## Form **990-EZ**

### **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	12/31/20	23
В	heck if ap	plicable:	C Name of organization D En	nployer ic	lentification number
	Address c	hange	CAMBODIAN VILLAGE FUND	1	4-1975524
Ц	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  E Te	elephone r	umber
=	Initial retur		4376 Argos Drive	6	19-281-2140
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	emption
=		n pending		lumber	•
		ing Method:	· ·	k ∏if th	e organization is <b>not</b>
					ach Schedule B
				n 990).	201124410 2
			Corporation Trust Association Other:		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ets	
			\$500,000 or more, file Form 990 instead of Form 990-EZ		121 544
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
	ai t i		the organization used Schedule O to respond to any question in this Part I		
_	1		ons, gifts, grants, and similar amounts received		119,368
	2		ervice revenue including government fees and contracts		0
	3	•	ip dues and assessments	3	0
	4	Investment	·	4	12,176
	5a		ount from sale of assets other than inventory   5a	-	12,170
			or other basis and sales expenses	0	
	b		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	-	
	6		nd fundraising events:	5c	0
Revenue	а		ome from gaming (attach Schedule G if greater than	0	
	b	Gross inco	ome from fundraising events (not including \$ 0 of contributions	Ť	
ě	~		aising events reported on line 1) (attach Schedule G if the		
ш			ch gross income and contributions exceeds \$15,000)   6b	0	
	С		ext expenses from gaming and fundraising events 6c	0	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	+	
	"	line 6c)		6d	0
	7a	,	s of inventory, less returns and allowances		U
	b		of goods sold	0	
			it or (loss) from sales of inventory (subtract line 7b from line 7a)	•	0
	8	•	• • • • • • • • • • • • • • • • • • • •		0
		Total reve	nue (describe in Schedule O)	9	0
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		131,544
	-		d similar amounts paid (list in Schedule O)		0
	11		aid to or for members	11	0
ses	12		ther compensation, and employee benefits		0
eü	13		al fees and other payments to independent contractors		0
Expenses	14		y, rent, utilities, and maintenance		0
Ш	15		ublications, postage, and shipping		0
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		100,353
_	17		enses. Add lines 10 through 16		100,353
ţ	18		(deficit) for the year (subtract line 17 from line 9)		31,191
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		-	ar figure reported on prior year's return)		300,599
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	_	0
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	331,790

Form 990-EZ (2023) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 300.599 22 331,790 23 0 23 Land and buildings . . . . . . . 0 Other assets (describe in Schedule O) . . 24 0 24 0 300,599 25 25 331.790 0 26 26 Total liabilities (describe in Schedule O) 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 300,599 27 331,790 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Scholarships for University Students. The Cambodian Village Fund provided university scholarships to 27 girls in Battambang and 1 girl in Phnom Penh. Scholarship students receive room, board, tuition, laptop computers, cell phones, uniforms, English language classes, eye care and dental care. (Grants \$ 0) If this amount includes foreign grants, check here . . . 28a 37,678 New School at Kilo Leak Boun. We began construction of a 3-room building at Kilo Leak Boun Primary School in 2022. Construction was completed in 2023. The building includes a library and two classrooms. 29a (Grants \$ 0) If this amount includes foreign grants, check here . . . 37,014 English Language Program. The Cambodian Village Fund provides English language classes for 400 students in grades 1-12. Five teachers teach 2 classes each, 5 days a week for a total of 50 classes per week. (Grants \$ 0) If this amount includes foreign grants, check here 30a 6,249 31 Other program services (describe in Schedule O) See.Schedule O, Statement 3. . . (Grants \$ 0) If this amount includes foreign grants, check here . . . . 31a 8,216 89,157 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) William J Bamberger 30.00 0 0 0 **Director** 0 30.00 0 n Nancy J Bamberger **Director** 

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>V</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<b>✓</b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>&gt;</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>V</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>&gt;</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>/</b>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911:0; section 4912:0; section 4955:0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>/</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: CA		•	
42a	The organization's books are in care of: William J Bamberger Telephone no.	519-24	8-832	7
	Located at: 4376 Argos Drive San Diego CA 92116	921	116	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country:  Cambodia	42b	<b>'</b>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 03	
b	completed instead of Form 990-EZ	44a		~
D	completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 99	U-EZ (20	J23)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in									
Dt V		ndidates for public office? If "Yes," c		, Part I		· · ·		•	46		<b>✓</b>
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations		ctions 47, 40b or	nd 52 and	l com	aloto the	o tabl	oc fo	or line	00
		50 and 51.	s must answer que	5110115 4 <i>1</i> –490 ai	iu 52, and	1 COLLIF	Jiete III	e tabi	es ic	אווו וכ	35
		Check if the organization used Sch	andula O to respond	to any question i	n thic Dar	. \/I					
		Check if the organization used Sci	ledule O to respond	to any question i	II IIIIS Fai	<u>vı .</u>				Yes	No
47	Did tl	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect dur	ing the	tay [		162	NO
71		If "Yes," complete Schedule C, Part					-	·	47		<b>/</b>
48	•	organization a school as described in						·	48		~
49a		ne organization make any transfers to	. , , , , , ,	•				. +	49a		~
b		s," was the related organization a se		_					49b		
50		olete this table for the organization's								s. and	d kev
		oyees) who each received more than									,
			(b) Average	(c) Reportable	(d) ⊢	ealth ber	nefits,				
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS			employee I deferred			d amou	
			devoted to position	1099-NEC)		mpensat		d other com		pensan	IOII
None											
f		number of other employees paid over				_					
51	Comp	olete this table for the organization'	s five highest compe	ensated independe	ent contrac	tors w	ho each	rece	ived	more	than
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."							
	(a)	Name and business address of each independ	lent contractor	<b>(b)</b> Type of :	service		(c)	Compe	ensatio	n	
Nama						_					
None											
						-					
						_					
				1							
						_					
				1							
									-		
				1							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .							
52	Did t	he organization complete Schedu	ile A? <b>Note:</b> All se	ction 501(c)(3) or	ganization	s mus	t attach	n a			
		1 - 41 O -11- 1 - A			_			_	Yes		lo
		of perjury, I declare that I have examined this r						nowledg	je and	belief,	it is
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any kr	owledge	١.				
Sign		Signature of officer				Date					
Here		William Bamberger, Director									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	(	Check	if P	TIN		
Prepa	arer						self-emplo	yed			
Use (		Firm's name				Firm's E	EIN				
		Firm's address				Phone r	no.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				. □	Yes	N	lo ol

### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

	BODIAN VILLAGE FUND					14-19	
Pai		<u> </u>					ons.
The o	organization is not a private founda		,		-	,	
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in <b>section</b>		,	,	,		
3	A hospital or a cooperative hos						/:::\
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	onal desc	nbea in s	section 170(b)(1)(A)(	ill). Enter the
5	An organization operated for		college or university	owned o	r operate	ad by a government	al unit described in
	section 170(b)(1)(A)(iv). (Comp		conogo or university	ownou o	Гороган	d by a government	ar arm accombod in
6	☐ A federal, state, or local govern	•	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7	An organization that normally						the general public
	described in section 170(b)(1)				J		,
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organi	zation described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op	erated in	conjunction with a la	and-grant college
	or university or a non-land-gra university:		·	,			· ·
10	An organization that normally receipts from activities related	eceives (1) more	than 33 <sup>1</sup> /3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	support from gross investment	t income and uni	related business taxal	ble incom	nė (less se	ection 511 tax) from	businesses
	acquired by the organization a		•		•	•	
11	An organization organized and	•	•	-			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check						
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						
_	the supported organization						
	supporting organization. You	ou must comple	ete Part IV, Sections	A and B			
b	supporting organization. You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having						
	control or management of				persons	that control or mana	age the supported
	organization(s). You must	-	•				
С							ally integrated with,
_	its supported organization(	, ,	•		-		
d	Type III non-functionally i that is not functionally integ						
	requirement (see instruction						d all attentiveness
е	_ ` ` `	•	•		-		all Type III
Ŭ	functionally integrated, or 1						e ii, Type iii
f	Enter the number of supported of	• •					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			, , , , , , , , , , , , , , , , , , , ,			,	,
				Yes	No		
(A)							
(B)							
(0)							
(C)							
(D)							
<del></del>							
(E)							
Tota							

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Schedule A (Form 990) 2023 Page **3** 

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

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

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	139,168	119,223	171,017	138,568	119,368	687,344
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	18,463	0	0	0	0	18,463
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_	_	_	_	_	
		0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	0	0	0	0	0	
Ū	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5	157,631	119,223	171,017	138,568	119,368	705,807
7a	Amounts included on lines 1, 2, and 3	,	,		·	·	<del></del>
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	<b>Public support.</b> (Subtract line 7c from						
Sooti	on B. Total Support						705,807
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2020	(a) 0001	(4) 0000	(a) 2022	(f) Total
9	Amounts from line 6	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
ี 10a	Gross income from interest, dividends,	157,631	119,223	171,017	138,568	119,368	705,807
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources	3,853	1,375	9	3,222	12,176	20,635
b	Unrelated business taxable income (less	3,000	.,010	,		12/110	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	3,853	1,375	9	3,222	12,176	20,635
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	_	_	_	_	_	_
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
10	and 12.)	161,484	120,598	171,026	141,790	131,544	726,442
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), di	vided by line 1	13, column (f))		15	97.16 %
16	Public support percentage from 2022 Sch	nedule A, Part I	II, line 15 .			16	98.51 %
Secti	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2023 (	line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	2.84 %
18	Investment income percentage from 2022					18	1.49 %
19a	331/3% support tests—2023. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2022. If the organiz						
00	line 18 is not more than 331/3%, check this leads to the second of the s	_	=	-	-	-	_
20	Frivate journation, if the organization of	u noi check a l	JUX ON IINE 14.	19a. OF 19D. C	JURCK HUS DOX	and see instru	AUOUS . I I

Schedule A (Form 990) 2023 Page 4

#### **Supporting Organizations** Part IV

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

### Se

secti	on A. All Supporting Organizations		<b>V</b>	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 500(a)(1) or (2)2 If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes.  Did the ergonization add substitute or remove any supported ergonizations during the tay year? If "Ves."	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	_	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . **e** From 2022 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

varie of the organization	Employer identification number
CAMPODIAN VII LACE EUND	
CAMBODIAN VILLAGE FUND	14-1975524

Schedule O, Statement 1 CAMBODIAN VILLAGE FUND

Form: **Form 990-EZ (2023)** EIN: **14-1975524** 

Page: 1 Part I, Line 16

### Other Expenses Structured Explanation

Description	Amount
Administration in Cambodia	1,810
Construction of Dormitory at SBUBB	2,000
English Classes	6,249
Scholarships	37,678
Schools	37,014
Youth Soccer	3,000
Activities with Scholarship Students	1,000
International Wire Fees	199
Toiletries and medicine for Sisophan Prison	1,500
Bank Fees	527
Administration in US	326
Dormitory Expenses	5,216
Carryover from FY22	3,834
No description	0
Total:	100,353

Schedule O, Statement 2 CAMBODIAN VILLAGE FUND

Form: **Form 990-EZ (2023)** EIN: **14-1975524** 

Page: 2 Part III

#### **Primary Exempt Purpose**

### **Primary Exempt Purpose**

The Cambodian Village Fund is a charity solely for the purpose of collecting money to be disbursed to families in villages in Cambodia. The funds are used to enhance the education, and educational opportunities of the families.

Schedule O, Statement 3 CAMBODIAN VILLAGE FUND

Form: Form 990-EZ (2023) EIN: 14-1975524

Page: 2 Part III, Line 31

Other Program Service Accomplishments						
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses			
Dormitory for Scholarship Students. The three-story dormitory, completed in 2022, houses 24 female students. Expenses include Electricity, Water, Gas, Cleaning supplies, Trash hauling, House Manager, Building Maintenance, Property Tax and Gravel for road to dormitory.	0		5,216			
Youth Soccer Program. We support teams for every primary school in Prey Touch Commune. We provide uniforms, shoes and training for coaches and referees.	0		3,000			
Total:			8,216			