



City of Harrisonburg APPLICATION FOR TAX EXEMPTION

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|------------------------------|
| FOR OFFICE USE ONLY: |
| PAYMENT AMOUNT: <u>\$50</u> |
| RECEIVED ON: <u>12/19/22</u> |
| CHECK NUMBER: <u>808</u> |

The information requested on this application must be filled out completely and returned to the City Manager's office on or before January 30. Include a \$50 application fee made payable to City of Harrisonburg. Applicant must pay the cost of the public hearing ad or their share if multiple applicants.

Please attach a copy of your current (1) 501(c)(3) certificate; (2) By-Laws; (3) Articles of Incorporation; (4) most recent financial statement (audited, if available); (5) most recently filed IRS Form 990 or 990EZ.

ORGANIZATION NAME: Blue Ridge Free Clinic, Inc.

MAILING ADDRESS: 831 Martin Luther King, Jr. Way
Harrisonburg, VA 22801.3277

CONTACT PERSON AND PHONE: Susan Adamson, Chair (540.246.1150)

Reviewed by
COR Kill
Treasurer jk
Finance [signature]

Type of property for which request is made (circle applicable) **PERSONAL PROPERTY**

If requesting a personal property exemption, please attach a detailed itemized listing of the specific item(s) for which the exemption is sought. (See Attachment)

If requesting a real estate exemption, complete the following on each parcel for which exemption is sought:

Not Applicable.

Name in which property is held _____

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

Name in which property is held _____

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

Name in which property is held _____

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

If requesting a personal property exemption, complete the following for each account for which exemption is sought:

Name assessed: **Blue Ridge Free Clinic, Inc.**

Account number: **Property ID 80309**

Asset type and location address: **Business Personal Property**
831 Martin Luther King., Jr. Way – Harrisonburg, VA 22801.3277

Taxes paid for the preceding three years: **This nonprofit charitable organization was created on January 12, 2021 and opened on April 12, 2021. No personal property taxes have been paid by the organization. The first Personal Property Tax Bill was received in October 2022.**

Please complete the following questions as referenced in City Ordinance 4-2-17 (copy enclosed) and Code of Virginia § 58.1-3651.

1. Do you currently own property in the City that is already tax-exempt?
No The organization is a Virginia nonprofit charitable corporation that is tax-exempt under federal law [U.S. IRS §501(c)(3)]. It owns no real property.

2. Does the organization have any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin?
No The organization operates with a ‘No Barriers’ policy under which anyone who requests our help is offered our assistance to meet their needs.

3. Does the organization hold a current annual alcoholic beverage license from the Virginia Alcoholic Beverage Control Board for serving alcoholic beverages on the property? If yes, please attach a copy.
No. It does not!

4. What compensation is paid to each director, officer, and employee of the organization?
None. The organization is a 100% volunteer-governed and is a nearly 100% volunteer-staffed organization; the only individual compensated at all is a contracted, licensed social worker, paid \$35.00 per hour (approximately \$40,000 for FY2023, funded by a Sentara Cares Grant.

5. What services does each director, officer, and employee render?

Officers – The officers serve as official representatives of the Blue Ridge Free Clinic in matters involving the federal, Commonwealth, and local governments; and, act (as the Executive Committee) on matters delegated by the Board of Directors.

Directors – The Board of Directors provides overall governance for the Blue Ridge Free Clinic.

Staff – Healthcare professionals serve as volunteer staff in providing services for patients and in providing administrative support services for the operation of the clinic.

6. Does any part of the net earnings of the organization benefit any individual?
No Absolutely not!

7. What percentage of the services provided by this organization is generated by funds received from donations, contributions, or local, state, or federal grants or funds? For purposes of this question, donation may include the providing of personal services or the contribution of in-kind or other material services.

100 Percent.

8. What specific services does the organization provide for the common good of the public?

Please see attachment.

9. What percentage of the activities of the organization involves carrying on propaganda or otherwise attempting to influence legislation?

Zero percent

10. Does the organization participate or intervene in any political campaign on behalf of any candidate for public office?

No Absolutely not!

I, Susan Adamson, in my capacity as a Director and Officer (Chair) for the Blue Ridge Free Clinic, Inc., do hereby certify that the information provided and/or attached to this Application for Tax Exemption, is true and accurate, to the best of my knowledge. I acknowledge that knowingly providing false information will result in criminal charges pursuant to *Code of Virginia § 58.1-11*. I acknowledge that the organization I represent may be subjected to audit by the Commissioner of the Revenue, or an appointed employee of the Commissioner of the Revenue, to ensure that all information provided is true and correct.

Susan Adamson
Signature

December 14, 2022

Date

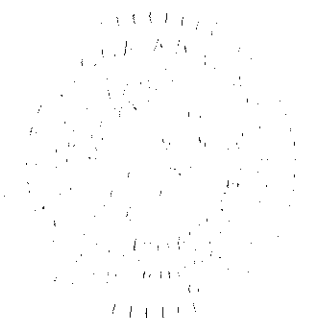
Chair, Board of Directors

Title

Svetlana Rebecca Adamson
Notary

My commission expires: 08/31/2026

Svetlana Rebecca Adamson
NOTARY PUBLIC
Commonwealth of Virginia
Reg. # 7578742
My Commission Expires 08/31/2026



Attachments

- In support of our application for a personal property exemption, a detailed itemized listing of the specific item(s) for which the exemption is sought is attached.
- Question 8 - Description of the specific services that the Blue Ridge Free Clinic, Inc, provides for the common good of the public.
- Letter of Determination from the U.S. IRS regarding the tax-exempt status of the Blue Ridge Free Clinic, Inc.
- By-Laws of the Blue Ridge Free Clinic.
- Articles of Incorporation.
- Most recent Financial Statement – a Review provided by an independent Certified Public Accountant (FY2021).
- Most recently filed U.S. IRS Form 990 (or U.S. IRS Form 990EZ).

Question 8

Description of the specific services that the Blue Ridge Free Clinic, Inc. provides for the common good of the public.

Needs-Based Plan – Based on the most recent **Community Health Needs Assessment** for our community (defined as the City of Harrisonburg and Rockingham County in Virginia), the Blue Ridge Free Clinic developed an array of programs and services designed to focus on the community's **three top priority needs** that are especially urgent for the most vulnerable and health-insecure members of the local community; specifically:

- Access to primary medical care and healthcare-related services.
- Access to behavioral health services.
- Chronic disease prevention and management.

Overview of Present & Planned Activities and Anticipated Impact – The Clinic's array of programs and services introduced in its first 20 months of operation reflects the scope of programs planned for the Clinic's first three years of operation. The **seven program initiatives** provide a comprehensive way for the Clinic to address the community's top health-related priorities as they impact those who are under- and uninsured, ALICE¹, homeless, and others who are health-insecure. The Clinic's presence in the community and the availability of these programs and services enhance the quality of individual health and raise the level of the overall community's health. In addition, a derivative impact of these initiatives is a reduction in the need for the local hospital's Emergency Room to attend to non-emergent primary care matters and acute exacerbations of chronic diseases that would likely be served more efficiently and effectively at the Clinic. More than just a paradigm shift, this shift from the ER to the Clinic substantially reduces overall healthcare costs in our community.

Details on the Clinic's Activities, Programs and Services – The Clinic's scope of activities is reflected in the set of seven programs and services outlined below. Individually and collectively, they are intended to improve healthcare access in the community and provide the Clinic's patients with a robust array of programs and services to meet their healthcare needs and improve the quality of their health – and, their lives. Specifically:

(1) Primary Care.

The Clinic improves and increases access to primary care services, including health maintenance, screenings, diagnostics, treatment plans, care coordination and management, for individuals regardless of citizenship or ability to pay. Prevention of illness or disability represents a cost-savings to our community (in terms of direct healthcare costs) and a preserved economic capacity for our community members. Primary care and chronic disease prevention and management in at-risk populations is complicated by the social, cultural, and economic challenges they may also be facing.

¹ ALICE = Asset Limited, Income Constrained, Employed.

(1) Primary Care. (continued)

The Clinic dedicates sufficient time to each patient's office visit to ensure that appropriate attention is provided so that the Clinic will be able to address the often complex aspects of the patients' care management. Many of our most vulnerable community members require such a level of attention as part of an organic and individualized approach to their care; and, in addition, the Clinic draws on collaborative opportunities in the community so that patients are able to draw on various community resources as part of their overall care plan.

(2) Specialty Care.

The Clinic offers on-site specialty care and consultation with gastroenterology, cardiology, neurology, dermatology, and rheumatology. Access to ophthalmology and podiatry is accessible for the Clinic's patients via provider referrals.

(3) Dental Care.

The Clinic draws on the support of the local dental community to provide free extractions, pain control, and, at times, low-cost restorative services to patients in their offices. The Clinic has established a coalition of local dentists who volunteer their time and professional expertise to help meet the need by the Clinic's patients for dental care.

Plans for expansion of this service – It is anticipated that within the first three years of operation, this program will grow, with more dentists enlisting to help, as patient needs for dental care increases.

Also, in recognition that access to transportation to reach dental offices for appointments may be an obstacle for some patients, the Clinic's Health Navigation Services team helps facilitate transportation support as needed

(4) Behavioral Health Services.

Embedded behavioral health services are offered in conjunction with graduate counseling programs at local universities. The Clinic offer on-site, in-clinic services in addition to self-referrals and clinician referrals. A volunteer psychiatric nurse practitioner provides medication management for the clinic's patients.

Plans for expansion of this service – It is anticipated that a substance abuse treatment program will be a high priority for the Clinic as it builds a capacity to expand its behavioral health services.

(5) Pharmacy Services.

Medication costs are often the single largest barrier to effective disease management for those with multiple chronic conditions. The Clinic's pharmacy services provide access to free medications for patients through the support of generous pharmaceutical companies that are expected to provide prescription medications for the Clinic's patients. While a federally subsidized §340B pharmacy provides substantial relief for *many* patients who are financially vulnerable, it is not the optimal option for *all* members of our community; for this reason, the Clinic participates in

Direct Relief, RxPartnership, and the Medication Assistance Programs offered by pharmaceutical companies to bridge the gap for patients who find that a §340B pharmacy is not their best option.² If it is possible for the Clinic to serve as a distribution site for the COVID-19 vaccine as distribution of the vaccine rolls out, the Clinic's plans to provide community access to this vaccine would reflect the Clinic's objective to contribute to the community's long-term health and protection.

(6) Tele-Med Services.

Expanding upon lessons learned from medical management during the COVID-19 lockdown earlier this year and throughout the coronavirus pandemic, the Clinic anticipates the availability of Tele-Med services, as appropriate, provide vitally needed support for the clinic's patients without a need for them to leave their homes.

(7) Health Navigation Services.

The Health Navigation Services team is an integrated interdisciplinary volunteer corps led by the clinic's social worker and nursing coordinator. Trained lay health navigators, many of whom are social work students and retired healthcare professionals, have the opportunity to help guide patients to appropriate health and human service providers in the community. Addressing social determinants of health (e.g., safe and secure housing, access to healthy foods, education, transportation, language and literacy, family stability) as prioritized in the recently released *Healthy People 2030* report supports 'upstream' interventions to prevent 'downstream' negative health consequences. The Clinic's objective is to enhance collaboration among community providers of health and human services to increase access, decrease barriers, and help connect our community's most vulnerable members with services that can make a difference in their lives.

² The Clinic does not charge a fee to patients for their prescription medications. Donations are accepted, should any patients be interested in doing so; 100 percent of any funds received support the Pharmacy Services program.

Attachment 2

Question 8 - Description of the specific services that the Blue Ridge Free Clinic, Inc. provides for the common good of the public.

CHRONIC DISEASE MANAGEMENT

Our volunteer service providers help patients in managing their high cholesterol, diabetes, high blood pressure, and other chronic healthcare concerns.

PHARMACY

Our pharmaceutical services provide patients with vitally needed medications to meet their needs, typically until they secure their eligibility for medication assistance.

DENTAL

Current services are limited in most cases to extractions for broken or infected teeth only. Our volunteers help secure arrangements with one of our dental partners; in some cases, we have opportunities to provide grant-funded special assistance for patients with dental needs.

MENTAL HEALTH

Mental health is an important part of our services, with licensed professionals volunteering their services.

HEALTH NAVIGATION

The Blue Ridge Free Clinic is open to serve anyone with UNMET healthcare needs with the goal to help them get long-term, sustainable, healthcare. Patients with a medical need, who do not have a primary care provider, regardless of whether they have insurance or Medicaid, may be served. Every patient is then offered healthcare & social work navigation services. We assist patients in discovering whether they are eligible for Medicaid or other insurance, and if so, help them transfer to a local primary care office in the community for ongoing care. This is the way we offer patients a "BRIDGE" to long term healthcare. We provide urgent, temporary care to most patients who come to us for assistance, as we are usually able to help them "BRIDGE" to a community provider in a matter of months.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

BLUE RIDGE FREE CLINIC INC
168 DIAMOND COURT
HARRISONBURG, VA 22801

Date:
03/24/2021
Employer ID number:
86-1418555
Person to contact:
Name: Mrs. Johnson
ID number: 31287
Telephone: 877-829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 12, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053455004841

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

**Bylaws
of
Blue Ridge Free Clinic, Inc.**

These Bylaws govern the affairs of the Blue Ridge Free Clinic, Inc. (the "Clinic"), a non-profit corporation.

Article 1

Mission

- 1.1 The Blue Ridge Free Clinic exists to ensure that there is a charitable organization in place serving the City of Harrisonburg and Rockingham County where any adult can access freely-provided medical care and healthcare-related services that are made available primarily with the support of healthcare practitioners who volunteer their time and expertise so that neighbors in need may receive vitally needed care and attention in a timely manner, when other options are either inappropriate or unavailable.

Article 2

Principal Office

- 2.1 The principal office of the Blue Ridge Free Clinic in the Commonwealth of Virginia shall be located in Harrisonburg, Virginia.
- 2.2 The Clinic may have other offices and clinic locations in the Commonwealth of Virginia, as the Board of Directors may determine. The Board of Directors may, in its discretion, change the location of any office or clinic location of the Clinic. The Clinic shall comply with the laws, rules, and regulations of the Commonwealth of Virginia and shall maintain a registered agent and office in Virginia. The registered agent's office may, but need not, be identical with the Clinic's principal office in Virginia.

Article 3

Board of Directors

- 3.1 **Governance of the Clinic**
The governance of the Clinic shall be the responsibility of the Board of Directors.
- 3.2 **Number, Qualifications, and Tenure of Directors**
The number of directors shall be no less than three individuals and not more than fifteen individuals. Each director shall serve for a term of three years, after which the director may accept a nomination to serve a second term for an additional three years. After six years of service as a Director, an individual must establish an absence from the Board for at least two years before being considered for a new term on the Board of Directors.
- 3.3 **Election of Directors**
The initial Directors shall be the individuals named in the Clinic's Articles of Incorporation. Thereafter, Directors shall be elected by the majority of the Board of Directors at the Clinic's Annual Meetings. In the event a Director needs to resign from the Board prior to the completion

of the Director's term, the Director shall be asked to remain, if practicable, in office until a successor is elected to fill the unexpired term. Vacancies (see 2.4) that arise during the year may be filled by the Board of Directors at a regular or special meeting of the Board by electing an individual to fill the unexpired term. If and only if the unexpired term has one year or less remaining, then the new Director may serve for up to two successive terms following the completion of the unexpired term.

3.4 Vacancies

Any vacancy occurring on the Board of Directors, and any Director position to be filled due to an increase in the number of Directors, shall be filled by the Board of Directors. A vacancy shall be filled by the affirmative vote of a majority of the remaining Directors, even if it is less than a quorum of the Board of Directors, or if it is a sole remaining Director. A Director elected to fill a vacancy shall be elected for the unexpired term of the predecessor in office.

3.5 Regular Meetings

The regular meetings of the Board of Directors shall be held quarterly, on the third Thursday of the month in which a meeting is scheduled. The meetings must be held within the Commonwealth of Virginia and may be held in-person or virtually, at the discretion of the Board based on conditions and circumstances. If a meeting is to be cancelled for any reason, then a vote to do so by a majority of the Directors shall be required; each Director's vote may be cast in a writing delivered by mail, a delivery service, or e-mail.

3.6 Special Meetings

Special meetings of the Board of Directors may be called by or at the request of the Chair of the Board; any two directors, with the approval of the executive committee; or, the chief executive. Notice of a special meeting of the Board of Directors shall be delivered to each Director not less than 72 hours before the date of the meeting. The notice shall state the place, day, and time of the meeting, who called the meeting, and the purpose(s) for which the meeting is called.

3.7 Quorum

A majority of the number of Directors then in office shall constitute a quorum for the transaction of business at any meeting of the Board of Directors. Once a quorum is established, it shall not be affected by the departure of Directors during the course of the meeting.

3.8 Duties of Directors

Directors shall discharge their duties, including any duties as committee members, in good faith; with ordinary care; in a manner they reasonably believe to be in the best interest of the Clinic and the community served by Clinic; and, in accord with the laws, rules, regulations, and judicial decisions of the Commonwealth of Virginia regarding the roles, responsibilities, and duties of Directors of a nonprofit corporation.

3.9 Delegation of Duties

The Directors are entitled to select advisors, agents, and other professional counsel; and, the Directors may delegate to such individuals or entities the authority on behalf of the Directors, including but not limited to the authority to purchase or otherwise acquire stocks, bonds, securities, and other investments on behalf of the Clinic; and, to sell, transfer, or otherwise dispose of the Clinic's assets and properties at a time and for a consideration that the party holding delegated authority deems appropriate. The Directors shall have no liability for actions taken or

omitted by the party holding delegated authority if the Board of Directors acts in good faith and with ordinary care in selecting the advisor, agent, or other professional counsel.

3.10 Interested Directors

Contracts or transactions between Directors or Officers who have a financial interest in the matter are not void or voidable solely for that reason. No Director shall participate in any transaction if such transaction would constitute an act of self-dealing as defined in the U.S. Internal Revenue Code at §4941 and the regulations and ruling promulgated thereunder.

3.11 Actions of Board of Directors

The vote of a majority of Directors present in person and voting at a meeting at which a quorum is present shall be sufficient to constitute an act of the Board of Directors unless the act of a greater number is required by law or the Bylaws.

3.12 Compensation

Directors shall not receive financial compensation for their services as members of the Board of Directors; however, each Director may be entitled to reimbursement for expenses incurred in their services with the approval of the Board of Directors.

3.13 Removal of Directors

A director may be removed from office for failure to perform the Director's duties by the affirmative vote of a majority of the Board of Directors.

Article 4
Officers

4.1 Positions

Directors shall be encouraged to serve during their term(s) as officers of the Clinic. The four leadership positions are Chair, Vice Chair, Secretary, and Treasurer. The Chief Executive Officer shall serve as an Officer, in the role of Assistant Secretary. These five leaders shall make up the Executive Committee, with the Chief Executive Officer serving *ex officio* and without a vote.

4.2 Election and Term of Office

The Officers of the Clinic shall be filled by biennial elections of the Board of Directors held during its annual meetings. Each Officer position shall be for a two-year term, except for the Chief Executive Office who shall serve at the pleasure of the Board, subject to contractual arrangements governing the tenure of the Chief Executive Officer. Each Officer shall be expected to hold office until a successor is duly elected and takes office.

4.3 Vacancies

A vacancy in any officer position may be filled by the majority vote of the Board of Directors at a duly called regular or special meeting of the Board of Directors at which a quorum is established prior to the vote to fill an officer vacancy.

4.4 Chair

The Chair shall preside at all meetings of the Board of Directors and shall perform other duties as prescribed by the Board of Directors.

4.5 Vice Chair

When the Chair is absent or otherwise unable to act, the Vice Chair shall perform the duties of the Chair. The Vice Chair shall perform other duties as assigned by the Chair or Board of Directors.

4.6 Treasurer

The treasurer shall:

- Have charge and custody of and be responsible for funds and securities of the Corporation.
- Provide oversight over the financial books and records of the Corporation and monthly financial reports.
- Perform other duties as assigned by the president or by the Board of Directors.

4.7 Secretary

The Secretary shall:

- Give all notices as provided in the Bylaws and as required by law.
- Take minutes of the meetings of the Board of Directors, keep the minutes as part of the corporate records, and send copies of the minutes of each Board of Directors meeting to all directors.
- Keep a register of the mailing address of each director of the Corporation.
- Perform duties as assigned by the Board of Directors.

4.8 Chief Executive Officer

The Chief Executive Officer shall:

- Be appointed by the Board of Directors and shall exercise full discretion in the management and operation of the Clinic, limited only by an accountability to the Board to perform the specific duties conferred by these Bylaws and, from time to time, by the Board.
- In general, the Chief Executive Officer shall be responsible for the administration of the Clinic and the performance of all duties incident to the office of a chief executive of a nonprofit corporation.
- As an Officer and Assistant Secretary, the Chief Executive Officer shall perform the duties of Secretary in the event that the Secretary position is vacant or the Secretary is otherwise unavailable or unable to perform the duties of Secretary.

Article 5 Committees

5.1 Establishment of Committees

The Board of Directors may adopt a resolution establishing one or more committees, delegating specified authority to a committee, and appointing or removing members of a committee. The establishment of a committee or the delegation of authority to it shall not relieve the Board of Directors, or any individual director, of any responsibility imposed by the Bylaws or otherwise imposed by law. No committee shall have the authority to amend or repeal these Bylaws, elect or remove any officer or director, adopt a plan of merger, or authorize the voluntary dissolution of the corporation.

5.2 Executive Committee.

There shall be an Executive Committee composed of the Chair, Vice Chair, Treasurer, Secretary, immediate Past Chair, and the Chief Executive Officer (*ex officio*). The Board Chair is Chair of the Executive Committee. A majority of the members of the Executive Committee shall constitute a quorum. The Executive Committee shall periodically review and make recommendations to the Board and shall exercise when the Board is not in session, all powers which the Board may lawfully delegate. Generally, all major functions of the Corporation shall be subject to review by the Executive Committee. Actions taken by the Executive Committee shall be presented to the full Board for review at the next meeting of the Board.

5.3 Rules

Each committee may adopt rules for its own operation not inconsistent with the Bylaws or with the rules adopted by the Board of Directors.

Article 6

Transactions of the Corporation

6.1 Contracts

The Board of Directors may authorize any officer or agent of the Corporation to enter into a contract or execute and deliver any instrument in the name of and on behalf of the Corporation.

6.2 Deposits

All funds of the Corporation shall be deposited to the credit of the Corporation in banks, trust companies, or other financial institutions or depositories that the Board of Directors selects.

6.3 Conflicts of Interest

The Corporation shall not make any loan to a director of the Corporation or any other "disqualified person" as that term is defined in the U.S. Internal Revenue Code §4946 (a) and the regulations and rulings promulgated thereunder. A director, officer, or committee member of the Corporation may lend money to and otherwise transact business with the Corporation except as otherwise provided by the Bylaws, Articles of Incorporation, and all applicable laws and then only to the extent any such loan or transaction does not constitute an act of self-dealing as defined in U.S. Internal Revenue Code §4941 and the regulations and rulings promulgated thereunder. The Corporation shall not borrow money from or otherwise transact business with a director, officer, or committee member of the Corporation unless the transaction is described fully in a legally binding instrument and is in the best interest of the Corporation. The Corporation shall not borrow money from or otherwise transact business with a director, officer, or committee member of the Corporation without full disclosure of all relevant facts and without the approval of the Board of Directors, not including the vote of any person having a personal interest in the transaction.

Article 7

Books and Records

7.1 Required Books and Records

The Corporation shall keep correct and complete books and records of account in compliance with laws, rules, and regulations of the Commonwealth of Virginia and the Corporation's Record Retention Policy.

Article 8
Fiscal Year

- 8.1 The fiscal year of the Corporation shall be from July 1st through June 30th of the following year.

Article 9
Indemnification

- 9.1 When Indemnification is Required, Permitted, and Prohibited - Unless otherwise prohibited by law, the Corporation may indemnify any director or officer or any former director or officer, and may by resolution of the Board of Directors indemnify any employee, against any and all expenses and liabilities incurred by the individual in connection with any claim, action, suit, or proceeding to which the individual is made a party by reason of being a director, officer, or employee. However, there shall be no indemnification in relation to matters as to which the individual shall be adjudged to be guilty of a criminal offense or liable to the Corporation for damages arising out of the individual's own gross negligence in the performance of a duty to the Corporation.

Article 10
Amendments to Bylaws

- 10.1 These Bylaws may be amended or new Bylaws adopted upon the affirmative vote of two-thirds of all the Directors then in office at any regular or special meeting of the Board of Directors. The notice of the meeting shall set forth a summary of the proposed amendments.

Adopted by the Board of Directors
January 25, 2021

Ted Sudol, Secretary

**ARTICLES OF INCORPORATION
OF
BLUE RIDGE FREE CLINIC, INC.**

The undersigned, a citizen of the United States and a resident of the Commonwealth of Virginia, intending to form a nonprofit corporation under the laws of Virginia regarding nonstock corporations, pursuant to Chapter 10 of Title 13.1 of the Code of Virginia, state as follows:

**ARTICLE I
CORPORATE NAME**

The name of the corporation is Blue Ridge Free Clinic, Inc.

**ARTICLE II
PRINCIPAL OFFICE**

The place in the Commonwealth of Virginia where the principal office of the Corporation is located is the City of Harrisonburg.

**ARTICLE III
PURPOSES**

The Corporation is organized and shall be operated exclusively for charitable, educational, and scientific purposes under § 501(c)(3) of the U.S. Internal Revenue Code, or corresponding sections of any future federal tax code; and, its charitable purpose shall include the provision of free and charitable medical care and healthcare-related services in support and relief of the poor, elderly, and other under- and unserved members of the community, within the meaning of §501(c)(3).

**ARTICLE IV
MEMBERS**

The Corporation shall not have members.

**ARTICLE V
DIRECTORS**

The management and direction of the Corporation shall be vested in a Board of Directors composed of not less than three or more than fifteen members. The Directors shall elect their successors. The names (and addresses) of the initial Director(s) are:

Susan Adamson, FNP
177 Diamond Court - Harrisonburg, Virginia 22801

Lynne Eggert, DNP
895 Summit Avenue – Harrisonburg, Virginia 22802

Sharon F. Malewski, PA-C
1255 Parkway Drive – Harrisonburg, Virginia 22801

Abby Massey, MD
Department of Health Professions – James Madison University
HBS 4055 – Harrisonburg, Virginia 22807

Mark Mast, MD
348 Rayann Lane – Broadway, Virginia 22815

**ARTICLE V
DIRECTORS
(continued)**

Ted Sudol, JD

168 Diamond Court - Harrisonburg, Virginia 22801

Elly Swecker, ex officio

425 New York Avenue - Harrisonburg, Virginia 22801

Gerald R. Weniger, PA-C

Physician Assistant Program - James Madison University
235 Martin Luther King, Jr. Way - MSC 4315 - Harrisonburg, VA 22807

**ARTICLE VI
REGISTERED AGENT AND OFFICE**

The name of the Corporation's initial registered agent is Ted Sudol, who is a resident of Virginia and an initial director of the Corporation.

The address of the Corporation's initial registered office, which is identical to the business office of the initial registered agent, is 168 Diamond Court in Harrisonburg, Virginia 22801

**ARTICLE VII
LIMITATIONS AND RESTRICTIONS**

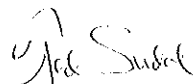
No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a Corporation exempt from federal income tax under §501(c)(3) of the U.S. Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a Corporation, contributions to which are deductible under §170 of the U.S. Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE VIII
DISSOLUTION**

Upon the dissolution of this Corporation, assets shall be distributed for one or more exempt purposes within the meaning of §501(c)(3) of the U.S. Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the City or County in which the principal office of the Corporation is then located, exclusively for such exempt purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such exempt purposes.

Signed by the Incorporator as of January 12, 2021



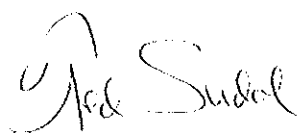
Ted Joseph Sudol

Declaration

**Complete and Correct Copy of the Articles of Incorporation
Filed with the Commonwealth of Virginia on January 12, 2021**

The above provided Articles of Incorporation for the Blue Ridge Free Clinic, Inc. is a complete and correct copy of the Articles of Incorporation filed with the Commonwealth of Virginia on January 12, 2021; and, it contains all the powers, principles, purposes, functions, and other provisions by which the Blue Ridge Free Clinic governs itself.

A copy of the Certificate of Incorporation, issued by the Commonwealth of Virginia on January 12, 2021 is attached hereto.

A handwritten signature in cursive script that reads "Ted Sudol".

Ted Sudol, Secretary
Officer and Director
Blue Ridge Free Clinic, Inc.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

| | | |
|---|---|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <p style="text-align: center;">BLUE RIDGE FREE CLINIC INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>831 MARTIN LUTHER KING WAY</p> City or town, state or province, country, and ZIP or foreign postal code <p>HARRISONBURG VA 22801</p> | D Employer identification number <p>86-1418555</p> E Telephone number <p>540-705-0337</p> G Gross receipts \$ 394,097 |
| F Name and address of principal officer: <p>SUSAN ADAMSON 177 DIAMOND COURT HARRISONBURG VA 22801</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ |
| J Website: ▶ BLUERIDGEFREECLINIC.ORG | | L Year of formation: 2021 |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | M State of legal domicile: VA |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">See Schedule O</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---------------------------|--------------|---|---------|---------|---|---|-------|--|--------|---------|--|--|---|--|---------|---------|---|--------|---------|--|--------|---------|
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">100,430</td> <td style="text-align: right;">394,096</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">1</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">100,430</td> <td style="text-align: right;">394,097</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 100,430 | 394,096 | 9 Program service revenue (Part VIII, line 2g) | | 0 | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1 | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 100,430 | 394,097 | | | | | | |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 100,430 | 394,096 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 100,430 | 394,097 | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,683</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">12,941</td> <td style="text-align: right;">127,444</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">12,941</td> <td style="text-align: right;">127,444</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">87,489</td> <td style="text-align: right;">266,653</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,683 | | | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 12,941 | 127,444 | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 12,941 | 127,444 | 19 Revenue less expenses. Subtract line 18 from line 12 | 87,489 | 266,653 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,683 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 12,941 | 127,444 | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 87,489 | 266,653 | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">87,489</td> <td style="text-align: right;">355,377</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">1,235</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">87,489</td> <td style="text-align: right;">354,142</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 87,489 | 355,377 | 21 Total liabilities (Part X, line 26) | 0 | 1,235 | 22 Net assets or fund balances. Subtract line 21 from line 20 | 87,489 | 354,142 | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Total assets (Part X, line 16) | 87,489 | 355,377 | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 0 | 1,235 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 87,489 | 354,142 | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---|----------|
| Sign Here | Signature of officer <p style="text-align: center;">MARK MAST</p> Type or print name and title <p style="text-align: center;">TREASURER</p> | Date |
| Paid Preparer Use Only | Print/Type preparer's name <p>MARK A GRAHAM</p> Preparer's signature <p>MARK A GRAHAM</p> Date <p>11/09/22</p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <p>P01061678</p> Firm's name ▶ Graham, Poirot and Caseres CPA's LLC Firm's EIN ▶ 27-4444458 Firm's address ▶ 57 SOUTH MAIN STREET STE 507 HARRISONBURG, VA 22801 Phone no. 540-433-2001 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ 113,966 including grants of \$) (Revenue \$)

PROVIDE ACCESS TO PRIMARY MEDICAL CARE AND HEALTH-CARE RELATED SERVICES, ACCESS TO BEHAVIORIAL HEALTH SERVICES, AND CHRONIC DISEASE PREVENTION AND MANAGEMENT TO THE MOST VULNERABLE AND HEALTH-INSECURE MEMBERS OF THE CITY OF HARRISONBURG AND ROCKINGHAM COUNTY VIRGINIA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses 113,966

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Yes No

| | | | | | |
|-----|--|-----|---|--|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ **VA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
MARK MAST
BROADWAY
348 RAYAN LANE
VA 22815
540-705-0337

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SUSAN ADAMSON | 0.00 | | | | | | | | | |
| BOARD CHAIR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (2) LYNNE EGGERT DNP | 0.00 | | | | | | | | | |
| BOARD VICE CHAIR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) TED SUDOL JD | 0.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) MARK MAST | 0.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) ABBY MASSEY MD | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) WHITNEY SIMMONS PA | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) GERALD WENIGER PA-C | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) SHARON F. MAIEWSKI PA-C | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) MATT R. REIDENBACH | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|---------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | 1b | Membership dues | 1b | | | | | |
| | 1c | Fundraising events | 1c | | | | | |
| | 1d | Related organizations | 1d | | | | | |
| | 1e | Government grants (contributions) | 1e | | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 394,096 | | | | |
| | 1g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | 394,096 | | | | |
| Program Service Revenue | 2a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1 | 1 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | 6a | (i) Real | | | | |
| | | | 6b | (ii) Personal | | | | |
| | | | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | 7b | (ii) Other | | | | |
| | | | 7c | | | | | |
| | d | Net gain or (loss) | | | | | | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | 8b | | | | | |
| | | | | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | 9b | | | | | | |
| | | | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | 10b | | | | | | |
| | | | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 394,097 | 1 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 1,520 | 1,368 | 152 | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 46,946 | 34,609 | | 12,337 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 5,436 | 4,447 | 643 | 346 |
| 14 Information technology | 7,553 | 7,553 | | |
| 15 Royalties | | | | |
| 16 Occupancy | 62,545 | 62,545 | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 3,444 | 3,444 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 127,444 | 113,966 | 795 | 12,683 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|---------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 87,489 | 1 | 355,377 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | 10c |
| | b Less: accumulated depreciation | 10b | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 87,489 | 16 | 355,377 |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 1,235 |
| | 26 Total liabilities. Add lines 17 through 25 | | 0 | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 87,489 | 27 | 354,142 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 87,489 | 32 | 354,142 | |
| 33 Total liabilities and net assets/fund balances | 87,489 | 33 | 355,377 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 394,097 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 127,444 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 266,653 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 87,489 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 354,142 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BLUE RIDGE FREE CLINIC INC.

Employer identification number

86-1418555

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | 100,430 | 394,096 | 494,526 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | 100,430 | 394,096 | 494,526 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 494,526 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | 100,430 | 394,096 | 494,526 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 494,526 |

12 Gross receipts from related activities, etc. (see instructions) 12 1

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 100.00 % |
| 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

- 19a** 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b** 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - 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.*

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 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.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

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

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

| Section D – Distributions | | Current Year | | |
|---|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Section E – Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| c | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

BLUE RIDGE FREE CLINIC INC.

86-1418555

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with columns for Amount and rows for 1c, 1d, 1e, 1f. Includes Yes/No checkboxes for 2a and 2b.

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

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with columns Yes/No and rows 3a(i), 3a(ii), 3b.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CREDIT CARD PAYABLE | 1,235 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,235 |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions.

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

86-1418555

BLUE RIDGE FREE CLINIC INC.

Form 990 - Organization's Mission

BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE CITY OF HARRISONURG AND ROCKINGHAM COUNTY IN VIRGINIA, THE BLUE RIDGE FREE CLINIC HAS DEVELOPED AN ARRAY OF PROGRAMS AND SERVICES DESIGNED TO FOCUS ON THE COMMUNITY'S THREE TOP PRIORITY NEEDS THAT ARE ESPECIALLY URGENT FOR THE MOST VULNERABLE AND HEALTH-INSECURE MEMBERS OF THE LOCAL COMMUNITY:

1. ACCESS TO PRIMARY MEDICAL CARE AND HEALTH-CARE RELATED SERVICES
2. ACCESS TO BEHAVIORAL HEALTH SERVICES
3. CHRONIC DISEASE PREVENTION AND MANAGEMENT

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
TREASURER AND BOARD REVIEW THE FINANCIAL INFORMATION AND THE 990 BEFORE IT IS FILED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

| | Tot/Prog Service | Mgt & General | Fundraising |
|--------------------|------------------|---------------|-------------|
| MEDICAL SUPPLIES | \$ 17,309 | \$ 0 | \$ 0 |
| FUND RAISING COSTS | \$ 0 | \$ 0 | \$ 12,337 |
| AGENCY DUES | | | |

| | |
|-----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| BLUE RIDGE FREE CLINIC INC. | 86-1418555 |

| | | | | | |
|---------------------------|--------|----|---|----|--------|
| \$ | 384 | \$ | 0 | \$ | 0 |
| CONSULTING FEES | | | | | |
| \$ | 13,956 | \$ | 0 | \$ | 0 |
| LANGUAGE TRANSLATION FEES | | | | | |
| \$ | 1,833 | \$ | 0 | \$ | 0 |
| CLINICAL LICENSING | | | | | |
| \$ | 888 | \$ | 0 | \$ | 0 |
| STAFF TRAINING | | | | | |
| \$ | 239 | \$ | 0 | \$ | 0 |
| Total | | | | | |
| \$ | 34,609 | \$ | 0 | \$ | 12,337 |

Two Year Comparison Report

Form **990** **2020 & 2021**

For calendar year 2021, or tax year beginning **07/01/21**, ending **06/30/22**

Name **BLUE RIDGE FREE CLINIC INC.** Taxpayer Identification Number **86-1418555**

| | | 2020 | 2021 | Differences |
|--------------------------|--|---------|---------|-------------|
| Revenue | 1. Contributions, gifts, grants | 100,430 | 394,096 | 293,666 |
| | 2. Membership dues and assessments | | | |
| | 3. Government contributions and grants | | | |
| | 4. Program service revenue | | | |
| | 5. Investment income | | 1 | 1 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | | | |
| | 8. Net income or (loss) from fundraising events | | | |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | | | |
| | 11. Other revenue | | | |
| | 12. Total revenue. Add lines 1 through 11 | 100,430 | 394,097 | 293,667 |
| Expenses | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | | | |
| | 16. Salaries, other compensation, and employee benefits | | | |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 6,326 | 48,466 | 42,140 |
| | 19. Occupancy, rent, utilities, and maintenance | 1,809 | 62,545 | 60,736 |
| | 20. Depreciation and Depletion | | | |
| | 21. Other expenses | 4,806 | 16,433 | 11,627 |
| | 22. Total expenses. Add lines 13 through 21 | 12,941 | 127,444 | 114,503 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 87,489 | 266,653 | 179,164 |
| Other Information | 24. Total exempt revenue | 100,430 | 394,097 | 293,667 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | | 1 | 1 |
| | 27. Total assets | 87,489 | 355,377 | 267,888 |
| | 28. Total liabilities | | 1,235 | 1,235 |
| | 29. Retained earnings | 87,489 | 354,142 | 266,653 |
| | 30. Number of voting members of governing body | 9 | 9 | |
| | 31. Number of Independent voting members of governing body | 9 | 9 | |
| | 32. Number of employees | 0 | 0 | |
| | 33. Number of volunteers | | | |

Form **990**

Tax Return History

2021

Name **ELJUE RIDGE FREE CLINIC INC.**

Employer Identification Number
86-1418555

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------|------|------|---------|---------|------|
| Contributions, gifts, grants | | | | | | |
| Membership dues | | | | | | |
| Program service revenue | | | | 100,430 | 394,096 | |
| Capital gain or loss | | | | | | |
| Investment income | | | | | 1 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | 100,430 | 394,097 | |
| Total revenue | | | | 100,430 | 394,097 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | | | |
| Professional fees | | | | 6,326 | 48,466 | |
| Occupancy costs | | | | 1,809 | 62,545 | |
| Depreciation and depletion | | | | 4,806 | 16,433 | |
| Other expenses | | | | 12,941 | 127,444 | |
| Total expenses | | | | 87,489 | 266,653 | |
| Excess or (Deficit) | | | | 100,430 | 394,097 | |
| Total exempt revenue | | | | 100,430 | 394,097 | |
| Total unrelated revenue | | | | | 1 | |
| Total excludable revenue | | | | 87,489 | 355,377 | |
| Total Assets | | | | | 1,235 | |
| Total Liabilities | | | | 87,489 | 354,142 | |
| Net Fund Balances | | | | | | |

2021MAGBRFC BLUE RIDGE FREE CLINIC INC.

Federal Statements

86-1418555

FYE: 6/30/2022

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|------------------|------------------|----------------------|------------------|
| MEDICAL, SUPPLIES | \$ 17,309 | \$ 17,309 | | |
| FUND RAISING COSTS | 12,337 | | | 12,337 |
| AGENCY DUES | 384 | 384 | | |
| CONSULTING FEES | 13,956 | 13,956 | | |
| LANGUAGE TRANSLATION FEES | 1,833 | 1,833 | | |
| CLINICAL LICENSING | 888 | 888 | | |
| STAFF TRAINING | 239 | 239 | | |
| Total | \$ 46,946 | \$ 34,609 | \$ 0 | \$ 12,337 |

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|-------------------|
| GENERAL CONTRIBUTIONS | \$ 108,824 |
| BUSINESS CONTRIBUTIONS | 3,885 |
| CHARITABLE FOUNDATION CONTRIBUTIONS | 178,250 |
| CHURCH & CIVIC GROUP CONTRIBUTIONS | 7,976 |
| LOCAL GRANTS | 78,500 |
| FUNDRAISER TICKET SALES | 12,539 |
| MISCELLANEOUS | 4,122 |
| Total | <u>\$ 394,096</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|--|-------------|
| Taxable Interest on Savings and Temporary Cash Investments | \$ 1 |
| Total | <u>\$ 1</u> |

2021MAGBRFC BLUE RIDGE FREE CLINIC INC.
86-1418555
FYE: 6/30/2022

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|-------------------|
| GENERAL CONTRIBUTIONS | \$ 108,824 |
| BUSINESS CONTRIBUTIONS | 3,885 |
| CHARITABLE FOUNDATION CONTRIBUTIONS | 178,250 |
| CHURCH & CIVIC GROUP CONTRIBUTIONS | 7,976 |
| LOCAL GRANTS | 78,500 |
| FUNDRAISER TICKET SALES | 12,539 |
| MISCELLANEOUS | 4,122 |
| Total | <u>\$ 394,096</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|--|-------------|
| Taxable Interest on Savings and Temporary Cash Investments | \$ 1 |
| Total | <u>\$ 1</u> |

2021MAGBRFC BLUE RIDGE FREE CLINIC INC.
86-1418555
FYE: 6/30/2022

11/9/2022 11:45 AM

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|-------------------|
| GENERAL CONTRIBUTIONS | \$ 108,824 |
| BUSINESS CONTRIBUTIONS | 3,885 |
| CHARITABLE FOUNDATION CONTRIBUTIONS | 178,250 |
| CHURCH & CIVIC GROUP CONTRIBUTIONS | 7,976 |
| LOCAL GRANTS | 78,500 |
| FUNDRAISER TICKET SALES | 12,539 |
| MISCELLANEOUS | 4,122 |
| Total | <u>\$ 394,096</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|--|-------------|
| Taxable Interest on Savings and Temporary Cash Investments | \$ 1 |
| Total | <u>\$ 1</u> |

2021MAGBRFC BLUE RIDGE FREE CLINIC INC.
86-1418555
FYE: 6/30/2022

11/9/2022 11:45 AM

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|-------------------|
| GENERAL CONTRIBUTIONS | \$ 108,824 |
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Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|--|-------------|
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| Total | <u>\$ 1</u> |