive landscape to accelerate its position in the marketplace. As the Company builds its position and competitive advantages, it will continue to execute a marketing plan that highlights the benefits of its services. Any business that operates with a similar model serves as a direct or indirect competitor. The identified competitors are described below:

	Federal Medical Center (Queen Elizabeth Hospital)	Amachara General Hospital	Obioma Hospital Maternity and Laboratory
Year Founded	N/A	2013	
Owner/CEO	Dr. Abali Chuku (Medical Director)	N/A	Alozie Brown
Headquarters	Opposite Guarantee Trust Bank Plc., Umuahia PMB 7001	Umuahia North Truck Park, Umuahia	School Road, Umuahia 23488
Website	http://www.fmcumuahia.net/	N/A	
Contact Info	+234-803-808-9468	N/A	+234 803 584 2805
No. of beds	369	100	
Entity Type	Government Owned	Government Owned	Private
Medical Services	Diagnostic Imaging, Laboratory Service, Palliative Care, Ambulance Service, In Vitro Fertilization, NHIS Clinic,	General Hospital, Doctors Residence, Other Health Facilities	Ambulance Services, Emergency, Laboratory Services, Maternity Clinic
Target Market	The Hospital serves Umuahia region.	Amachara region in Umuahia	Mainly targeting ObGyn Patients in Umuahia area
Strengths	State owned remote entity, revival by Dr. Abali Chuku	Revamped old clinic of 1923 into a 100 bed general hospital	Experienced Gynecologists Clinics
Weaknesses	No Pediatric Department	No Specific Healthcare for Newborns and Toddlers	Focusing on only one area

MAJOR HEALTHCARE SERVICE PROVIDERS IN NIGERIA

University College Hospital, Ibadan

The University College Hospital, (UCH) Ibadan was established by an act of parliament in November 1952 in response to the need for the training of medical personnel and other healthcare professionals for the country and the West African Sub-Region. The establishment of the Hospital was a sequel to a Visitation Panel in 1951 to assess the clinical facilities for the clinical postings of medical students registered for M.B.B.S. degree of the University of London. The visitation panel, led by Dr. T.F. Hunt of the University of London, rejected the enhanced facilities provided by the Government/Native Authority Hospital at Adeoyo, Ibadan, following the establishment of a Faculty of Medicine in the University College, Ibadan (now University of Ibadan) in 1948. The Hospital, at its inception in 1948, before the Act of Parliament, had two clinical departments (Medicine and Surgery). However, the Hospital has evolved to accommodate about 60 departments, among which is the first Department of Nuclear Medicine in Nigeria commissioned by the Honorable Minister of health, Professor Eytayo Lambo, on 27 April 2006. The Hospital and the University of Ibadan function in excellent symbiosis, and it is impossible to think of one without the other in the areas of health manpower training, research, and clinical service. This functional interdependence was emphasized from inception through the appointment of the Chairman of the Provisional Council of the University College, (now University of Ibadan) as the first Chairman of the Board of Management of the University College Hospital, Ibadan.



In addition to an undergraduate medical program (based in the College of Medicine of the University of Ibadan), the UCH also provides for postgraduate residency training programs in all specialties of Internal Medicine, Surgery, Obstetrics & Gynecology, Pediatrics, Otorhinolaryngology, Ophthalmology, Anesthesia, Laboratory Medicine, Psychiatry, Community Medicine, General Medical Practice, Radiology, Radiotherapy and Dentistry. The University College Hospital also provides diploma/professional programs in the School of Health Records & Statistics, Environmental Health Officers Tutors Course; Primary Health tutors Course, Nurse/Midwife/Public Health Nurse, Nurse Tutors Course, and Post Registration Courses in nursing e.g. Peri Operative Nursing and Occupational Health Nursing.

Sir Yahaya Memorial Hospital

Sir Yahaya Memorial Hospital (SYMH), Birnin Kebbi, Kebbi State, Nigeria, West Africa is the premier hospital in the State. It was established in 1952 by the constitutional authority (NA) with municipal authority funds on the initiative of the then 17th Emir of Gwandu, Sir Yahaya Haliru Abdu. It was commissioned



in December 1952 as a general hospital with a maternity and three wards (one male ward and two female wards). The uniqueness of the hospital makes it not only secondary health care but also provide some tertiary services. The hospital is people-friendly, with a very simple structure, and is devoid of the grandiose buildings that usually scare people, especially visitors from the countryside. The hospital has a good number of indigenous professionals that serve as members of staff; this makes it easier for patients and their relatives to express their needs and to understand responses from the professionals. The first indigenous medical doctor was Dr. Lodi, and the charge nurse was Mallam Aliyu Lemu, while two European nursing sisters manned the maternity unit.

The hospital is a more-than-290 capacity bedded facility headed by a Chief Medical Director (CMD). Management and funding of the general hospital underwent dynamic changes from Gwandu regional authority to northern Nigerian government to northwestern state government to Sokoto state government and now Kebbi state government as from August 1991. Upon the creation of Kebbi state, the general hospital was upgraded to specialist hospital Birnin Kebbi. In 1997, the specialist hospital was renamed Sir Yahaya Memorial Hospital Birnin Kebbi to immortalize the 17th Emir of Gwandu, who had the vision to build a hospital at that time on his farmland without soliciting for compensation.

Federal Medical Centre

The Federal Medical Centre Abeokuta is a 250-bed regional specialist hospital that came into existence on 21 April 1993 with a philosophy of excellence in the provision of medical services to the gateway state of Ogun and other neighboring states and nations. However, over recent years, the scope of this philosophy has gradually expanded to encompass further excellence in training and research, so that today we can rightly say that the hospital stands on a tripod of excellence in research, training and healthcare services delivery. The Pioneer Medical Director, Professor E. O. Otolurin, meticulously steered the ship of the hospital between 1993 and 1999. He was succeeded by Dr. T. O. Motayo, who administered the hospital between 2000 and 2008. The current Medical Director, Dr. O. S. Sotiloye, has been steering the affairs of the hospital since 2008.



COMPETITIVE ADVANTAGES

The following is a listing of the primary competitive advantages of the Company upon entering the market.

- Professional management with robust approach
- Charity begins at home, with members of the management donating vigorously for the medical program and construction of the health center
- Management's effort in drawing the attention of international donors to this noble cause
- Management includes highly experienced experts in children healthcare
- Efforts of the Company in acquiring land and start construction of the project
- International presence of the Company with offices in UK and USA
- The only institution focusing exclusively on Children's Health in the region
- Central location of the Healthcare Center, between Umuahia and Owerri, reaching two Nigerian states
- Registered Non-Profit Organization in the United States of America
- Dedicated team of qualified healthcare specialists
- The management believes in pluralism and is open to collaboration with other organizations to bring children's health reform to Nigeria
- The Company is always open to suggestions from its donors and well-wishers to achieve its aims and objectives
- The Company intends to help and needs aiding hands for the betterment of infants, toddlers and children in Nigeria
- The Company has a solid construction and operational plan to achieve Phase I and Phase II of the services as set out
- The Company is not restricted to cash funding only; a prospective donor can even donate hospital equipment, furniture, or construction materials as deemed fit to the donors
- Periodic audit of financial statements and display of report for the donors, prospective donors, patients and well-wishers

HEALTHCARE REFORM STRATEGY

Health uncertainty has multiple impacts on the Nigerian health system. Different uncertain factors have been identified. Government spending on health and donor funding have reduced, which caused difficulties in resource allocation and expenditure in the three tiers of government. Tighter control of available funds and operations should be used to enhance the quality of services. Health policy should be in line with the changing environment, aimed at achieving health for the vast majority of the people. Abandoned immunization programs in many health centers across the federation should be resumed with vigor. Problems of access, poor community participation, and underfunding should be given top priority in the best interest of the people. Supply of solar-powered refrigerators in rural communities without electricity would enhance vaccines' potency. Massive national and community mobilization/participation and the adaptation of the Chinese model would help in ensuring that health care gets to the grassroots. However, fiscal discipline, social mobilization, substantial government investment in health, and a high sense of nationalism are required to make a landmark success.

It is, therefore, important to develop an integrated health system that will be accessible to the vast majority of the people at affordable costs, along with disease surveillance and information system that monitors out-breaks with an eye toward providing an early response. Given the problems of numerous uncertain factors, the federal and state governments should channel their energy into the grassroots (LGAs) and evolve a new, workable health system in the face of shrinking global economy. Since the trouble with Nigeria was identified as simply and squarely failures of leadership [59], committed and proactive health leaders are imperative in order to turn rhetoric into action. The Federal Government should plough more money into healthcare, knowing that the health of the population is a measure of the country's wealth. Donor funding towards enhanced PHC activities in Nigeria should be put to the best use, to minimize the multiplicity of uncertainties that accompany poor resource utilization. Many Nigerians embark on medical tourism to India, South Africa, and other foreign countries.

SWOT ANALYSIS

The following is a listing of the key strengths and weaknesses of Venerable Sydney Children's Wellness Center, as well as the opportunities and threats that exist within the marketplace.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Knowledge of the management Consultation with Board of Directors Exclusively focus on Children Healthcare Healthcare commitment International presence of the Company 	<ul style="list-style-type: none"> The Company needs funding (donation and charity) and working capital for successful operations. As a new Organization, the Company must build its credibility in the market Less number of donors/less amount of donation
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> Increasing popularity of the industry Growth among demographic segments Government support to bring change in Nigeria's Child healthcare. Interests of the parents and guardian to learn about the good health of their children. 	<ul style="list-style-type: none"> Instability of the US economy leads to unpredictable market activity Fewer donations or lesser amounts may hinder the operations of the center Selecting honest and dedicated staff

RISK ANALYSIS:

Risk Analysis: The risks involved with Venerable Sydney Children's Wellness Center will be minimal. The business operates with little overhead – a vital factor that bodes well for long-term sustainability and the creation of a reliable service model based on donations. There is always an implied risk of getting small donations, and, to mitigate that risk, an awareness marketing campaign on a periodic basis shall be launched by the Company. However, relatively low barriers to entry have fostered a competitive landscape with a vast range of available services. To face the risks as a new business in the marketplace, the Company must implement an extremely effective marketing campaign, build donor connections and communicate the noble cause in letter and spirit to potential donors and well-wishers while focusing on how it uniquely fills an immediate survival need for Nigerian children.

AWARENESS CAMPAIGN

Marketing for Venerable Sydney Children's Wellness Center will be done through a variety of channels, including the internet, print, radio, television, email marketing, video blogging, social media, press releases, charity shows and word of mouth. Internet efforts will be driven through a user-friendly website, which will feature SEO (Search Engine Optimization) that allows it to rank higher in popular search engines like Google and Yahoo. In addition to the website, plans also call for developing a visible social media presence through Facebook and

Twitter, the world's premier social media platforms with over 1.5 billion persons in their combined user community. Print marketing will consist of flyers and posters to be passed out and placed in destinations that are known to attract a high volume of the targeted audience. Radio advertisements will be created, with morning and evening drive time slots being targeted. Word of mouth will round out the marketing model and has the potential for providing the most marketing push, as it will allow the organization to deliver an authentic, trusted marketing message.

NETWORKING:

Networking will be a low-cost means for Venerable Sydney Children's Wellness Center to generate partnerships and growth while bolstering personal commitments to the Company. Networking is also a way to build credibility for businesses operating in the Children's Healthcare Industry. Opportunities will be created by establishing networks of compatible companies and business people, who will open-heartedly donate for this cause.

EMAIL MARKETING:

The Company will use email marketing to engage the community, increase donations and promote services. Properly executed with the right strategies, email marketing will be a cost efficient method to retain and enroll new support.

YOUTUBE AND VIDEO BLOGGING:

YouTube and video blogging will be used by the Company to drive support through posting relevant and informative videos. A YouTube channel will be created and optimized through the benefits of SEO, which will accelerate the process of reaching targeted community members and supporters. YouTube pay-per-click is also currently very cost effective, as the majority of the market has not yet taken advantage of this marketing channel. This method has been known to bring enormous attention and engagement to other companies.

SOCIAL MEDIA:

The Company will manage its social media sites, such as Facebook and Twitter. Social media has the potential to reach millions of potential donors.

PRESS RELEASES:

Press releases will alert relevant media channels of the Company's offerings, healthcare updates, and other newsworthy items. Media coverage will increase the Company's credibility and recognition among the public and key industry decision makers.

CHARITY SHOWS:

Through charity shows and awareness functions, Venerable Sydney Children's Wellness Center will demonstrate its integrity and generate connections with potential donors. Charity Shows will allow the Company to showcase its latest efforts done for the betterment of Nigerian Children's healthcare as well as raising awareness of the dire need to do more for the country's needy children and to learn about recent problems and opportunities. Through the attendance at functions and charity shows, Venerable Sydney Children's Wellness Center will remain knowledgeable about modern advancements and issues of concern in the health sector.

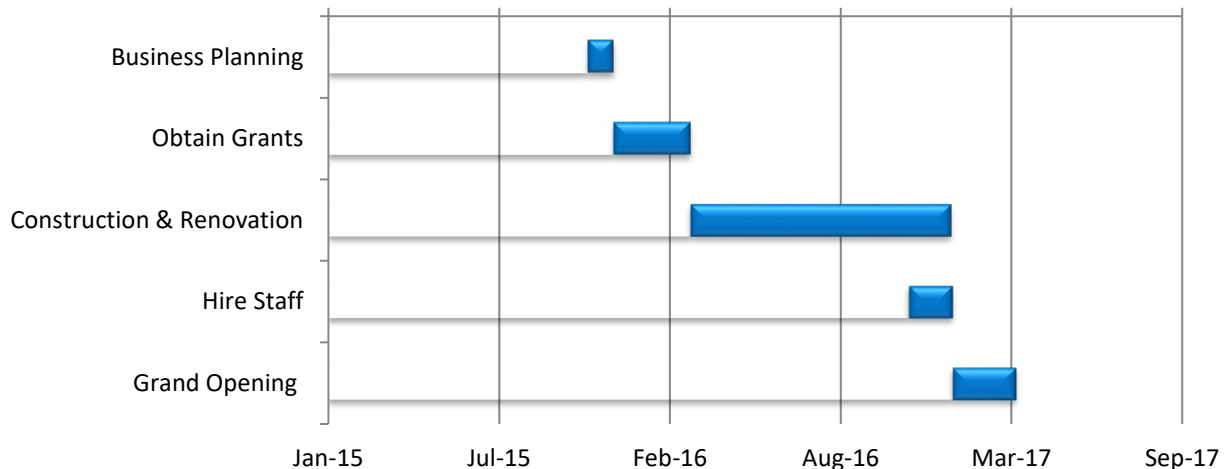
WEBSITE:

A well-optimized website with proper site structure, page layout, and clear and easy navigation, along with targeted keywords embedded throughout the site, has been constructed and will ensure proper search engine placement and saturation. The Company's website, www.vscwc.org, is an important awareness asset. Along with SEO, the website is easily navigable and highly informative and will serve as a platform to generate donations for the Company.

MILESTONES

The tentative milestones are shown below. Management reserves the right to make changes to this schedule as needed.

Milestones			
	Start Date	Duration (days)	Manager
Business Planning	11/1/2015	30.00	Management
Obtain Grants	12/1/2015	90.00	Management & Trustees
Construction & Renovation	2/29/2016	305.00	Management
Hire Staff	11/10/2016	52.00	Management
Grand Opening	1/1/2017	75.00	Management



MANAGEMENT

ABOUT THE FOUNDERS

Ven. Dr. Sydney C. Ugwunna

Many people have the aching heart for the sorrows and miseries of the society, but few of them take bold steps for the betterment of the community. Dr. Sydney is among those few personalities in the world who care for people and practically strive for their betterment. He is a retired Priest from the Church of England and has a Ph.D. in Biology and Bio Chemistry with a Concentration in Parasitology from Wayne State University, Michigan. He has also completed a Masters in Divinity from Virginia Seminary in the US.

He is the Patron and President of Venerable Sydney Children's Wellness Center, and he is also appointing officers for the smooth running of the Center in Umuahia, Nigeria.



Mrs. Laverne Naughton

Mrs. Laverne Naughton is the Chairperson of the Board of Directors. She has completed a B.S. R.T. (R) from Howard University in Washington, DC. She is currently associated with Children's National Health System in Washington, DC, as manager of the MR Imaging Department. She will act as a trusted advisor to the Patron and will be responsible for developing, managing, and communicating with fundraisers, donors, prospective donors, well-wishers and other stake holders of the Company. Her responsibilities also include overseeing the operations and financial matters including budget, adequacy of funds, and arrangement of funds for the Company.

Mrs. Esther C. Ugwunna

Mrs. Esther C. Ugwunna completed her B.A. in Child Education and MSc. in Library Sciences at Wayne State University in Michigan. She is the wife of Ven. Dr. Sydney C. Ugwunna and works side by side with her husband to achieve the aims and objectives of the Company. She is assigned the role of Vice President of the Company. She is responsible for implementing organizational policies under the direction of the President and managing the day to day activities and management of employees. She is also responsible for creating public awareness initiatives and ensures that the organization is visible to the community and those interested in assisting the Company in achieving its objectives. Financial responsibilities include overseeing and maintaining the financial budgets for the organization and reporting the same to the President.

Mrs. Nnenna Okoturo

Mrs. Nnenna Okoturo has completed her B.A. in Human Resource Management and MSc. in Information Technology. She is the CEO and Senior Program Director of Venerable Sydney Children's Wellness Center. She is responsible for supervising construction, maintenance, and operations of the Center. She is also responsible for overseeing all programs run by the Company, strategic planning, Legal and Ethical integrity, fundraising campaign and hiring of staff for the Company. She is dedicatedly involved in the program and committed to leaving no stone unturned for the achievement of aims and objectives of the organization.

Mr. Oritsereneye D. Okoturo

Mr. Oritsereneye D. Okoturo has completed his B.A. and M.B.A. in business with minor in Electrical Engineering and MSc. in IT Security Management. He is the Treasurer of the Company, and he also serves as the trustee for various charities in the UK. He is responsible for bank account maintenance, financial transaction oversight, finalization, presentation of budgets, setting financial policies, and periodic reporting to the Board of Directors.

Mr. Chidi Ugwunna

Mr. Chidi Ugwunna serves as the Assistant Treasurer of the Company; he is also associated with various non-profit organizations in the US as a trustee of the Board of Directors. His responsibilities include preparing budgets, managing financial transactions, and reporting to the Treasurer.

Mrs. Saratu Mohammed Oboli

Mrs. Saratu Mohammed Oboli completed her BSc, in Civil and Environmental Engineering from Pittsburgh in the US. She has more than 17 years of professional experience in working for leading oil exploration, production and distribution companies. She serves as the Assistant Secretary for Venerable Sydney Children's Wellness Center, and her keen interest in fundraising and high corporate contacts will be beneficial for the Company.

Rev. Ms. Adrienne R. Hymes

Assistant Chairperson

KEY MANAGEMENT (USA BOARD MEMBERS)

President - Ven. Dr. Sydney C. Ugwunna

Chairperson of the Board – Mrs. Laverne Naughton

Vice President – Mrs. Esther C. Ugwunna

Secretary – Mrs. Nnenna Okoturo

Treasurer – Mr. Oritsereneye D. Okoturo

Assistant Treasurer – Mr. Chidi Ugwunna

Assistant Secretary – Mrs. Saratu Mohammed Oboli

Assistant Chairperson – Rev. Ms. Adrienne R. Hymes

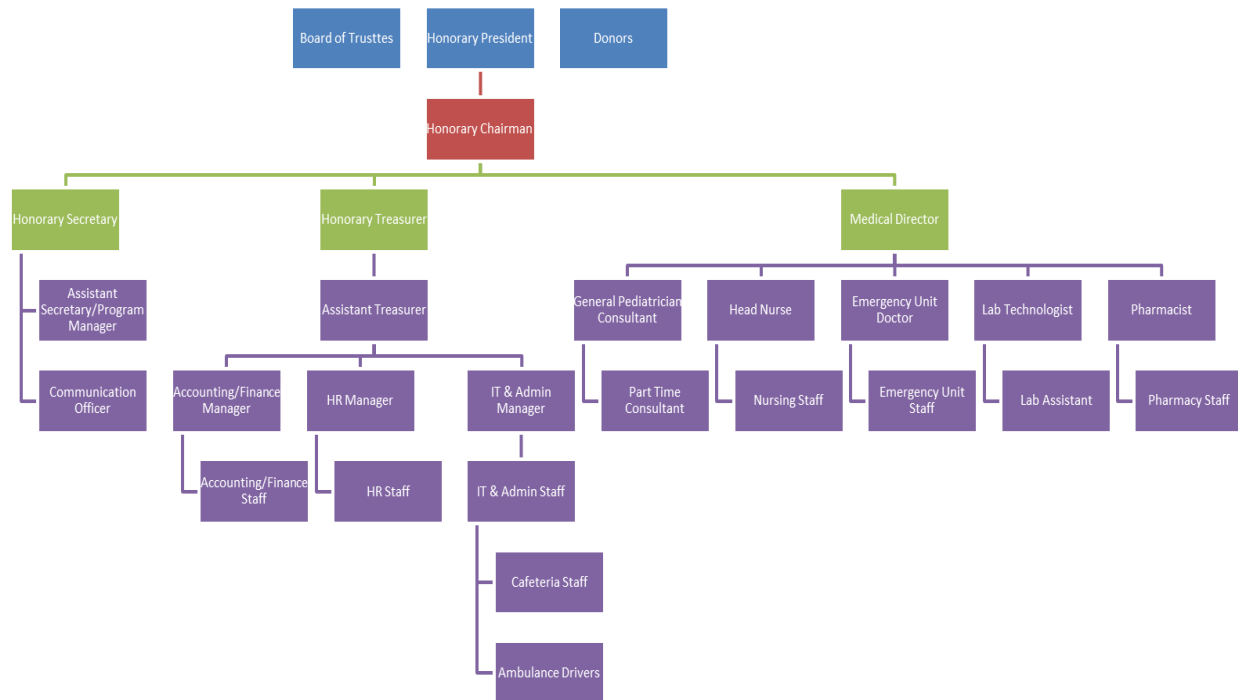
MANAGEMENT TEAM GAPS

Every organization utilizes diverse human resources to accomplish company goals and objectives. To achieve company goals and objectives, Venerable Sydney Children's Wellness Center may need to add more positions in the future, such as Pediatricians, CFO, CTO, COO, Finance Manager, Accountant, and Marketing Manager. Also, we have setup a legal entity in Nigeria – namely Venerable Sydney Children's Wellness Foundation. We have board members in place there as well. We can provide this upon request.

BOARD MEMBERS ADVISORS

In addition to the Company's devoted and experienced management team, Venerable Sydney Children's Wellness Center will consult with a board of directors or advisors to aid in the processes of goal setting, accomplishing objectives, and overall business development in their pursuit of success.

ORGANIZATIONAL CHART



PERSONNEL FORECAST

The personnel forecast below shows the staffing needs for the next five years.

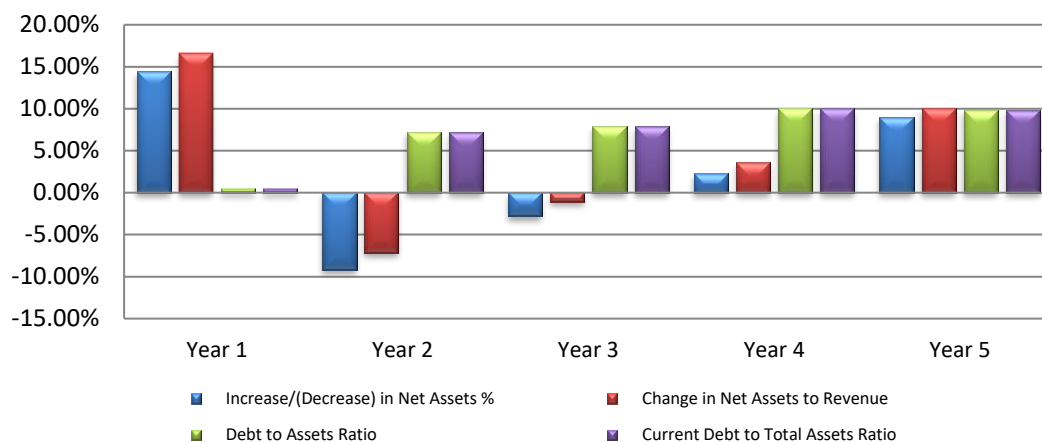
Personnel Forecast					
	Year 1	Year 2	Year 3	Year 4	Year 5
Management Staff					
Honorary President	1	1	1	1	1
Honorary Chairman	1	1	1	1	1
Honorary Secretary	1	1	1	1	1
Honorary Treasurer	1	1	1	1	1
Vice President	1	1	1	1	1
Assistant Treasurer	1	1	1	1	1
Assistant Secretary/Program Manager	1	1	1	1	1
Communication Officer	1	1	1	1	1
Managing Doctor (MD)	1	1	1	1	1
Accounting/Finance Manager	1	1	1	1	1
HR Manager	0	1	1	1	1
General Pediatrician Consultant	0	4	5	5	6
Head Nurse	0	1	1	1	1
Nursing Staff	0	5	6	6	7
Emergency Unit Doctor	0	3	3	3	3
Emergency Unit Staff	0	4	6	6	6
Lab Technologist	0	1	1	1	1
Lab Assistant	0	2	3	3	3
Pharmacist	0	1	1	1	1
Pharmacy Staff	0	4	4	5	5
IT & Admin Manager	1	1	1	1	1
IT & Admin Staff	0	2	2	3	3
Cafeteria Staff	0	2	3	3	4
Part Time Consultants	0	3	3	3	3
Accounting/Finance Staff	1	2	2	2	2
HR Staff	0	2	2	3	3
Ambulance Driver	0	1	2	3	3
Total Personnel	12	49	56	60	63
Management Salaries					
Honorary President	\$0	\$0	\$0	\$0	\$0
Honorary Chairman	\$0	\$0	\$0	\$0	\$0
Honorary Secretary	\$0	\$0	\$0	\$0	\$0
Honorary Treasurer	\$0	\$0	\$0	\$0	\$0
Vice President	\$40,000	\$41,200	\$42,436	\$43,709	\$45,020
Assistant Treasurer	\$35,000	\$36,050	\$37,132	\$38,245	\$39,393
Assistant Secretary/Program Manager	\$35,000	\$36,050	\$37,132	\$38,245	\$39,393
Communication Officer	\$34,000	\$35,020	\$36,071	\$37,153	\$38,267
Managing Doctor (MD)	\$30,000	\$30,900	\$31,827	\$32,782	\$33,765
Accounting/Finance Manager	\$16,000	\$16,480	\$16,974	\$17,484	\$18,008
HR Manager	\$22,041	\$22,702	\$23,383	\$24,085	\$24,807
General Pediatrician Consultant	\$14,724	\$15,166	\$15,621	\$16,089	\$16,572
Head Nurse	\$11,400	\$11,742	\$12,094	\$12,457	\$12,831
Nursing Staff	\$9,000	\$9,270	\$9,548	\$9,835	\$10,130
Emergency Unit Doctor	\$14,592	\$15,030	\$15,481	\$15,945	\$16,423
Emergency Unit Staff	\$9,600	\$9,888	\$10,185	\$10,490	\$10,805
Lab Technologist	\$14,400	\$14,832	\$15,277	\$15,735	\$16,207
Lab Assistant	\$9,000	\$9,270	\$9,548	\$9,835	\$10,130
Pharmacist	\$10,536	\$10,852	\$11,178	\$11,513	\$11,858
Pharmacy Staff	\$7,224	\$7,441	\$7,664	\$7,894	\$8,131
IT & Admin Manager	\$16,944	\$17,452	\$17,976	\$18,515	\$19,071
IT & Admin Staff	\$11,784	\$12,138	\$12,502	\$12,877	\$13,263
Cafeteria Staff	\$6,000	\$6,180	\$6,365	\$6,556	\$6,753
Part Time Consultants	\$7,308	\$7,527	\$7,753	\$7,986	\$8,225
Accounting/Finance Staff	\$11,000	\$11,330	\$11,670	\$12,020	\$12,381
HR Staff	\$8,640	\$8,899	\$9,166	\$9,441	\$9,724
Ambulance Driver	\$5,760	\$5,933	\$6,111	\$6,294	\$6,483
Vice President	\$40,000	\$41,200	\$42,436	\$43,709	\$45,020
Assistant Treasurer	\$35,000	\$36,050	\$37,132	\$38,245	\$39,393
Assistant Secretary/Program Manager	\$35,000	\$36,050	\$37,132	\$38,245	\$39,393
Communication Officer	\$34,000	\$35,020	\$36,071	\$37,153	\$38,267
Managing Doctor (MD)	\$2,500	\$30,900	\$31,827	\$32,782	\$33,765
Accounting/Finance Manager	\$2,667	\$16,480	\$16,974	\$17,484	\$18,008
HR Manager	\$0	\$22,702	\$23,383	\$24,085	\$24,807
General Pediatrician Consultant	\$0	\$60,663	\$78,103	\$80,447	\$99,432
Head Nurse	\$0	\$11,742	\$12,094	\$12,457	\$12,831
Nursing Staff	\$0	\$46,350	\$57,289	\$59,007	\$70,907
Emergency Unit Doctor	\$0	\$45,089	\$46,442	\$47,835	\$49,270
Emergency Unit Staff	\$0	\$39,552	\$61,108	\$62,941	\$64,829
Lab Technologist	\$0	\$14,832	\$15,277	\$15,735	\$16,207
Lab Assistant	\$0	\$18,540	\$28,644	\$29,504	\$30,389
Pharmacist	\$0	\$10,852	\$11,178	\$11,513	\$11,858
Pharmacy Staff	\$0	\$29,763	\$30,656	\$39,469	\$40,653
IT & Admin Manager	\$1,412	\$17,452	\$17,976	\$18,515	\$19,071
IT & Admin Staff	\$0	\$24,275	\$25,003	\$38,630	\$39,789
Cafeteria Staff	\$0	\$12,360	\$19,096	\$19,669	\$27,012
Part Time Consultants	\$0	\$22,582	\$23,259	\$23,957	\$24,676
Accounting/Finance Staff	\$1,833	\$22,660	\$23,340	\$24,040	\$24,761
HR Staff	\$0	\$17,798	\$18,332	\$28,323	\$29,173
Ambulance Driver	\$0	\$5,933	\$12,222	\$18,882	\$19,449
Total Payroll	\$152,412	\$595,114	\$674,419	\$715,423	\$770,340
Personnel Assumptions: (1) Costs are based on average wages.					

FINANCIAL INDICATORS

The following table summarizes Venerable Sydney Children's Wellness Center's projected financial performance with standardized measurement indicators used to evaluate its profitability, leverage, asset turnover and liquidity. As with any long-range projection, accuracy is based on reasonable estimates of return on investment and past performance. The Company believes the following numbers are attainable and reasonable. However, actual results will vary.

Financial Indicators					
	Year 1	Year 2	Year 3	Year 4	Year 5
Profitability %'s:					
Gross Revenue, Gains & Other Supports	100.00%	36.75%	38.63%	35.66%	37.94%
Increase/(Decrease) in Net Assets %	14.44%	-9.23%	-2.81%	2.26%	9.02%
Change in Net Assets to Revenue	16.60%	-7.19%	-1.12%	3.57%	10.10%
Return on Assets	2.31%	-9.93%	-3.87%	3.83%	15.73%
Return on Equity	2.32%	-10.70%	-4.20%	4.26%	17.45%
Activity Ratios:					
Accounts Payable Turnover	0.00	9.40	10.68	10.91	10.98
Asset Turnover	0.16	1.08	1.38	1.70	1.74
Leverage Ratios:					
Debt to Equity	0.00	0.08	0.09	0.11	0.11
Debt to Assets Ratio	0.47%	7.24%	7.91%	10.00%	9.86%
Interest Coverage Ratio	N/A	N/A	N/A	N/A	N/A
Liquidity Ratios:					
Current Ratio	60.03	3.55	2.96	2.90	4.23
Current Debt to Total Assets Ratio	0.47%	7.24%	7.91%	10.00%	9.86%
Additional Indicators:					
Revenue to Equity Ratio	0.16	1.16	1.49	1.88	1.93

Financial Indicators



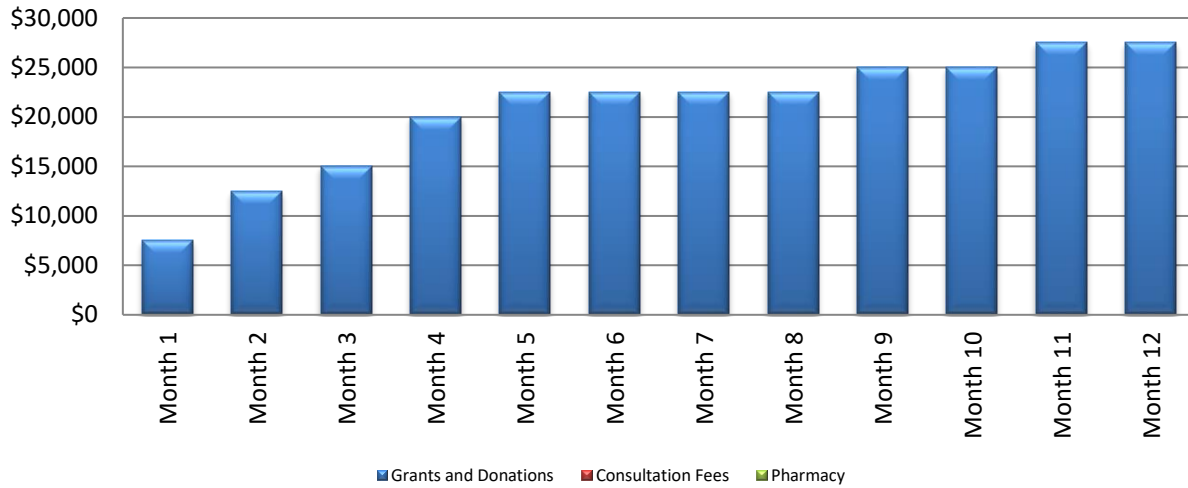
REVENUE FORECAST

The following is a five-year revenue forecast. Direct costs include all costs that can be directly tied to revenue and include "cost of goods/services."

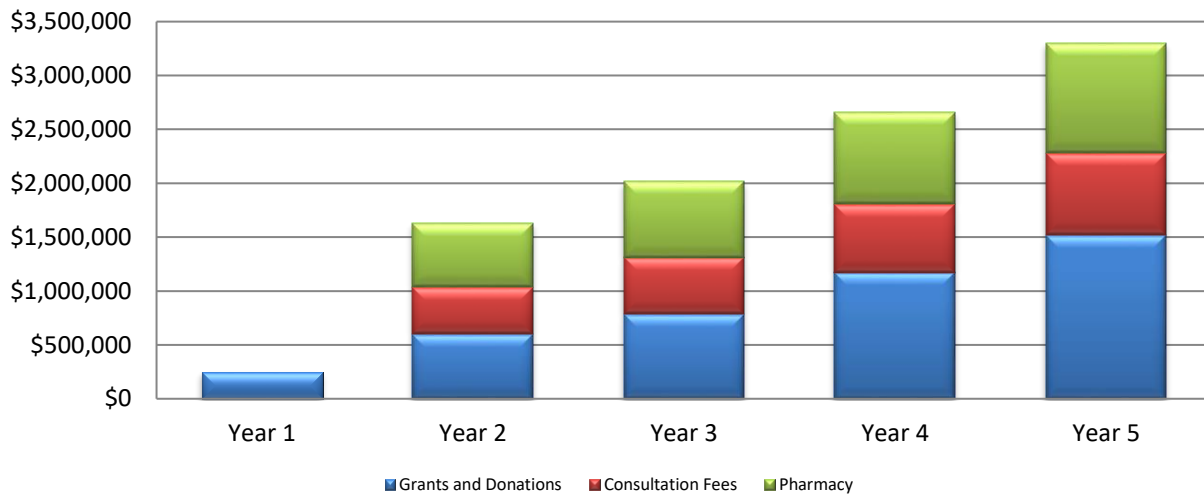
Revenue, Gains & Other Supports Forecast					
	Year 1	Year 2	Year 3	Year 4	Year 5
Total					
Grants and Donations	25	60	78	117	152
Consultation Fees	0	439,698	527,637	633,164	759,797
Pharmacy	0	492,461	590,953	709,144	850,973
Price					
Grants and Donations	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
Consultation Fees	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
Pharmacy	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20
Revenue, Gains & Other Supports					
Grants and Donations	\$250,000	\$600,000	\$780,000	\$1,170,000	\$1,521,000
Consultation Fees	\$0	\$439,698	\$527,637	\$633,164	\$759,797
Pharmacy	\$0	\$590,953	\$709,144	\$850,973	\$1,021,168
Total Revenue	\$250,000	\$1,630,651	\$2,016,781	\$2,654,137	\$3,301,965
Direct Cost					
Grants and Donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Consultation Fees	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30
Direct Cost of Revenue					
Grants and Donations	\$0	\$0	\$0	\$0	\$0
Consultation Fees	\$0	\$131,909	\$158,291	\$189,949	\$227,939
Pharmacy	\$0	\$384,120	\$460,944	\$553,132	\$663,759
Subtotal Cost of Revenue	\$0	\$516,029	\$619,235	\$743,082	\$891,698

Revenue Forecast Assumptions: (1) Revenue and costs are based on averages.

Year 1 Revenue, Gains & Other Supports Monthly



Revenue, Gains & Other Supports By Year

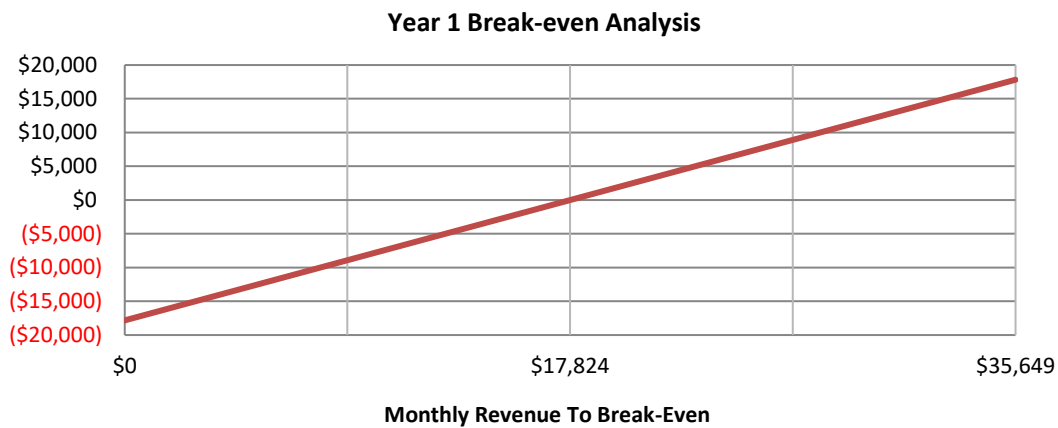


BREAK-EVEN ANALYSIS

The following break-even analysis shows the revenue necessary to break-even in the first year of operation. Break-even is where revenue equals expenses. As shown below, the Company is expected to incur average monthly fixed costs of **\$17,824** in Year 1. To cover fixed costs and variable costs, which rise and fall with revenue, the Company must, on average, achieve revenue of **\$17,824** per month to break-even.

Year 1 Break-even Analysis

Monthly Revenue Break-even	\$17,824
Assumptions:	
Average Monthly Revenue	\$20,833
Average Monthly Variable Cost	\$0
Estimated Monthly Fixed Cost	\$17,824



PROFORMA STATEMENT OF ACTIVITIES

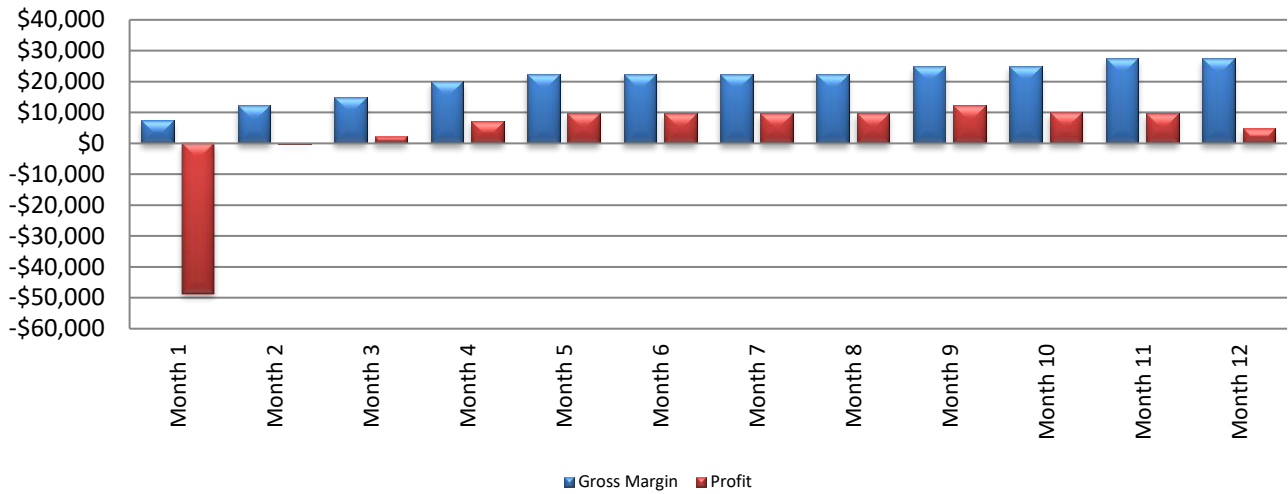
Venerable Sydney Children's Wellness Center intends to deploy its funding to extend its support to the needy children of Nigeria. In the Statement of Activities table below, gross margin equals sales minus direct costs. The “bottom line” or profit (as measured before and after interest, taxes, depreciation and amortization) equals gross margin minus operating expenses.

Pro Forma Statement of Activities					
	Year 1	Year 2	Year 3	Year 4	Year 5
Unrestricted Net Assets					
Revenue, Gains & Other Supports	\$250,000	\$1,630,651	\$2,016,781	\$2,654,137	\$3,301,965
Subtotal Cost of Revenue	\$0	\$516,029	\$619,235	\$743,082	\$891,698
Discounts & Subsidies	\$0	\$515,325	\$618,391	\$964,689	\$1,157,627
Total Cost of Revenue	\$0	\$1,031,355	\$1,237,625	\$1,707,771	\$2,049,325
Gross Revenue, Gains & Other Supports	\$250,000	\$599,296	\$779,156	\$946,366	\$1,252,640
Gross Margin/Revenue	100.00%	36.75%	38.63%	35.66%	37.94%
Expenses					
Rates & Taxes	\$3,750	\$15,000	\$15,375	\$15,759	\$16,153
General Insurance Liability	\$450	\$1,800	\$1,845	\$1,891	\$1,938
Business License/Permits	\$720	\$720	\$738	\$756	\$775
Medical Aid	\$0	\$32,400	\$33,210	\$34,040	\$34,891
Bank Charges	\$50	\$300	\$308	\$315	\$323
Marketing & Advertising	\$2,400	\$9,600	\$9,840	\$10,086	\$10,338
Medical Supplies	\$3,800	\$45,600	\$46,740	\$47,909	\$49,106
Telephone, Internet & Utilities	\$130	\$1,560	\$1,599	\$1,639	\$1,680
Professional Services	\$400	\$2,400	\$2,460	\$2,522	\$2,585
Travel & Entertainment	\$0	\$1,200	\$1,230	\$1,261	\$1,292
Startup Cost	\$43,500	\$0	\$0	\$0	\$0
Facility Maintenance	\$400	\$4,800	\$4,920	\$5,043	\$5,169
Repair & Maintenance	\$500	\$6,000	\$9,000	\$14,850	\$24,503
Depreciation	\$5,380	\$33,279	\$34,136	\$34,851	\$35,651
Payroll Taxes & Benefits	\$0	\$0	\$0	\$0	\$0
Total Personnel	\$152,412	\$595,114	\$674,419	\$715,423	\$770,340
Total Operating Expenses	\$213,892	\$749,774	\$835,820	\$886,344	\$954,745
Change in Net Assets Before Interest and Taxes	\$36,108	(\$150,477)	(\$56,664)	\$60,022	\$297,895
Surplus Before Interest & Depreciation	\$41,488	(\$117,198)	(\$22,528)	\$94,873	\$333,546
Interest Expense	\$0	\$0	\$0	\$0	\$0
Taxes Incurred	\$0	\$0	\$0	\$0	\$0
Increase/(Decrease) in Net Assets	\$36,108	(\$150,477)	(\$56,664)	\$60,022	\$297,895
Net Increase/(Decrease) in Net Assets %	14.44%	-9.23%	-2.81%	2.26%	9.02%

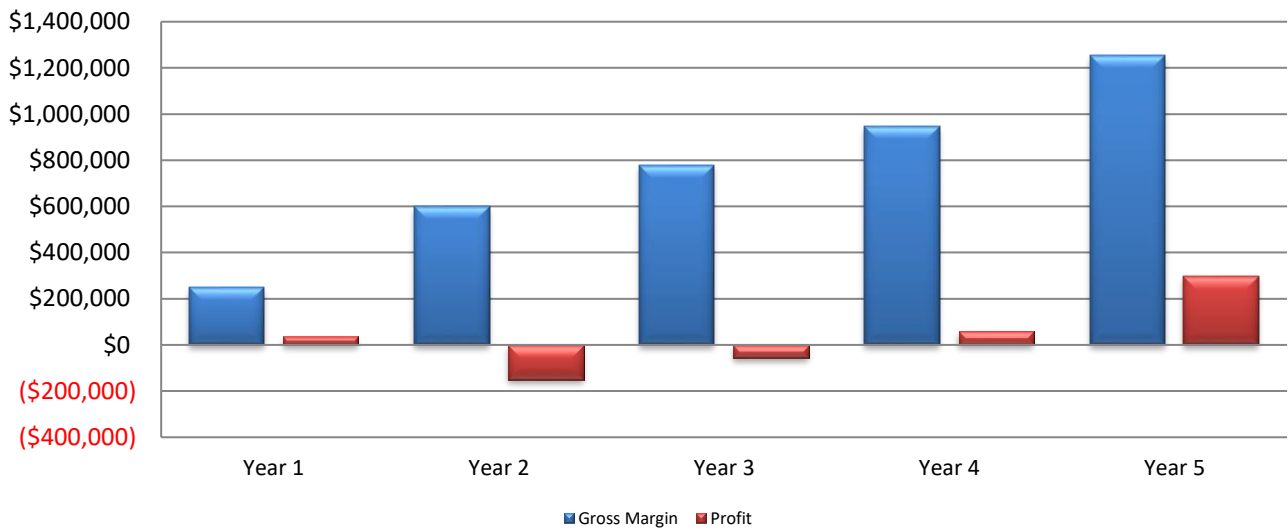
Income Statement Assumptions: (1) Depreciation is based on 30 years.

The charts below represent the total revenue monthly and for the next five years. The charts illustrate the percentage of revenue allocated to cost of goods (COG), operating expenses, taxes and interest. The net income piece represents revenue less the aforementioned expenditures.

Gross Margin & Profit Monthly



Gross Margin & Profit Yearly

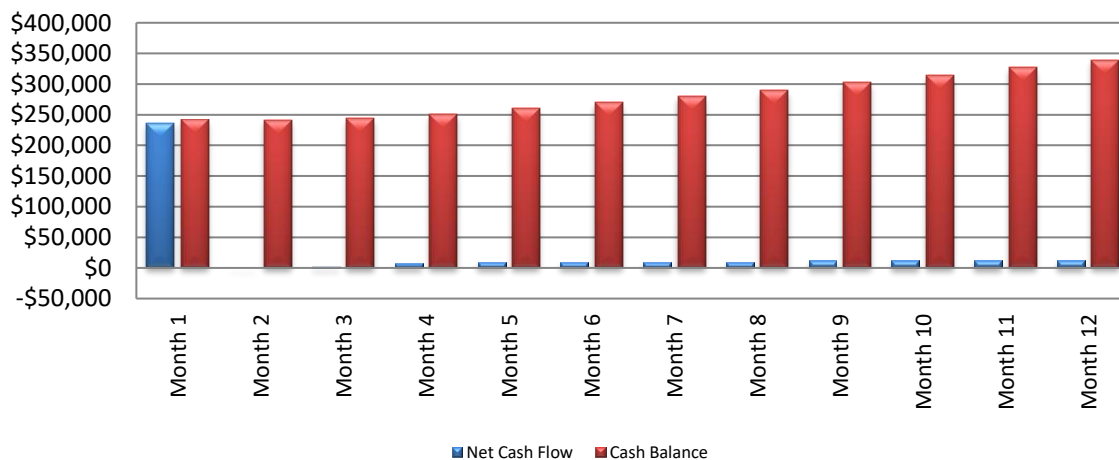


PROFORMA CASH FLOW

The following depictions of Venerable Sydney Children's Wellness Center's projected cash flow show that the Company expects to maintain sufficient cash balances over the five years of this plan. The "pro forma cash flow" table differs from the "pro forma statement of activities" table. Pro forma cash flow is intended to represent the actual flow of cash in and out of Venerable Sydney Children's Wellness Center. In comparison, the revenue and expense projections on the income statement include "non-cash" items and exclude funding and investment illustrations.

Pro Forma Cash Flow					
	Year 1	Year 2	Year 3	Year 4	Year 5
Cash Received					
Revenue, Gains & Other Supports	\$250,000	\$1,630,651	\$2,016,781	\$2,654,137	\$3,301,965
Proceeds from Line-of-Credit	\$0	\$0	\$0	\$0	\$0
Proceeds from Bank Loan	\$0	\$0	\$0	\$0	\$0
Owner Contribution	\$15,000	\$0	\$0	\$0	\$0
Proceeds From Long-term Assets	\$0	\$0	\$0	\$0	\$0
Proceeds from Investor	\$1,500,000	\$0	\$0	\$0	\$0
Subtotal Cash Received	\$1,765,000	\$1,630,651	\$2,016,781	\$2,654,137	\$3,301,965
Expenditures					
Expenditures from Operations					
Total Personnel	\$152,412	\$218,402	\$674,419	\$715,423	\$770,340
Bill Payments	\$5,285	\$1,153,555	\$1,358,683	\$1,803,164	\$2,167,994
Subtotal Spent on Operations	\$157,697	\$1,371,957	\$2,033,103	\$2,518,587	\$2,938,333
Additional Cash Spent					
Start-up Costs	\$43,500	\$0	\$0	\$0	\$0
Purchase Inventory	\$100,000	\$0	\$0	\$0	\$0
Purchase Long-term Assets	\$1,129,771	\$35,000	\$30,000	\$25,000	\$28,000
Subtotal Cash Spent	\$1,430,968	\$1,680,449	\$2,063,103	\$2,543,587	\$2,966,333
Net Cash Flow	\$334,032	(\$49,798)	(\$46,321)	\$110,551	\$335,631
Cash Balance	\$339,132	\$289,334	\$243,013	\$353,563	\$689,195

Year 1 Cash



PROFORMA BALANCE SHEET

A balance sheet is a snapshot of Venerable Sydney Children's Wellness Center's financial condition. The balance sheet has three parts: assets, liabilities and ownership equity.

Pro Forma Balance Sheet					
	Year 1	Year 2	Year 3	Year 4	Year 5
Assets					
Current Assets					
Cash	\$339,132	\$289,334	\$243,013	\$353,563	\$689,195
Inventory	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Total Current Assets	\$439,132	\$389,334	\$343,013	\$453,563	\$789,195
Long-term Assets					
Long-term Assets	\$1,129,771	\$1,164,771	\$1,194,771	\$1,219,771	\$1,247,771
Accumulated Depreciation	\$5,380	\$38,659	\$72,795	\$107,646	\$143,297
Total Long-term Assets	\$1,124,391	\$1,126,112	\$1,121,976	\$1,112,125	\$1,104,474
Total Assets	\$1,563,523	\$1,515,446	\$1,464,988	\$1,565,689	\$1,893,669
Liabilities and Capital					
Current Liabilities					
Accounts Payable	\$7,315	\$109,715	\$115,922	\$156,600	\$186,686
Subtotal Current Liabilities	\$7,315	\$109,715	\$115,922	\$156,600	\$186,686
Total Liabilities	\$7,315	\$109,715	\$115,922	\$156,600	\$186,686
Net Assets					
Permanently Restricted Assets	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000
Unrestricted	\$5,100	\$41,208	(\$109,269)	(\$165,933)	(\$105,911)
Undesignated Unrestricted	\$36,108	(\$150,477)	(\$56,664)	\$60,022	\$297,895
Total Net Assets	\$1,556,208	\$1,405,731	\$1,349,067	\$1,409,089	\$1,706,984
Total Liabilities and Net Assets	\$1,563,523	\$1,515,446	\$1,464,989	\$1,565,689	\$1,893,670
Net Worth	\$1,556,208	\$1,405,731	\$1,349,066	\$1,409,088	\$1,706,983

SENSITIVITY ANALYSIS

The sensitivity analysis below assumes that revenues are 10% higher or 10% lower than figures projected earlier in this business plan.

Best Case Scenario (Revenue Increases by 10%)					
	Year 1	Year 2	Year 3	Year 4	Year 5
Revenue, Gains & Other Supports	\$275,000	\$1,793,716	\$2,218,459	\$2,919,551	\$3,632,161
Cost of Revenue	\$0	\$1,134,490	\$1,361,388	\$1,878,548	\$2,254,258
Gross Revenue, Gains & Other Supports	\$275,000	\$659,226	\$857,071	\$1,041,003	\$1,377,904
Gross Revenue, Gains & Other Supports %	100.00%	36.75%	38.63%	35.66%	37.94%
Operating Expenses	\$213,892	\$749,774	\$835,820	\$886,344	\$954,745
Increase/(Decrease) in Net Assets	\$61,108	(\$90,547)	\$21,251	\$154,659	\$423,159
Cash Flow	\$359,032	\$10,132	\$31,594	\$205,187	\$460,895
Cash Balance	\$364,132	\$374,264	\$405,858	\$611,045	\$1,071,941
Increase/(Decrease) in Net Assets %	22.22%	-5.05%	0.96%	5.30%	11.65%
Worst Case Scenario (Revenue Decreases by 10%)					
	Year 1	Year 2	Year 3	Year 4	Year 5
Revenue, Gains & Other Supports	\$225,000	\$1,467,586	\$1,815,103	\$2,388,724	\$2,971,768
Cost of Revenue	\$0	\$928,219	\$1,113,863	\$1,536,994	\$1,844,393
Gross Revenue, Gains & Other Supports	\$225,000	\$539,367	\$701,240	\$851,730	\$1,127,376
Gross Revenue, Gains & Other Supports %	100.00%	36.75%	38.63%	35.66%	37.94%
Operating Expenses	\$213,892	\$749,774	\$835,820	\$886,344	\$954,745
Increase/(Decrease) in Net Assets	\$11,108	(\$210,407)	(\$134,580)	(\$34,615)	\$172,631
Cash Flow	\$309,032	(\$109,728)	(\$124,237)	\$15,914	\$210,368
Cash Balance	\$314,132	\$204,404	\$80,167	\$96,082	\$306,449
Increase/(Decrease) in Net Assets %	4.94%	-14.34%	-7.41%	-1.45%	5.81%

FINANCIAL ASSUMPTIONS

The assumptions below provide growth rates, cash on hand, and the terms of funding based on an initial funding amount of **\$1.5M**.

Financial Assumptions					
	Year 1	Year 2	Year 3	Year 4	Year 5
Growth Assumptions					
Total Revenue Growth		552%	24%	32%	24%
Total Expense Growth		251%	11%	6%	8%
Personnel Assumptions					
Average Salary Growth		3%	3%	3%	3%
Payroll Growth		290%	13%	6%	8%
Cash Assumptions					
Months of Cash on Hand	4	5	3	5	9
Bill Payment Term (Days)	32	32	32	32	32
Loan Assumptions					
LOC Loan (Interest Only)					
Line-of-Credit Monthly Payment	\$0	\$0	\$0	\$0	\$0
Fixed Rate Loan					
Loan Term	N/A				
Loan Rate	N/A				
Monthly Loan Payment	\$0	\$0	\$0	\$0	\$0
Average Monthly Interest	\$0	\$0	\$0	\$0	\$0
Average Monthly Principle	\$0	\$0	\$0	\$0	\$0

APPENDIX: YEAR ONE FINANCIALS

Year 1 Revenue, Gains & Other Supports Forecast												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Total												
Grants and Donations	1	1	2	2	2	2	2	2	3	3	3	3
Consultation Fees	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
Price												
Grants and Donations	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
Consultation Fees	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
Pharmacy	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20
Revenue, Gains & Other Supports												
Grants and Donations	\$7,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Consultation Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$7,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Direct Cost												
Grants and Donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Consultation Fees	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30
Pharmacy	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78	\$0.78
Direct Cost of Revenue												
Grants and Donations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultation Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Cost of Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Year 1 Personnel Forecast												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Management Staff												
Honorary President	1	1	1	1	1	1	1	1	1	1	1	1
Honorary Chairman	1	1	1	1	1	1	1	1	1	1	1	1
Honorary Secretary	1	1	1	1	1	1	1	1	1	1	1	1
Honorary Treasurer	1	1	1	1	1	1	1	1	1	1	1	1
Vice President	1	1	1	1	1	1	1	1	1	1	1	1
Assistant Treasurer	1	1	1	1	1	1	1	1	1	1	1	1
Assistant Secretary/Program Manager	1	1	1	1	1	1	1	1	1	1	1	1
Communication Officer	1	1	1	1	1	1	1	1	1	1	1	1
Managing Doctor (MD)	0	0	0	0	0	0	0	0	0	0	0	1
Accounting/Finance Manager	0	0	0	0	0	0	0	0	0	0	1	1
HR Manager	0	0	0	0	0	0	0	0	0	0	0	0
General Pediatrician Consultant	0	0	0	0	0	0	0	0	0	0	0	0
Head Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Staff	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Unit Doctor	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Unit Staff	0	0	0	0	0	0	0	0	0	0	0	0
Lab Technologist	0	0	0	0	0	0	0	0	0	0	0	0
Lab Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Staff	0	0	0	0	0	0	0	0	0	0	0	0
IT & Admin Manager	0	0	0	0	0	0	0	0	0	0	0	1
IT & Admin Staff	0	0	0	0	0	0	0	0	0	0	0	0
Cafeteria Staff	0	0	0	0	0	0	0	0	0	0	0	0
Part Time Consultants	0	0	0	0	0	0	0	0	0	0	0	0
Accounting/Finance Staff	0	0	0	0	0	0	0	0	0	0	1	1
Total Personnel	8	8	8	8	8	8	8	8	8	8	10	12
Management Salaries												
Vice President	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333
Assistant Treasurer	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917
Assistant Secretary/Program Manager	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917
Communication Officer	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833
Managing Doctor (MD)	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Accounting/Finance Manager	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333
HR Manager	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837	\$1,837
General Pediatrician Consultant	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227	\$1,227
Head Nurse	\$950	\$950	\$950	\$950	\$950	\$950	\$950	\$950	\$950	\$950	\$950	\$950
Nursing Staff	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750
Emergency Unit Doctor	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216
Emergency Unit Staff	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800
Lab Technologist	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Lab Assistant	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750
Pharmacist	\$878	\$878	\$878	\$878	\$878	\$878	\$878	\$878	\$878	\$878	\$878	\$878
Pharmacy Staff	\$602	\$602	\$602	\$602	\$602	\$602	\$602	\$602	\$602	\$602	\$602	\$602
IT & Admin Manager	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412	\$1,412
IT & Admin Staff	\$982	\$982	\$982	\$982	\$982	\$982	\$982	\$982	\$982	\$982	\$982	\$982
Cafeteria Staff	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Part Time Consultants	\$609	\$609	\$609	\$609	\$609	\$609	\$609	\$609	\$609	\$609	\$609	\$609
Accounting/Finance Staff	\$917	\$917	\$917	\$917	\$917	\$917	\$917	\$917	\$917	\$917	\$917	\$917
HR Staff	\$720	\$720	\$720	\$720	\$720	\$720	\$720	\$720	\$720	\$720	\$720	\$720
Ambulance Driver	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480
Management Staff												
Vice President	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333
Assistant Treasurer	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917
Assistant Secretary/Program Manager	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917
Communication Officer	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833	\$2,833
Managing Doctor (MD)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,500
Accounting/Finance Manager	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,333	\$1,333
IT & Admin Manager	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,412
Accounting/Finance Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$917	\$917
Total Payroll	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$14,250	\$18,162

Year 1 Statement of Activities												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Revenue, Gains & Other Supports	\$7,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Subtotal Cost of Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Discounts & Subsidies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost of Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gross Revenue, Gains & Other Supports	\$7,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Gross Margin/Revenue	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Expenses												
Rates & Taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,250	\$1,250	\$1,250
General Insurance Liability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$150	\$150
Business License/Permits	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Medical Aid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bank Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$25
Marketing & Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$800	\$800	\$800
Medical Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,800
Telephone, Internet & Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$130
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200	\$200
Travel & Entertainment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Startup Cost	\$43,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Facility Maintenance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$400
Repair & Maintenance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500
Depreciation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,690	\$2,690
Payroll Taxes & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Personnel	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701
Total Operating Expenses	\$56,261	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$14,961	\$17,876	\$22,706
Profit Before Interest and Taxes	(\$48,761)	(\$261)	\$2,239	\$7,239	\$9,739	\$9,739	\$9,739	\$9,739	\$12,239	\$10,039	\$9,624	\$4,794
Interest on Loan Repayment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Taxes Incurred	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Increase/(Decrease) in Net Assets	(\$48,761)	(\$261)	\$2,239	\$7,239	\$9,739	\$9,739	\$9,739	\$9,739	\$12,239	\$10,039	\$9,624	\$4,794
Net Increase/(Decrease) in Net Assets %	-650.15%	-2.09%	14.93%	36.20%	43.28%	43.28%	43.28%	43.28%	48.96%	40.16%	35.00%	17.43%

Year 1 Cash Flow												
Additional Cash Received	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Revenue, Gains & Other Supports	\$7,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Proceeds from Line-of-Credit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Proceeds from Bank Loan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Owner Contribution	\$15,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Proceeds From Long-term Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Proceeds from Investor	\$1,500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Cash Received	\$1,522,500	\$12,500	\$15,000	\$20,000	\$22,500	\$22,500	\$22,500	\$22,500	\$25,000	\$25,000	\$27,500	\$27,500
Total Personnel	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701	\$12,701
Bill Payments	\$0	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$2,260	\$2,485
Additional Cash Spent												
Investor Repayment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Start-up Costs	\$43,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Principal Loan Repayment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Purchase Inventory	\$100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Purchase Long-term Assets	\$1,129,771	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dividends Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cash Spent	\$1,285,972	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$12,761	\$14,961	\$15,186
Net Cash Flow	\$236,528	(\$261)	\$2,239	\$7,239	\$9,739	\$9,739	\$9,739	\$9,739	\$12,239	\$12,239	\$12,539	\$12,314
Cash Balance	\$241,628	\$241,367	\$243,606	\$250,845	\$260,584	\$270,323	\$280,062	\$289,801	\$302,040	\$314,279	\$326,818	\$339,132

Year 1 Balance Sheet												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Current Assets												
Cash	\$241,628	\$241,367	\$243,606	\$250,845	\$260,584	\$270,323	\$280,062	\$289,801	\$302,040	\$314,279	\$326,818	\$339,132
Inventory	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Other Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Current Assets	\$341,628	\$341,367	\$343,606	\$350,845	\$360,584	\$370,323	\$380,062	\$389,801	\$402,040	\$414,279	\$426,818	\$439,132
Long-term Assets	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771
Accumulated Depreciation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,690	\$5,380
Total Long-term Assets	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,129,771	\$1,127,081	\$1,124,391
Other Assets												
Other Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Assets	\$1,471,399	\$1,471,138	\$1,473,377	\$1,480,616	\$1,490,355	\$1,500,094	\$1,509,833	\$1,519,572	\$1,531,811	\$1,544,050	\$1,553,899	\$1,563,523
Current Liabilities												
Accounts Payable	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$2,260	\$2,485	\$7,315
Current Borrowing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Current Liabilities	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$2,260	\$2,485	\$7,315
Long-term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Liabilities	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$2,260	\$2,485	\$7,315
Permanently Restricted Assets	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000	\$1,515,000
Unrestricted	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100	\$5,100
Undesignated Unrestricted	(\$48,761)	(\$49,022)	(\$46,783)	(\$39,544)	(\$29,805)	(\$20,066)	(\$10,327)	(\$588)	\$11,651	\$21,690	\$31,314	\$36,108
Total Net Assets	\$1,471,339	\$1,471,078	\$1,473,317	\$1,480,556	\$1,490,295	\$1,500,034	\$1,509,773	\$1,519,512	\$1,531,751	\$1,541,790	\$1,551,414	\$1,556,208
Total Liabilities and Net Assets	\$1,471,399	\$1,471,138	\$1,473,377	\$1,480,616	\$1,490,355	\$1,500,094	\$1,509,833	\$1,519,572	\$1,531,811	\$1,544,050	\$1,553,899	\$1,563,523
Net Worth	\$1,471,339	\$1,471,078	\$1,473,317	\$1,480,556	\$1,490,295	\$1,500,034	\$1,509,773	\$1,519,512	\$1,531,751	\$1,541,790	\$1,551,414	\$1,556,208