

Doctors Care

Financial Statements

For the Year Ended December 31, 2025
(With Comparative Totals for the Year Ended December 31, 2024)



Doctors Care

Table of Contents

Independent Auditor's Report	1 - 2
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to the Financial Statements	7 - 18



Certified Public Accountants

Independent Auditor's Report

To the Board of Directors
Doctors Care

Opinion

We have audited the accompanying financial statements of Doctors Care (a nonprofit organization), which comprise the statement of financial position as of December 31, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Doctors Care as of December 31, 2025, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Doctors Care and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Doctors Care's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



Certified Public Accountants

Independent Auditor's Report

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Doctors Care's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Doctors Care's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Doctors Care's December 31, 2024 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated April 3, 2025. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2024, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Olson, Reyes & Sauerwein, LLC
Centennial, Colorado
March 30, 2026

Doctors Care

Statements of Financial Position

December 31, 2025

(With Comparative Totals as of December 31, 2024)

	2025	2024
ASSETS		
Cash	\$ 117,091	\$ 765,365
Grants and contributions receivable	275,561	258,417
Accounts and other receivables	83,078	74,202
Prepaid and other assets	65,521	22,850
Investments	5,273,465	4,189,010
Property and equipment, net	2,592,965	2,726,073
Beneficial interest in assets held by others	326,634	303,128
TOTAL ASSETS	\$ 8,734,315	\$ 8,339,045
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable	\$ 69,789	\$ 154,243
Accrued payroll liabilities	94,096	75,244
Property taxes payable	29,947	28,939
Deferred tenant revenue and deposits	10,071	14,290
Total Liabilities	203,903	272,716
Net Assets		
Net assets without donor restrictions:		
Designated for capital and technology projects	200,000	200,000
Net investment in fixed assets	2,592,965	2,726,073
Undesignated	3,581,284	3,545,419
Total Net Assets Without Donor Restrictions	6,374,249	6,471,492
Net Assets With Donor Restrictions	2,156,163	1,594,837
Total Net Assets	8,530,412	8,066,329
TOTAL LIABILITIES AND NET ASSETS	\$ 8,734,315	\$ 8,339,045

See Notes to Financial Statements

Doctors Care

Statements of Activities

For the Year Ended December 31, 2025

(With Comparative Totals for the Year Ended December 31, 2024)

	Without Donor Restrictions	With Donor Restrictions	2025	2024
Revenue and Support				
Patient care services	\$ 1,144,977	\$ -	\$ 1,144,977	\$ 1,148,265
Grants and contributions	345,848	1,133,844	1,479,692	2,584,473
Government grants	657,313	-	657,313	369,759
In-kind contributions	557,120	-	557,120	555,111
Change in value of beneficial interest	-	39,248	39,248	24,046
Investment income, net	406,032	60,177	466,209	305,143
Other income	-	-	-	3,257
Net assets released from restrictions	671,943	(671,943)	-	-
	3,783,233	561,326	4,344,559	4,990,054
Rental income	159,274	-	159,274	142,337
Rental expense	(221,040)	-	(221,040)	(245,623)
Net Rental Activity	(61,766)	-	(61,766)	(103,286)
Total Revenue and Support	3,721,467	561,326	4,282,793	4,886,768
Expenses				
Program services	3,215,605	-	3,215,605	3,169,461
Support services:				
Management and general	398,397	-	398,397	309,341
Fundraising	204,708	-	204,708	169,036
Total Support Services	603,105	-	603,105	478,377
Total Expenses	3,818,710	-	3,818,710	3,647,838
Change in Net Assets	(97,243)	561,326	464,083	1,238,930
Net Assets - Beginning of Year	6,471,492	1,594,837	8,066,329	6,827,399
NET ASSETS - END OF YEAR	\$ 6,374,249	\$ 2,156,163	\$ 8,530,412	\$ 8,066,329

See Notes to Financial Statements

Doctors Care

Statements of Functional Expenses

For the Year Ended December 31, 2025

(With Comparative Totals for the Year Ended December 31, 2024)

	Program Services	Support Services		Total 2025	Total 2024
		Management and General	Fundraising		
Salaries	\$ 1,721,380	\$ 181,822	\$ 129,042	\$ 2,032,244	\$ 1,908,766
Employee benefits	117,647	12,427	8,819	138,893	115,018
Payroll taxes	153,612	16,225	11,515	181,352	157,877
Total Personnel Expenses	1,992,639	210,474	149,376	2,352,489	2,181,661
Advertising and marketing	20,109	-	20,109	40,218	46,828
Computer and software expense	113,257	11,963	8,490	133,710	152,952
Contract services	83,961	65,298	-	149,259	233,692
Insurance	16,300	1,722	1,222	19,244	15,378
Office expenses	26,126	2,760	1,959	30,845	47,676
Other expenses	8,237	34,327	6,374	48,938	34,215
Professional services	-	47,649	-	47,649	28,026
Rental expenses	187,229	19,776	14,035	221,040	245,623
Clinic expenses	168,708	-	-	168,708	123,135
Total Cash Expenses	2,616,566	393,969	201,565	3,212,100	3,109,186
Donated Goods and Services:					
Physicians	305,424	-	-	305,424	309,105
Medical staff services	110,991	-	-	110,991	93,072
Technology	8,472	-	-	8,472	14,170
Vaccines	132,233	-	-	132,233	138,764
Depreciation	229,148	24,204	17,178	270,530	229,164
Total Noncash Expenses	786,268	24,204	17,178	827,650	784,275
Total Expenses by Function	3,402,834	418,173	218,743	4,039,750	3,893,461
Less: Expenses included with revenues on the Statements of Activities:					
Rental expense	(187,229)	(19,776)	(14,035)	(221,040)	(245,623)
TOTAL EXPENSES INCLUDED IN THE EXPENSE SECTION ON THE STATEMENTS OF ACTIVITIES	\$ 3,215,605	\$ 398,397	\$ 204,708	\$ 3,818,710	\$ 3,647,838

Doctors Care

Statements of Cash Flows

For the Year Ended December 31, 2025

(With Comparative Totals for the Year Ended December 31, 2024)

	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 464,083	\$ 1,238,930
Adjustment to Reconcile Change in Net Assets to Net Cash Flows from Operating Activities		
Depreciation	270,530	229,164
(Gain) on beneficial interest in assets held by others	(39,248)	(24,046)
Investment (income), net	(466,209)	(305,143)
Change in Operating Assets and Liabilities		
(Increase) Decrease in:		
Grants and contributions receivable	(17,144)	111,632
Accounts and other receivables	(8,876)	(15,697)
Prepaid and other assets	(42,671)	14,918
Increase (Decrease) in:		
Accounts payable	(84,454)	118,621
Accrued payroll liabilities	18,852	(60,658)
Property taxes payable	1,008	1,877
Deferred tenant revenue and deposits	(4,219)	3,111
Net Cash Flows from Operating Activities	91,652	1,312,709
CASH FLOWS FROM INVESTING ACTIVITIES		
(Purchase) of property and equipment	(137,421)	(666,389)
Proceeds from beneficial interest in assets held by others	15,742	14,724
(Purchase) of investments	(4,010,770)	(2,336,629)
Proceeds from sale of investments	3,392,523	1,885,528
Net Cash Flows from Investing Activities	(739,926)	(1,102,766)
Net Increase (Decrease) in Cash	(648,274)	209,943
Cash - Beginning of Year	765,365	555,422
CASH - END OF YEAR	\$ 117,091	\$ 765,365

See Notes to Financial Statements

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies

Nature of Organization

Doctors Care (the "Organization") is a nonprofit organization incorporated in the State of Colorado in December 1990. The Organization is dedicated to improving access to healthcare for low-income individuals in the South Metro Denver area. Doctors Care accomplishes this aim through its four core services: an integrated primary care clinic for individuals age 50 and under; Doctors Care Advantage, a community-based health access program that aims to improve access to care and resources for uninsured and Medicaid participants; Connection to Coverage, a program helping individuals shop and apply for subsidized insurance plans through Connect for Health Colorado and Medicaid; and Health Navigation, a program designed to address socioeconomic barriers to health and well-being. The Doctors Care model is built on a commitment to providing long-term solutions to access, which begins with coverage, extends to care, and ultimately leads to our clients' overall health and well-being. The Organization is supported primarily by program and service fees, grant income, and contributed medical services.

Basis of Presentation

The financial statements of the Organization are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Classification of Net Assets

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization, and changes therein, are classified and reported as follows:

Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor restrictions.

Net assets with donor restrictions: Net assets subject to donor or certain grantor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time, or other events specified by the donor. Other explicit donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, or when the stipulated purpose for which the resource was restricted has been fulfilled.

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from the estimates.

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies (continued)

Income Taxes

The Organization is exempt from Federal and State income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code and the Colorado Income Tax Act of 1964 (as amended), and qualifies for the charitable contribution deduction. However, income from activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization incurred no unrelated business income tax during the years ended December 31, 2025 and 2024.

The Organization applies a more-likely-than-not measurement methodology to reflect the financial statement impact of uncertain tax positions taken or expected to be taken in a tax return. After evaluating the tax positions taken, none are considered to be uncertain, therefore, no amounts have been recognized as of December 31, 2025.

Prior-Year Summarized Comparative Information

The financial statements include certain prior-year summarized comparative information in total, but not by net asset class. The prior-year presentation does not include sufficient detail to constitute presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the financial statements for the year ended December 31, 2024, from which the summarized information was derived.

Fair Value of Financial Instruments

The Organization's financial instruments include cash, investments, receivables, and accounts payable. The fair values of these financial instruments approximate their carrying amounts based on current market indicators, such as prevailing interest rates and their nearness to maturity.

Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents, excluding amounts held as part of an investment portfolio.

Accounts and Other Receivables

Accounts and other receivables are uncollateralized amounts due primarily from Medicaid and from tenants. The carrying value of accounts receivable is recorded net of an allowance for credit losses. Credit losses are estimated based on management's evaluation of historical losses, current conditions of individual accounts and reasonable and supportable forecasts. For the years ended December 31, 2025 and 2024, no allowance for estimated credit losses was necessary.

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies (continued)

Grants and Contributions Receivable

Grants and contributions receivable are unconditional promises to give in future periods. These unconditional promises represent written or oral agreements to contribute cash or other assets to the Organization. At December 31, 2025 and 2024, management deemed all grants and contributions receivable to be fully collectible; accordingly, no allowance for uncollectible grants and contributions receivable was required.

The Organization has been awarded government grants that are conditioned upon certain performance requirements and the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific grant or contract provisions. At December 31, 2025, the Organization has been awarded \$230,726 of government grants that have not been recognized into revenue and are conditional upon the Organization incurring qualifying expenses. These grants are expected to be recognized into revenue in 2026.

Investments

The Organization carries investments in marketable securities at their fair values in the Statements of Financial Position. Unrealized gains and losses are included in the Statement of Activities. The Organization's beneficial interest in assets held by others is valued as reported by the entity holding the funds which is based on values of the underlying assets in active markets.

Property and Equipment

Property and equipment is stated at cost or fair market value at the date of contribution, if donated. Maintenance items of a routine nature are expensed as incurred, whereas those which improve or extend the useful lives of existing assets are capitalized. When items of property and equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts, and any gain or loss is included in income. Depreciation is provided on the straight-line method over the estimated useful lives of the assets which range from 5-30 years.

Long-Lived Assets

GAAP requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Impairment, which is determined based upon the estimated fair value of the asset, is recorded when estimated undiscounted cash flows expected to be generated by the asset are insufficient to recover its net carrying value. Management has determined that no impairment of its long-lived assets is deemed necessary at December 31, 2025 and 2024.

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies (continued)

Revenue Recognition

Contribution Revenue

Contributions are considered conditional or unconditional, depending on the nature and existence of any donor or grantor conditions. A contribution contains a donor or grantor condition when both of the following are present:

- An explicit identifying of a barrier, that is more than trivial, that must be overcome before the revenue can be earned and recognized.
- An implicit right of return of assets transferred or a right of release of a donor or grantor's obligation to transfer assets promised, if the condition is not met.

Conditional contributions are recognized when the barrier(s) to entitlement are overcome. Unconditional contributions are recognized as revenue when awarded.

Unconditional or conditional contributions in which the conditions have been substantially met or explicitly waived by the donor are recorded as support with or without donor restrictions, depending on the existence and nature of any donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized.

Grant Revenue

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award.

Grant Awards that are Contributions - Grant awards that are contributions are evaluated for conditions and recognized as revenue when conditions in the award are satisfied. Unconditional awards are recognized when the award is received. Amounts received in which conditions have not been met are reported as a refundable advance liability.

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies (continued)

Revenue Recognition (continued)

Grant Awards that are Exchange Transactions - Exchange transactions are those in which the resource provider or grantor receives a commensurate value in exchange for goods or services transferred. Revenue is recognized when control over the promised goods or services is transferred to the customer (grantor) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Amounts received in excess of recognized revenue are reflected as a contract liability.

In-Kind Contributions

The Organization records the value of donated materials or services when there is an objective basis available to measure their value. The Organization recognizes the estimated fair value of contributed services that meet the following criteria:

- The services rendered either create or enhance nonfinancial assets.
- The services received require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by contribution.

A substantial number of volunteers have donated significant amounts of time to the Organization, some of which do not meet the criteria above.

Patient Care Services

Patient care service revenues are reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others, and include variable consideration for retroactive revenue adjustments due to settlements of audits, reviews, and investigations. The Organization receives approximately 95 percent of its patient care service revenues from Medicaid. Revenue is recognized over time as performance obligations are satisfied and services are provided. Performance obligations are determined based on the nature of the services provided by the Organization.

Rental Income

Rental income is derived from leasing real property to tenants under operating lease agreements. Rental income is recognized on a straight-line basis over the term of the lease in accordance with ASC 842, Leases. Lease payments received in advance are recorded as deferred revenue and recognized as rental income in the period to which the payments relate.

Doctors Care

Notes to the Financial Statements

Note 1 - Significant Accounting Policies (continued)

Functional Expense Allocation

The Statement of Functional Expenses reports certain categories of expenses that are attributed to more than one program or supporting function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Salaries, payroll taxes and benefits are allocated based upon estimations of time. Indirect costs such as office and building expenses are allocated based upon time spent, utilization and square feet.

Advertising and Marketing

Costs associated with advertising and marketing are expensed in the period incurred. Advertising and marketing related costs expensed totaled \$40,218 and \$46,828 for the years ended December 31, 2025 and 2024, respectively.

Subsequent Events

In preparing its financial statements, the Organization has evaluated subsequent events through March 30, 2026, which is the date the financial statements were available to be issued. Management of the Organization has not identified any material subsequent events that require reporting or disclosure.

Note 2 - Liquidity and Availability of Financial Resources

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the Statement of Financial Position date, comprise the following as of December 31, 2025 and 2024:

	2025	2024
Cash	\$ 117,091	\$ 765,365
Grants and contributions receivable	275,561	258,417
Accounts and other receivables	83,078	74,202
Investments	5,273,465	4,189,010
Total Financial Assets	5,749,195	5,286,994
Less: restricted contributions included in cash and investments	(1,553,968)	(1,033,292)
Less: Board designations - amount set aside for capital improvements	(200,000)	(200,000)
Total Financial Assets Available for General Expenditure	\$ 2,441,259	\$ 3,020,410

Doctors Care

Notes to the Financial Statements

Note 2 - Liquidity and Availability of Financial Resources (continued)

The Organization has board-designated funds totaling \$200,000 for capital and technology projects as of December 31, 2025 and 2024. Although the Organization does not intend to spend from the board-designated funds other than for the designated purpose, these amounts could be made available if necessary.

The Organization does not have a formal liquidity policy but generally maintains financial assets in liquid form such as cash and short term investments for approximately four to six months of operating expenses and also invests in marketable securities based on an allocation methodology approved by the Board.

Note 3 - Concentration of Credit Risk

Since the Organization periodically places cash in individual financial institutions in excess of FDIC insured limits, the Organization periodically reviews the financial condition of the financial institutions to reduce the Organization's credit risk associated with cash. Additionally, the Organization places its cash with high credit quality financial institutions.

Credit risk associated with grants and contributions receivable is limited due to the number and creditworthiness of the entities from which the amounts are due. At December 31, 2025 and 2024, 91% and 62%, respectively, of the Organization's receivables were due from four organizations and two organizations, respectively.

The Organization receives substantially all of its revenue from public support and Medicaid. A significant reduction in the level of support or Medicaid revenue, if this were to occur, may have an adverse effect on the Organization's programs and activities.

Note 4 - Investments

Investments consist of the following at December 31, 2025 and 2024:

	2025	2024
Equity mutual funds	\$ 728,937	\$ 1,295,857
Bond mutual funds	1,681,024	1,068,009
International mutual funds	251,232	164,676
Stocks and exchange traded funds	2,362,737	590,648
Certificates of deposit	190,000	-
Money market funds	59,535	1,069,820
Total Investments	\$ 5,273,465	\$ 4,189,010

Doctors Care

Notes to the Financial Statements

Note 4 - Investments (continued)

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with various investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Note 5 - Beneficial Interest in Assets Held by Others

The Organization has entered into an agreement with Colorado Gives Foundation (the "Foundation") to establish the Doctors Care Endowment Fund (the "Fund") to be held by the Foundation. The Fund is used for general operating needs. The Organization follows the investment strategy and spending policies adopted by the Foundation to achieve its long-term investment return objectives which are attained through capital appreciation and interest and dividends. Distributions from the Fund are limited to five percent of the average of the net fair market value of the three preceding calendar years. The Organization granted variance power to the Foundation. Should the Organization were to cease to exist, the Foundation would have the right to distribute the funds or combine the funds with an existing fund of the Foundation.

Changes in the net assets of the Fund were as follows for the years ended December 31, 2025 and 2024:

Balance, December 31, 2023	\$ 298,049
Investment income, net of expenses	24,046
Withdrawals	(18,967)
Balance, December 31, 2024	303,128
Investment income, net of expenses	39,248
Withdrawals	(15,742)
Balance, December 31, 2025	\$ 326,634

Note 6 - Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level; Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1); and Level 3 inputs are unobservable and have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

Doctors Care

Notes to the Financial Statements

Note 6 - Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2025 and 2024.

- Money market funds: measured using \$1 as the net asset value per unit.
- Certificates of deposit: valued at cost plus accrued interest which is approximately fair market value.
- Stocks and mutual funds: fair value based on quoted prices in an active market.
- Beneficial interest in assets held by others: fair value determined by the organization holding the funds.

The following tables set forth by level, within the fair value hierarchy, the Organization's investment assets at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

<i>December 31, 2025</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,661,193	\$ -	\$ -	\$ 2,661,193
Stocks	2,362,737	-	-	2,362,737
Certificates of deposit	-	190,000	-	190,000
Money market funds	-	59,535	-	59,535
Beneficial interest in assets held by others	-	326,634	-	326,634
	\$ 5,023,930	\$ 576,169	\$ -	\$ 5,600,099

<i>December 31, 2024</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,528,542	\$ -	\$ -	\$ 2,528,542
Stocks	590,648	-	-	590,648
Money market funds	-	1,069,820	-	1,069,820
Beneficial interest in assets held by others	-	-	303,128	303,128
	\$ 3,119,190	\$ 1,069,820	\$ 303,128	\$ 4,492,138

During the year ended December 31, 2025, the Organization transferred \$326,634 of investments from Level 3 to Level 2 due to the availability of observable market inputs. The Organization recognizes transfers between levels at the end of the reporting period.

Doctors Care

Notes to the Financial Statements

Note 7 - Property and Equipment

Property and equipment, net of accumulated depreciation, consisted of the following at December 31, 2025 and 2024:

<i>As of December 31,</i>	2025	2024
Buildings	\$ 2,285,060	\$ 2,285,060
Building improvements	1,676,139	1,621,051
Medical and office equipment	864,892	782,558
	4,826,091	4,688,669
Less: accumulated depreciation	(2,233,126)	(1,962,596)
Property and Equipment, Net	\$ 2,592,965	\$ 2,726,073

For the years ended December 31, 2025 and 2024, depreciation expense was \$270,530 and \$229,164, respectively.

Note 8 - Net Assets With Donor Restrictions

Net assets with donor restrictions consisted of the following as of December 31, 2025 and 2024:

	2025	2024
Subject to expenditure for specified purpose:		
Promodoras program	\$ 36,600	\$ -
Medical personnel	1,404,294	1,033,292
Leadership development	46,407	-
Women's healthcare	66,667	-
Subject to passage of time		
Grants and contributions receivable	275,561	258,417
Beneficial interest in assets held by others	326,634	303,128
Total Net Assets with Donor Restrictions	\$ 2,156,163	\$ 1,594,837

Note 9 - In-Kind Contributions

Donated materials and services are important to the Organization's operations and, accordingly, are reflected as contributions in the accompanying Statement of Activities at their estimated fair values when the donated materials and services meet the criteria for recognition under GAAP.

Doctors Care

Notes to the Financial Statements

Note 9 - In-Kind Contributions (continued)

Donated materials and services consist of the following for the years ended December 31, 2025 and 2024:

<i>Year Ended December 31,</i>	2025	2024
Physicians	\$ 305,424	\$ 309,105
Medical staff services	110,991	93,072
Technology	8,472	14,170
Vaccines	132,233	138,764
Total In-Kind Contributions	\$ 557,120	\$ 555,111

Donated physician, technology and medical staff services are valued based on the standard industry pricing for similar services. Donated vaccines are valued based on the estimated fair market value to purchase the vaccines, which is determined by the organization who donates the vaccines.

During the years ended December 31, 2025 and 2024, the Organization also received donations of publicly traded common stock valued at \$599,651 and \$1,050,948, respectively, which is included in grants and contributions on the Statements of Activities. The donated stock was valued at its fair value at the time of donation and was immediately sold by the Organization.

Note 10 - Rental Income and Expenses

Rental Income

The Organization is the lessor of office space within their building. The leases range from month-to-month to five years. Rental income for the years ended December 31, 2025 and 2024, totaled \$159,274 and \$142,337, respectively.

The following table presents future rental income due under the leases for the years ended December 31:

	December 31,
2026	\$ 109,914
2027	35,592
2028	14,824
2029	1,332
	\$ 161,662

Doctors Care

Notes to the Financial Statements

Note 10 - Rental Income and Expenses (continued)

Rental Expense

Rental expenses directly associated with the production of the rental income consists of the following for the years ended December 31, 2025 and 2024:

	2025	2024
Property management	\$ 18,024	\$ 17,398
Utilities	42,662	38,105
Operating and maintenance	118,878	151,338
Taxes and insurance	37,188	35,888
Amortization	4,288	2,894
	<u>\$ 221,040</u>	<u>\$ 245,623</u>

Note 11 - Employee Retention Tax Credits

In January 2024, the Organization determined it qualified for tax credits under the Employee Retention Tax Credit (ERTC) program established as a result of legislation passed to assist businesses impacted by the coronavirus pandemic. The application was submitted in January 2024 for an amount of \$479,673. For the year ended December 31, 2025, the Organization was awarded \$331,429 of ERTC credits, plus \$31,681 of interest relating to the credits which was recorded as government grants on the Statement of Activities. No amount have been recognized relating to the credits that have not been received due to the uncertainty of collection.

Note 12 - Retirement Plan

The Organization has established a defined contribution pension plan. Employee contributions are matched up to 3% of gross salary. The Organization contributed \$49,992 and \$45,274 to the plan for the years ended December 31, 2025 and 2024, respectively.

Note 13 - Contingencies

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for services previously provided.