



City of Harrisonburg APPLICATION FOR TAX EXEMPTION

FOR OFFICE USE ONLY:
PAYMENT AMOUNT: _____
RECEIVED ON: _____
CHECK NUMBER: _____

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: Harrisonburg Community Health Centers, Inc dba Healthy

MAILING ADDRESS: Community Health Center, Po Box 308,
Harrisonburg, VA 22803

CONTACT PERSON AND PHONE: Debbie Back 540-437-5049

Reviewed By
COR KOR
Treasurer
Finance

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

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

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

P1013572 2021 \$328,320 already exempt

Name in which property is held Harrisonburg Community Health Center, Inc.

Property address 1380 LittleSorrell Drive Harrisonburg, VA 22801

Map identification number *P1013573* #88 G7

Taxes paid for the preceding three (3) years 2021 \$6384 2020 \$6152 2019 \$5899

2022 Assessed Paid 15324.40 (2021) 6299.00 24984.56 (2020) 4367.60 (2019)

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 Harrisonburg Community Health Center, Inc. dba HCHC Pharmacy
Account number no account-have exemption on file 74701
Asset type and location address Medical & Dentail equipment, Computer Equipment, Office Furnishings-1380
Taxes paid for the preceding three (3) years Lyons Sorrell Drive Suite 100 2021 \$0 565.83

2020 \$0 2019 \$0_
Name assessed _____

Account number _____

Asset type and location address _____

Taxes paid for the preceding three (3) years _____

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?
 X Yes No
If yes, what is the property Map ID #? G7
On what date was the exemption granted? June 4th 2010
How/By whom was the exemption granted? City of Harrisonbur
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? Yes X No
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.
 Yes X No
4. What compensation is paid to each director, officer, and employee of the organization? directors are not compensated, see attached listing of compensation _____

5. What services does each director, officer, and employee render?The directors oversee the operation and define the mission and strategy of the organization, the officers of the corporation implement the health center's mission and strategic plan to deliver low cost, high quality medical, dental and Pharmacy care to it's patients. Staff provide medial, dental and Pharmacy care to the health center's patients and administrative staff support the organization's activities

6. Does any part of the net earnings of the organization benefit any individual? If so, please explain

No _____

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. 59%
8. What specific services does the organization provide for the common good of the public? Primary medical care and dental services are provided to all persons regardless of income. Services are provided on a sliding fee scales dependent upon eligibility according to the federal poverty guidelines. The health center is an important provider of health and dental care to Medicaid and Medicare patients as well. _____

9. What percentage of the activities of the organization involves carrying on propoganda or otherwise attempting to influence legislation?
None
10. Does the organization participate or intervene in any political campaign on behalf of any candidate for public office?
_____ Yes No

I, Deborah L Back (printed name), 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.

Deborah L Back 1/24/2022
Signature Date

Controller
Title

Jamisa L. Atkins
Notary

My commission expires: 11/30/2025

City/County of Harrisonburg
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this 24 day of Jan, 2022
by Debbie Back

Notary Public's Signature Jamisa L. Atkins
Reg# 167349 Commission Expires 11/30/2025

ARTICLES OF INCORPORATION
OF
HARRISONBURG COMMUNITY HEALTH CENTER, INC.

The undersigned Incorporator hereby establishes a nonstock corporation subject to the requirements of the laws of the Commonwealth of Virginia, pursuant to the provisions of Chapter 10, of Title 13.1 of the Code of Virginia, 1950, as amended, and to that end, hereby adopts Articles of Incorporation as follows:

ARTICLE I

Name

The name of the corporation shall be Harrisonburg Community Health Center, Inc.

ARTICLE II

Members

The corporation shall have no members.

ARTICLE III

Registered Office And Agent

The initial registered office of the corporation shall be located in the City of Harrisonburg, Virginia, and the address of the initial registered office shall be Wharton, Aldhizer & Weaver PLC, 100 South Mason Street, Harrisonburg, Virginia 22801. The name of the initial registered agent, whose business office is identical with such registered office, shall be Tracy J. Evans, II, who is a resident of the Commonwealth of Virginia and a member of the Virginia State Bar.

ARTICE IV

Board of Directors

The affairs of the corporation shall be managed by a Board of Directors. Directors shall be elected by the directors in office. The number, term of office and qualifications of the directors shall be fixed by the bylaws of the corporation.

ARTICLE V

Purpose and Powers

The corporation is organized and shall be operated exclusively for nonprofit, religious, charitable and educational purposes. The corporation shall have all powers and authorities now or hereafter conferred upon nonstock, not-for-profit corporations organized under the laws of the Commonwealth of Virginia; provided, however, that (a) no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its officers, directors, 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 for which it is organized, (b) no substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation (except as provided in Section 501(h) of the Internal Revenue Code of 1986, as amended, (the Code)), and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office, and (c) the corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation operating exclusively for charitable, religious, and educational purposes within the meaning of, and exempt from federal income tax under, Section 501(c)(3) of the Code, or (ii) by

a corporation, contributions to which are deductible under Section 170(c)(2) of the Code. The specific purpose of the Corporation shall be to serve as a community health center to promote health and wellness, to provide primary care for the ill and injured, and to provide affordable health care, accessible to people of all ages in the Harrisonburg community; however, this specific purpose shall not be construed to limit the powers conferred on the Corporation that are consistent with the requirements of this Article.

ARTICLE VI

Limitation Of Liability and Indemnification

Section One - Limitation of Liability. To the full extent that Va. Code § 8.01-220.1:1 and the Virginia Nonstock Corporation Act, as the same exist on the date hereof or may hereafter be amended, permit the limitation or elimination of the liability of the directors or officers, a director or officer of the corporation shall not be liable to the corporation for any monetary damages.

Section Two - Indemnification. The corporation shall indemnify a director or officer of the corporation who is or was a party to any proceeding by reason of the fact that he or she is or was such a director or officer, or is or was serving at the request of the corporation as a director, partner, trustee, officer, manager, employee or agent of another corporation, partnership, limited liability company, joint venture, trust, employee benefit plan or other enterprise, against all liabilities and expenses incurred in the proceeding except such liabilities and expenses as are incurred because of his willful misconduct or knowing violation of the criminal law.

Section Three - Advances and Reimbursement of Expenses. Unless a determination has been made that the indemnification is not permissible, the corporation shall make advances and reimbursements for expenses incurred by a director or officer in a proceeding upon receipt of an undertaking from him or her to repay the same, if it is ultimately determined that the director or officer is not entitled to indemnification. Such undertaking shall be an unlimited, unsecured general obligation of the director or officer and shall be accepted without reference to his or her

ability to make repayment. Unless a determination has been made that indemnification is not permissible, the corporation is hereby empowered to contract in advance to indemnify and advance the expenses of any director or officer.

Section Four - Procedure for Indemnification. The determination to make advancements, reimbursements or indemnifications, or to contract in advance to do the same, shall be made by majority vote of a quorum of disinterested directors. If a quorum of disinterested directors cannot be obtained for any reason, then the determination shall be made by a majority vote of a committee designated by the Board of Directors, including interested directors, the committee to consist only of disinterested directors, at least two (2) in number, or by special legal counsel selected by a quorum of disinterested directors or by the committee described above. If neither a quorum of disinterested directors nor a committee of at least two (2) disinterested directors can be obtained, then the selection of the special legal counsel shall be made by a majority vote of the entire Board, including interested directors.

Section Five - Persons Covered. The Board of Directors is hereby empowered, by majority vote of a quorum of disinterested directors, to cause the corporation to indemnify or contract in advance to indemnify any person not specified in Section Two of this Article who was or is a party to any proceeding, by reason of the fact that he or she is or was an employee or agent of the corporation, or is or was serving at the request of the corporation as a director, partner, trustee, officer, manager, employee or agent of another corporation, partnership, limited liability company, joint venture, trust, employee benefit plan or other enterprise, to the same extent as if such person were specified as one to whom indemnification is granted in Section Two.

Section Six - Insurance. The corporation may purchase and maintain insurance to indemnify it against the whole or any portion of the liability assumed by it in accordance with this Article and may also procure insurance, in such amounts as the Board of Directors may determine, on behalf of any person who is or was a director, officer, employee, or agent of the corporation, or is or was serving at the request of the corporation as a director, partner, trustee, officer, manager, employee, or agent of another corporation, partnership, limited liability company, joint venture, trust, employee benefit plan, or other enterprise, against any liability

asserted against or incurred by any such person in any such capacity or arising from his status as such, whether or not the corporation would have power to indemnify him against such liability under the provisions of this Article.

Section Seven - Changes in Board Composition. In the event there has been a change in the composition of a majority of the Board of Directors after the date of the alleged act or omission with respect to which indemnification is claimed, any determination as to indemnification and advancement of expenses with respect to any claim for indemnification made pursuant to Section Two of this Article shall be made by special legal counsel agreed upon by the Board of Directors and the proposed indemnitee. If the Board of Directors and the proposed indemnitee are unable to agree upon such special legal counsel, the Board of Directors and the proposed indemnitee each shall select a nominee, and the nominees shall select such special legal counsel.

Section Eight - Applicability of this Article. The provisions of this Article shall be applicable to all actions, claims, suits or proceedings commenced after the adoption hereof, whether arising from any action taken or failure to act before or after such adoption. No amendment, modification or repeal of this Article shall diminish the rights provided hereby or diminish the right to indemnification with respect to any claim, issue or matter in any then pending or subsequent proceeding that is based in any material respect on any alleged action or failure to act prior to such amendment, modification or repeal. Reference herein to directors, officers, employees or agents shall include former directors, officers, employees and agents and their respective heirs, executors and administrators.

ARTICLE VII

Dissolution

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, religious, and educational purposes as shall at the time qualify as an exempt organization or organizations

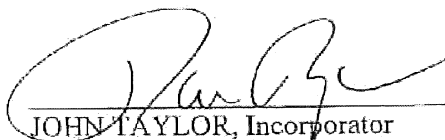
under Section 501(c)(3) of the Code, as the Board of Directors shall determine. Any assets not so distributed shall be distributed by the Circuit Court for the County of Rockingham, Virginia, to any exempt organization or organizations to be used in such manner as in the judgment of such court will best accomplish the general purposes for which this corporation was organized.

ARTICLE VIII

Duration

The duration of the Corporation shall be perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand this 23rd day of July, 2007.



JOHN TAYLOR, Incorporator

Commonwealth of Virginia



STATE CORPORATION COMMISSION

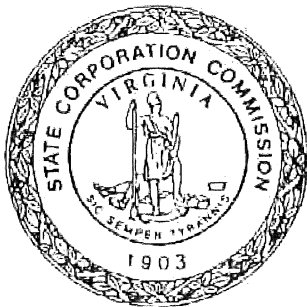
Richmond, July 24, 2007

This is to certify that the certificate of incorporation of

Harrisonburg Community Health Center, Inc.

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business.

Effective date: July 24, 2007



State Corporation Commission

Attest:

Joel H. Beck
Clerk of the Commission

**HARRISONBURG COMMUNITY
HEALTH CENTER, INC.
D/B/A HEALTHY COMMUNITY HEALTH CENTERS**

FINANCIAL STATEMENTS

DECEMBER 31, 2020



ASSURANCE, TAX & ADVISORY SERVICES

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

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FINANCIAL SECTION



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Harrisonburg Community Health Center, Inc.
d/b/a Healthy Community Health Centers

Report on the Financial Statements

We have audited the accompanying financial statements of Harrisonburg Community Health Center, Inc. d/b/a Healthy Community Health Centers (the Organization), which comprise the statements of financial position as of December 31, 2020 and 2019, the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements.

The Schedule of Expenditures of Federal Awards is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 30, 2021 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



Harrisonburg, Virginia
September 30, 2021

FINANCIAL STATEMENTS

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

STATEMENTS OF FINANCIAL POSITION
December 31, 2020 and 2019

	2020	2019
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 1,405,279	\$ 477,246
Accounts receivable, net	485,231	412,383
Cost settlements and other receivables	2,027,096	1,265,957
Prepaid expenses and other assets	44,757	30,009
Total current assets	3,962,363	2,185,595
Noncurrent Assets		
Property and equipment, net	4,034,271	4,021,195
Total assets	\$ 7,996,634	\$ 6,206,790
LIABILITIES AND NET ASSETS		
Current Liabilities		
Current portion of long-term debt	\$ 1,082,048	\$ 87,624
Accounts payable	368,896	178,630
Accrued expenses:		
Payroll	234,254	166,371
Compensated absences	216,317	195,535
Other	41,882	47,015
Total current liabilities	1,943,397	675,175
Long-Term Liabilities		
Long-term debt, net of current portion	1,548,363	1,278,996
Total liabilities	3,491,760	1,954,171
Net Assets		
Without donor restrictions	4,504,874	4,252,619
Total liabilities and net assets	\$ 7,996,634	\$ 6,206,790

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

STATEMENTS OF ACTIVITIES
Years Ended December 31, 2020 and 2019

	2020	2019
Revenues, Gains and Support		
Federal grants	\$ 3,299,613	\$ 2,418,925
Other grants	380,284	295,603
Patient service revenue, net	5,223,126	5,508,469
Donations	86,859	22,894
Interest income	868	507
Pharmaceutical sales	1,533,491	1,435,728
Rental income	26,507	51,936
Miscellaneous income	10,086	51,975
	<hr/>	<hr/>
Total revenues, gains and support	10,560,834	9,786,037
Expenses		
Program services	8,485,350	8,026,682
Management and general	1,783,232	1,550,757
Fundraising	39,997	37,905
	<hr/>	<hr/>
Total expenses	10,308,579	9,615,344
Change in net assets	252,255	170,693
Net Assets, beginning	<hr/>	<hr/>
	4,252,619	4,081,926
Net Assets, ending	<hr/> <hr/>	<hr/> <hr/>
	\$ 4,504,874	\$ 4,252,619

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

STATEMENT OF FUNCTIONAL EXPENSES
Year Ended December 31, 2020

	Program Services	Management and General	Fundraising	Total
Salaries and wages	\$ 4,863,457	\$ 1,162,371	\$ 35,392	\$ 6,061,220
Contractual services	1,044,019	261,662	-	1,305,681
Patient care supplies	578,263	-	-	578,263
Employee benefits	455,594	102,467	1,560	559,621
Payroll taxes	348,687	83,846	2,780	435,313
Ryan White grant expenditures	269,375	-	-	269,375
Equipment and supplies	131,533	53,404	-	184,937
Depreciation	158,062	4,889	-	162,951
Rent	145,811	5,790	-	151,601
Office	115,785	20,440	245	136,470
Repairs and maintenance	98,456	4,328	-	102,784
Professional dues and licenses	82,035	5,451	-	87,486
Utilities	58,235	4,015	-	62,250
Interest	40,311	13,486	-	53,797
Staff development and recruitment	40,225	1,925	20	42,170
Taxes and license	13,712	18,643	-	32,355
Insurance	22,269	8,204	-	30,473
Miscellaneous	-	18,315	-	18,315
Bank service charges	531	11,696	-	12,227
Hazardous waste disposal	8,917	-	-	8,917
Travel and conferences	5,720	1,904	-	7,624
Selling expenses	4,031	-	-	4,031
Advertising and promotion	322	396	-	718
Fundraising	-	-	-	-
Total expenses	\$ 8,485,350	\$ 1,783,232	\$ 39,997	\$ 10,308,579

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

STATEMENT OF FUNCTIONAL EXPENSES
Year Ended December 31, 2019

	Program	Management and General	Fundraising	Total
Salaries and wages	\$ 4,692,668	\$ 1,001,082	\$ 32,098	\$ 5,725,848
Contractual services	840,615	267,193	-	1,107,808
Patient care supplies	603,716	-	-	603,716
Employee benefits	454,959	84,165	-	539,124
Payroll taxes	339,568	71,303	2,505	413,376
Ryan White grant expenditures	253,908	-	-	253,908
Equipment and supplies	59,290	15,117	-	74,407
Depreciation	156,930	4,854	-	161,784
Rent	149,152	6,600	-	155,752
Office	92,204	25,821	1,930	119,955
Repairs and maintenance	100,379	4,168	-	104,547
Professional dues and licenses	43,787	3,265	-	47,052
Utilities	54,525	3,618	-	58,143
Interest	51,284	17,375	-	68,659
Staff development and recruitment	65,373	4,860	-	70,233
Taxes and license	14,145	13,709	-	27,854
Insurance	19,949	7,658	-	27,607
Miscellaneous	-	303	-	303
Bank service charges	527	13,892	-	14,419
Hazardous waste disposal	8,285	-	-	8,285
Travel and conferences	11,138	4,187	-	15,325
Selling expenses	-	-	-	-
Advertising and promotion	14,280	1,587	90	15,957
Fundraising	-	-	1,282	1,282
Total expenses	\$ 8,026,682	\$ 1,550,757	\$ 37,905	\$ 9,615,344

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

STATEMENTS OF CASH FLOWS
Years Ended December 31, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities		
Change in net assets	\$ 252,255	\$ 170,693
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	162,951	161,784
Allowance for uncollectible accounts	293,703	65,981
Decrease (increase) in:		
Accounts receivable, net	(366,551)	(135,441)
Cost settlements and other receivables	(761,139)	218,664
Prepaid expenses and other assets	(14,748)	(11,938)
Increase (decrease) in:		
Accounts payable	190,266	27,437
Accrued payroll	67,883	37,880
Compensated absences	20,782	26,720
Other accrued expenses	(5,133)	19,727
Net cash provided by (used in) operating activities	(159,731)	581,507
Cash Flows from Investing Activities		
Purchases and construction of property and equipment	(176,027)	(196,280)
Proceeds from sale of property and equipment	-	3,974
Net cash used in investing activities	(176,027)	(192,306)
Cash Flows from Financing Activities		
Payments on long-term debt	(67,009)	(92,077)
Proceeds from long-term debt	1,330,800	38,660
Borrowings (repayments) on lines of credit	-	(150,000)
Net cash provided by (used in) financing activities	1,263,791	(203,417)
Increase in cash and cash equivalents	928,033	185,784
Cash and Cash Equivalents		
Beginning	477,246	291,462
Ending	\$ 1,405,279	\$ 477,246
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	\$ 53,797	\$ 68,659

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Harrisonburg Community Health Center, Inc. d/b/a Healthy Community Health Centers (the Organization), is a non-profit community health care organization providing comprehensive and preventative health care to residents of Harrisonburg, Virginia and the surrounding areas.

Basis of accounting: The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Revenue recognition: Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*, requires that the Organization recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in U.S. GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. The Organization adopted the standard for the year ended December 31, 2020 using the modified retrospective transition method analyzing all contracts not yet completed as of January 1, 2020. Patient service revenue and pharmaceutical sales are those revenue line items affected by this standard. Based on management's review of its contract with customers, the timing of the amount of revenue recognized previously is consistent with how revenue is recognized under this new standard. Therefore, the adoption of this standard had no impact on the Organization's financial statements but the standard does require additional disclosures.

The FASB also issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU 2018-08 clarifies the guidance for evaluating whether a transaction is reciprocal (an exchange transaction) or nonreciprocal (a contribution). ASU 2018-08 also provides guidance for distinguishing between conditional and unconditional contributions. The Organization adopted the standard effective for the year ended December 31, 2019. Based on management's review of its contributions, the timing of the amount of contributions recognized previously is consistent with how contributions are recognized under this new standard. Therefore, the adoption of this standard had no impact on the Organization's financial statements but the standard does require additional disclosures.

The Organization's revenue streams under contracts with customers are comprised of patient service revenue and pharmaceutical sales. The Organization's revenue is recognized when a given performance obligation is satisfied, either over a period of time or at a point in time. The majority of the Organization's revenue under contracts with customers is primarily earned in the United States of America and the majority of customers are patients. The Organization's contracts include no significant financing component nor variable considerations.

Revenue is recognized in the period in which it is earned. The Organization performs an evaluation at contract inception focused on whether a performance obligation is satisfied over time or at a point in time. All contracts by the Organization are recognized at a point in time.

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Revenue recognition (continued): The Organization is a sub-recipient of cost-reimbursable grants with U.S. government agencies which typically qualify as traditional awards. Revenue from these conditional awards is recognized as costs are incurred on the basis of direct costs plus allocable indirect expenses. Direct and indirect expenses incurred, but not yet reimbursed, under these grants are reported as accounts receivable in the accompanying statements of financial position. Payments received, not yet expended, for the purpose of the grants are reflected as deferred revenue in the accompanying statements of financial position.

Grants other than government grants and contributions, including sponsorships, are recorded as revenue when received or promised. Gifts of cash and other assets are reported as support without donor restrictions if they are received or promised without donor stipulations.

The Organization has determined that funding received under the government grants to be conditional contributions. As the Organization incurs expenses that are allowed and recoverable in accordance with the grant agreements, the conditions are considered to have been met. Thus, contributions related to federal projects are recognized as costs qualified under the grants are incurred. Government funds received in advance of costs incurred are recorded as refundable advances until expended for the purpose of the grant. Federal costs incurred in excess of funds received are recorded as grants receivable.

Revenue from all other sources is recognized when earned.

The revenue streams noted above do not include significant financing components as the performance obligations are typically satisfied within a year of receipt of payment. Economic factors driven by consumer confidence, employment, inflation, and other world events impact the timing and level of cash received and revenue recognized by the Organization. Periods of economic downturn resulting from any of the above factors may result in declines in future cash flows and recognized revenue by the Organization, or can have a positive impact on cash flows in favorable economic conditions.

Payments on contracts with customers are typically due upon receipt of the invoice by the customer. The Organization did not have any impairment or credit losses on any receivables or contract assets arising from contracts with customers. There are also no incremental costs of obtaining a contract and no significant financing components. Finally, there are no significant changes in the judgements affecting the determination of the amount and timing of revenue from contracts with customers. The level of revenue generated through contracts with customers can fluctuate due to certain economic factors.

For the years ended December 31, 2020 and 2019, a substantial portion of the Organization's revenue and support was comprised of revenue received under the Organization's cost-reimbursable federal grant. A significant reduction in the level of support from this source could affect the Organization's program activities. For the years ended December 31, 2020 and 2019, revenue from this source totaled 23% and 18%, respectively, of total revenue support.

Cash and cash equivalents: For purposes of reporting cash flows, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents. At times, cash balances exceed federally insured amounts. However, the Organization does not believe it is exposed to significant credit risks with cash and cash equivalents.

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Accounts receivable, cost settlements receivable and net patient service revenue: Accounts receivable and net patient service revenue are derived from patients who reside primarily in the Organization's local geographical region. Accounts receivable are reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. The allowance for uncollectible accounts and contractual adjustments was \$875,128 and \$581,425 at December 31, 2020 and 2019, respectively. The Organization does not apply finance charges to delinquent accounts.

Functional allocation of expenses: Expenses are recorded when incurred in accordance with the accrual basis of accounting. The costs of providing the Organization's various programs and supporting services have been summarized on a functional basis in the statements of activities. Certain categories of expenses are attributable to one or more program or support service of the Organization. These expenses include depreciation and amortization, salaries and payroll taxes, rent, and repairs and maintenance. Depreciation and amortization and rent are allocated based on estimated square footage and usage of space. Costs of other categories are allocated on estimates of time and effort.

Estimates and assumptions: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, gains and other support and expenses. Actual results could differ from those estimates.

Income taxes: The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. However, the Organization may be subject to unrelated business tax on certain types of income.

The Organization adopted the provisions of accounting for uncertainty in income tax positions as required by the *Income Taxes* Topic of the FASB Accounting Standards Codification (ASC); however, management does not believe it is exposed to any such positions as they are defined in this guidance. The Organization files Form 990, *Return of Organization Exempt from Income Tax*, annually with the United States Department of the Treasury and Form 990T, *Exempt Organization Business Income Tax Return*, when required.

Subsequent events: Subsequent events have been evaluated through September 30, 2021, which was the date the financial statements were available to be issued.

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO FINANCIAL STATEMENTS

Note 2. Major Vendors

The Company had one major customer with expenses of \$625,632 and \$419,983 for the year ended December 31, 2020 and 2019 respectively, and a payable balance of \$0 as of December 31, 2020 and 2019.

Note 3. Liquidity and Availability

Financial assets and liquidity resources available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	<u>2020</u>
Financial Assets	
Cash and cash equivalents	\$ 1,405,279
Accounts receivable, net	485,231
Cost settlements and other receivables	<u>2,027,096</u>
Total financial assets and liquidity resources	
available within one year	<u><u>\$ 3,917,606</u></u>

In addition, as further described in Note 5, the Organization has \$400,000 available on lines of credit.

Note 4. Patient Service Revenue

Patient service revenue is presented net of provisions for contractual adjustments and other allowances. The Organization has agreements with intermediaries that provide for payments at amounts different from its established rates.

Net patient service revenue consists of the following:

	<u>2020</u>	<u>2019</u>
Medical services	\$ 8,443,824	\$ 9,167,853
Dental services	1,112,457	1,616,072
Less provision for contractual adjustments under third-party reimbursement programs	<u>(4,333,155)</u>	<u>(5,275,456)</u>
	<u><u>\$ 5,223,126</u></u>	<u><u>\$ 5,508,469</u></u>

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO FINANCIAL STATEMENTS

Note 5. Property and Equipment

Property and equipment acquisitions are recorded at cost. Donated property and equipment are recorded at fair market value as of the date of the donation. Depreciation is computed using the straight-line method over the estimated useful life of the asset. Estimated useful lives are 10 to 40 years for buildings and leasehold improvements, and 5 to 10 years for office furniture and other equipment.

At December 31, property and equipment consisted of the following:

	<u>2020</u>	<u>2019</u>
Property and Equipment		
Land	\$ 769,404	\$ 769,404
Building and improvements	3,826,540	3,741,187
Office furniture and equipment	53,404	53,404
Computers and software	146,493	146,493
Dental equipment	369,185	336,030
Medical equipment	195,069	162,370
Pharmacy equipment	21,020	-
Construction in progress	3,800	-
	<u>5,384,915</u>	<u>5,208,888</u>
Less accumulated depreciation and amortization	<u>1,350,644</u>	<u>1,187,693</u>
	<u>\$ 4,034,271</u>	<u>\$ 4,021,195</u>

Depreciation and amortization expense was \$162,951 and \$161,784 for the years ended December 31, 2020 and 2019, respectively.

Note 6. Lines of Credit

The Organization obtained a \$150,000 revolving line of credit with First Citizens Bank in 2018, collateralized by a Deed of Trust on the Organization’s real estate on Little Sorrel Drive. Borrowings under this line of credit accrue interest at a variable rate of 0.50% per annum above the *Wall Street Journal* Prime Rate with a floor of 5.00% (5.00% at December 31, 2020). The line matures on February 25, 2023. There was no balance on the line at December 31, 2020 or 2019.

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

NOTES TO FINANCIAL STATEMENTS

Note 7. Long-Term Debt

Long-term debt consisted of the following at December 31:

	<u>2020</u>	<u>2019</u>
\$1,500,000 note payable to First-Citizens Bank & Trust Company in monthly installments of \$11,132, including interest at 3.99% through February 2028, collateralized by a deed of trust on real estate.	\$ 1,281,434	\$ 1,343,222
VAR Technology Finance, due in monthly installments of \$650, including interest at 6.44% through November 2022, collateralized by equipment.	16,249	23,398
Patterson Dental Supply, Inc., due in monthly installments of \$1,928, with no interest through January 2021.	1,928	-
BB&T note issued in the amount of \$1,330,800 on April 8, 2020 under the Paycheck Protection Program of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The note is unsecured, bears interest at 1% and requires monthly payments of principal and interest beginning on the deferral expiration date as defined by BB&T. The note contains provisions for potential forgiveness under the CARES Act.	<u>1,330,800</u>	-
Total long-term debt	2,630,411	1,366,620
Less current portion	<u>1,082,048</u>	87,624
Total long-term debt, net of current portion	<u>\$ 1,548,363</u>	<u>\$ 1,278,996</u>

The aggregate annual principal maturities are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2021	\$ 1,082,048
2022	429,098
2023	98,073
2024	93,879
2025	97,863
Thereafter	<u>829,450</u>
Total	<u>\$ 2,630,411</u>

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO FINANCIAL STATEMENTS

Note 8. Defined Contribution Retirement Plan

The Organization sponsors a 403(b) defined contribution retirement plan covering substantially all of its employees. The Organization matches employee contributions up to 4% of their salary. Total employer contributions amounted to \$138,906 and \$139,538 for the years ended December 31, 2020 and 2019, respectively.

Note 9. Related Parties

A board member of the Organization is also CEO of Valley Health Plan (VHP), a comprehensive network of health care providers including physicians and advanced practice providers, ancillary facilities, and Sentara Rockingham Memorial Hospital. VHP also provides recruitment services to member practices, without cost when there is a stark-defined community need, and for a contingency fee when there is not. As a member of VHP, recruitment services under both scenarios have been provided to the Organization, however, financial transactions between the two are not significant.

Note 10. Commitments and Contingency

The Organization is a lessee under operating leases for certain real estate, with lease terms that range from one to ten years. Rental expense is recorded on a straight-line basis.

Future minimum lease payments under non-cancelable operating agreements for the years ending December 31 are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2021	\$ 138,994
2022	140,649
2023	97,934
2024	99,648
2025	101,391
Thereafter	<u>305,902</u>
Total	<u><u>\$ 884,518</u></u>

Federal and State-Assisted Programs

The Organization has received proceeds from several federal and state grant programs. Periodic audits of these grants are required and certain costs may be questioned as not being appropriate expenditures under the grant agreements. Such audits could result in the refund of grant monies to the grantor agencies. Management believes that any required refunds will be immaterial. Based upon past experience, no provision has been made in the accompanying financial statements for the refund of grant monies.

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

NOTES TO FINANCIAL STATEMENTS

Note 11. Recent Pronouncements

ASU 2016-02, *Leases (Topic 842)*

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the lease guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statements of activities. The new standard is effective for the Organization's fiscal years beginning January 1, 2022. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. The Organization is currently evaluating the impact the adoption of this guidance will have on its financial statements.

ASU 2020-07, *Contributed Nonfinancial Assets (Topic 958)*

In July 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. Under the new guidance, in-kind contributions will be required to be reported separately and their makeup disclosed in the notes to the financial statements. The new standard is effective for fiscal years beginning after June 15, 2021. The new standard is effective for the Organization's fiscal years beginning January 1, 2022. The Organization is currently evaluating the impact the adoption of this guidance will have on its financial statements.

Note 12. Risks and Uncertainties

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries, including the geographical area in which the Organization operates. While it is unknown how long these conditions will last and what the complete financial effect will be to the Organization, to date, the Organization is expecting to experience difficulties with patient service revenue.

COMPLIANCE SECTION

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTRS**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended December 31, 2020**

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
<u>Direct payments:</u>				
Health Center Program Cluster:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	\$ -	\$ 2,393,890
Total Health Center Program Cluster				2,393,890
COVID-19 Provider Relief Fund	93.498	N/A	-	139,923
<u>Pass-through payments:</u>				
HIV Care Formula Grants (Ryan White Part B HIV Care Grant Program)	93.917	HCHRWB611GY 18/19	-	680,103
Total Department of Health and Human Services				<u>3,213,916</u>
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
<u>Pass-through payments:</u>				
Virginia Department of Housing and Community Development (DHCD):				
Housing Opportunities for Persons with AIDS Program	14.241	N/A	-	85,697
Total Department of Housing and Urban Development				<u>85,697</u>
Total expenditures of federal awards				<u>\$ 3,299,613</u>

HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended December 31, 2020

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (Schedule) includes the federal grant activity of the Harrisonburg Community Health Center, Inc. d/b/a Healthy Community Health Centers (the Organization) for the year ended December 31, 2020. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Therefore, some amounts presented in this Schedule may differ from amounts presented in, or used in the preparation of, the financial statements. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Federal Financial Assistance – The Single Audit Act Amendment of 1996 (Public Law 104-156) and the Uniform Guidance define federal financial assistance as grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, or other assistance. Nonmonetary deferral assistance including food commodities is considered federal assistance and, therefore, is reported on the Schedule. Federal financial assistance does not include direct federal cash assistance to individuals.

Direct Payments – Assistance received directly from the federal government is classified as direct payments on the Schedule.

Pass-through Payments – Assistance received in a pass-through relationship from entities other than the federal government is classified as pass-through payments on the Schedule.

Major Programs – The Single Audit Act Amendment of 1996 (Public Law 104-156) and the Uniform Guidance establish the criteria to be used in defining major programs. Major programs for the Organization were determined using a risk-based approach in accordance with the Uniform Guidance.

Catalog of Federal Domestic Assistance – The Catalog of Federal Domestic Assistance (CFDA) is a government-wide compendium of individual federal programs. Each program included in the catalog is assigned a five-digit program identification number (CFDA Number), which is reflected on the Schedule.

Cluster of Programs – Closely related programs that share common compliance requirements are grouped into clusters of programs. A cluster of programs is considered as one federal program for determining major programs. The following is the cluster administered by the Organization: Health Center Program Cluster.

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended December 31, 2020**

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3. Indirect Cost Rate

The Organization has elected to use the 10-percent *de minimis* indirect cost rate as allowed under the Uniform Guidance.



**INDEPENDENT AUDITOR'S REPORT ON
INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Harrisonburg Community Health Center, Inc.
d/b/a Healthy Community Health Centers

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Harrisonburg Community Health Center, Inc. d/b/a Healthy Community Health Centers (the Organization), which comprise the statement of financial position as of December 31, 2020, the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 30, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses or significant deficiencies. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Handwritten signature in black ink that reads "P.B. Mares, LLP".

Harrisonburg, Virginia
September 30, 2021



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE
FOR THE MAJOR FEDERAL PROGRAM AND
REPORT ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors
Harrisonburg Community Health Center, Inc.
d/b/a Healthy Community Health Centers

Report on Compliance for the Major Federal Program

We have audited the Harrisonburg Community Health Center, Inc. d/b/a Healthy Community Health Center's (the Organization) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended December 31, 2020. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2020.

Report on Internal Control over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Harrisonburg, Virginia
September 30, 2021

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended December 31, 2020**

Section I. SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting:

Material weaknesses identified? Yes No
Significant deficiencies identified? Yes None Reported

Noncompliance material to financial statements noted? Yes No

Federal Award

Internal control over the major program:

Material weaknesses identified? Yes No
Significant deficiencies identified? Yes None Reported

Type of auditor's report issued on compliance for the major program: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?

Yes No

Identification of major program:

<u>CFDA Number</u>	<u>Name of Federal Program or Cluster</u>
Health Center Program Cluster: 93.224	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)

Dollar threshold used to distinguish between type A and type B programs \$ 750,000

Auditee qualified as low-risk auditee? Yes No

Section II. FINANCIAL STATEMENT FINDINGS

None identified.

Section III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

No matters were reported.

**HARRISONBURG COMMUNITY HEALTH CENTER, INC.
d/b/a HEALTHY COMMUNITY HEALTH CENTERS**

**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
Year Ended December 31, 2020**

The prior year single audit disclosed no findings in the Schedule of Findings and Questioned Costs.

SUBJECT: Harrisonburg Community Health Center By-Laws	EFFECTIVE: 09/25/2007
DEPT: ADMINISTRATIVE	REVIWED: 06/26/2014; 10/31/19
APPROVED BY: Board of Directors	PAGE 1 OF 15
POLICY OWNER: Executive Director	POLICY AUTHOR: Board of Directors

BY-LAWS OF
HARRISONBURG COMMUNITY HEALTH CENTER

ARTICLE ONE

Mission

To provide patient-centered health care that is accessible and affordable for all

ARTICLE TWO

Vision

To be the best place to receive and deliver quality health care that advances the well-being
of our diverse community

ARTICLE THREE

Directors

Section 1. **Powers.** The Board of Directors shall have full and complete power to control and manage the affairs and property of the Corporation as now or hereafter provided or permitted under the laws of the Commonwealth of Virginia to Directors of Virginia Non-stock Corporations, except that all such powers shall be exercised in accordance with and in furtherance of the purposes specified in the Corporation’s Articles of Incorporation and these Bylaws.

Section 2. **Number and Composition.** The Board of Directors shall be composed of not less than nine (9) nor more than twenty-five (25) Directors in number and shall initially be fixed at eleven (11). At least fifty-one percent (51%) of the Directors shall be individuals who are served by the Corporation (“patient-director”) and who, collectively, represent the population being served in terms of race, ethnicity, and sex. A patient-Director will use the HCHC as their principal source of primary care and have used the HCHC services within the last two years. A consumer who is a dependent child or adult, or a legal sponsor of an immigrant consumer may be considered a consumer for purposes of Board representation. Of the remaining Directors, no

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more than fifty percent (50%) shall be held by persons who derive more than ten percent (10%) of their annual income from the health care industry (“health professional-director”). The remaining Directors shall be representative of the community served by the Corporation and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, other commercial and industrial concerns, and social service agencies within the community (community-director”).

No Director shall be an employee of the Corporation or the spouse, child, parent, brother or sister, by blood or marriage, of an employee of the Corporation.

No individual Board member shall act for the governing Board except as may be specifically authorized by the Board. Board members shall refrain from giving personal advice or directives to any staff personnel of the corporation.

Section 3. Election of Directors: Terms of Office. To become a Director, a person shall be nominated by a then-serving Director and elected by a majority of the Board of Directors at its Annual Meeting. Each Director shall have one (1) vote for each directorship to be filled. Initial Directors were elected to serve terms ranging from one to three years. Successive Directors will serve for three years and serve for up to two (2) successive three-year terms.

Thereafter, at each Annual Meeting of the Board of Directors, the Directors shall nominate individuals to fill the positions of those Directors whose terms are expiring for a term of three (3) years. Successive Directors will serve for three years and may serve for up to two (2) additional successive three-year terms for a total of nine (9) successive years.

The Board may approve term extensions for board members willing to serve in representation of the organization, by majority vote by the members of the Board of Directors.

The Board of Directors, upon the approval of a majority of the current Directors, may authorize the appointment of Directors to the Corporation’s Board of Directors by a third party provided that appointed members do not constitute a majority of the Corporation’s Directors. Appointed Directors shall not cause the Corporation to be in non-compliance with applicable Health Resources and Services Administration requirements for the composition of Boards of Directors of Federally Qualified Health Centers.

Section 4. Resignation. A Director who wishes to leave the Board shall submit a letter of resignation, which shall become effective immediately upon its receipt by the Corporation’s Chair or Secretary.

Section 5. Removal. Any Director may be removed at any time for cause by a vote of two-thirds (2/3) of the other Directors at (i) any regularly scheduled meeting of the Board, or (ii) a special meeting of the Board called for that purpose, provided that in either case, at least ten

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(10) days' prior written notice of the proposed action shall have been given to the entire Board of Directors then serving. Cause shall include, but not be limited to, failure to attend 50% of regularly scheduled Board meetings during a 12-month period, for conduct detrimental to the interests of the Corporation, for refusing to act in a manner consistent with the corporate mission and priorities, or if an individual is suspended or debarred from participation in federal programs. No third party can require the removal of any current Director not appointed by that party.

Section 6. **Meeting Attendance.** Directors are required to attend fifty percent (50%) of the regularly scheduled Board meetings to retain said membership, except in extenuating circumstances recognized by the Board of Directors. Failure to meet this requirement within any given year will be considered as an automatic resignation by the Director.

Section 7. **Vacancies.** Vacancies in the Board of Directors for unexpired terms resulting from death, resignation, removal, or otherwise shall be filled for the remainder of such term by the vote of a majority of the then serving Directors at any meeting of the Board of Directors without necessity for prior notice. In the event of disaster where no Director survives to act for the Corporation, the respective personal representatives of the Directors may act to fill the vacancies on the Board of Directors.

Section 8. **Ex-Officio Directors.** By virtue of his or her position, the Executive Director shall be a non-voting, ex-officio Director who shall not be counted in determining a quorum.

Section 9. **Annual Meeting.** The Annual Meeting of the Board of Directors shall be held between September and November of each year at such place as may be fixed by the Board of Directors. At such meeting, the Board of Directors shall elect the officers of the Corporation and shall transact such other business relating to the affairs of the Corporation as may come before the meeting.

Section 10. **Regular and Special Meetings.** The Board of Directors shall hold regular meetings to be held monthly at a time and place agreed upon by the Board unless good cause exists for not holding a meeting at the scheduled date and time. Directors should endeavor to reschedule such meetings if any meeting not held places the Corporation in non-compliance with any requirements specifying the number of meetings to be held annually. Changes to the regular meeting schedule shall be voted on by the Board except in emergency situations that prohibit the meeting from occurring. Special meetings of the Board shall be held at any time and place upon call of not less than one-third (1/3) of the then serving Directors or the Chair, in each case at such time as shall be fixed by the person or persons calling the meeting.

Regular and special meetings of the Board of Directors shall be held at such place in the City of Harrisonburg, Virginia or Rockingham County, Virginia, as shall be designated by the

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Board of Directors or in the advance notice of the meeting. Regular meetings of the Board of Directors may be held without additional notice. The Secretary shall have given at least ten (10) days prior written notice of special meetings to all Directors. Neither the business to be transacted at nor the purpose of any special meeting need be specified in the notice of the special meeting, except as otherwise provided by these Bylaws.

Section 11. Quorum and Voting. A majority of the number of Directors currently serving shall constitute a quorum for the transaction of business by the Board of Directors. Except as otherwise provided by statute or by these Bylaws, the vote of a majority of the Directors present at the time of the vote, if a quorum is present at such time, shall be the act of the Board.

Section 12. Action without Meeting. Any action required or permitted to be adopted or taken at a meeting of the Board of Directors may be adopted or taken without a meeting if the action is adopted or taken by all the directors entitled to vote on the action. The adoption or taking of the action shall be evidenced by one or more written consents describing the action taken, signed by all the directors entitled to vote on the action, bearing the date of each signature and delivered to the Corporation for inclusion in the minutes or filing with the corporate records. Action adopted or taken under this section when all of the valid written consents are delivered to the corporation or an effective date is specified therein, as of such date provided such consent states the date of execution by the consenting director. A consent signed under this Section shall have the same effect of action taken at a meeting of the Board of Directors and may be described as such in any document. A written consent may be revoked by a writing to that effect delivered to the Corporation before all written consents are delivered to the Corporation. Written consents and written revocations may be by letter, email or facsimile.

Section 13. Telephonic Attendance. Any one or more members of the Board of Directors or any committee thereof may participate in a meeting of the Board or committee by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 14. Service Area. The Corporation's primary service area shall include the City of Harrisonburg, Virginia and surrounding communities.

Section 15. Minutes. Minutes, including a record of attendance, shall be maintained of all meetings of the Board of Directors, which minutes shall be signed by the Secretary, or his or her designee, approved at a subsequent meeting of the Board of Directors, and permanently retained in the Corporation's files.

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Section 16. Executive Session. The Board of Directors may conduct all or any part of a meeting in Executive Session for such purpose as it deems necessary including, but not limited to, discussion of litigation (actual or threatened), evaluation of personnel or discussion of personnel issues, or receipt of the results of the annual audit. The Board may invite such persons, as it deems appropriate to attend an Executive Session. The public and staff members of the Corporation are excluded from Executive Sessions except when invited to give testimony or advice, after which they will be excused.

Section 17. Responsibilities. The Board of Directors shall have specific responsibility for:

- i. Attending to any matter which the Board determines is in the best interest of the Corporation and is within the mission and purposes of the Corporation as set forth in its Articles of Incorporation or these Bylaws;
- ii. Taking all necessary steps to assure the achievement of the mission and purposes of the Corporation as set forth in its Articles of Incorporation or these Bylaws;
- iii. Hiring, annually evaluating, and dismissing the Executive Director ,who is an agent of the Board and accountable to the governing Board;
- iv. Establishing, adopting, reviewing, and amending, as necessary, the Corporation’s personnel policies and procedures, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices;
- v. Establishing, adopting, reviewing, and amending the Corporation’s financial management practices and policies, including a system to assure accountability for the Corporation’s resources, long-range financial planning, and approving the annual project budget, priorities, eligibility for services, including criteria for partial payment schedules;
- vi. Evaluating the Corporation’s activities, including services utilization patterns, productivity, patient satisfaction, achievement of project objectives, and developing a process for hearing and resolving patient grievances.
- vii. Assuring that the Corporation’s activities are conducted in compliance with applicable federal, state, and local laws and that all activities of the Corporation operate within the regulations established by Health Resources and Services Administration (HRSA) for Federally Qualified Health Centers (FQHC).

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- viii. Establishing, adopting, reviewing, and amending the Corporation's health care policies, including the scope and availability of services, location and hours of service, and quality-of-care audit procedures.
- ix. Reports from all Board Committee's shall be presented at each meeting of the Board of Directors and appropriate time shall be allocated for discussion sufficient to assure that each Board member has an opportunity to ask questions or discuss any issue contained in the Committee report;
- x. Evaluating the Corporation's progress in meeting its annual and long-term programmatic and financial goals and using the knowledge gained to review and revise the Corporation's mission, goals, budget, and plans, as appropriate;
- xi. Conducting an annual strategic planning process and translating strategic planning goals into operational planning objectives and approving the annual project plan.
- xii. Evaluating itself periodically for efficiency, effectiveness and compliance with all community health centers, as set forth in Section 330 of Public Health Service Act, 42 U.S.C. Section 254b;
- xiii. Evaluating the needs of the various communities served by it and seeking resources in order to respond with programs that seek to meet those needs.
- xiv. Selecting an independent auditor and officially accepting the annual audit report.
- xv. Approving the annual budget, grant applications in compliance with financial policies and procedures.
- xvi. Identifying and meeting the educational and training needs of the members of the Board of Directors, including orientation and training of new Board members.

ARTICLE FOUR

Officers

Section 1. Number and Titles. The officers of the Corporation shall consist of a Chair, Vice-Chair, Secretary, Treasurer and such other officers as the Board of Directors may from time to time deem necessary. Any two or more offices may be held by the same person,

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except the offices of Chair and Secretary.

Section 2. **Election; Term; Removal; Vacancies.** All officers shall be Directors of the Board. The Officers shall be each elected by a majority vote of the Directors present and voting at the Annual Meeting of the Directors to serve for a term of one (1) year or until their successors are elected and qualify. The Officers may be removed from office, with or without cause, by a majority vote of the Directors present and voting at any meeting. Vacancies or new offices may be filled at any meeting of the Board of Directors. An Officer may succeed himself or herself in the same office for a maximum of two, 1-year terms. Any person serving as an officer shall be removed as an officer if he or she is removed as a Director.

Any officer, other than the Chair, may resign by submitting a letter of resignation to the Chair or Secretary. Should the Chair wish to resign, the letter of resignation should be sent to the Vice-Chair and the Secretary.

Section 3. **Chair.** The Chair shall preside at all meetings of the Board of Directors and the Executive Committee. S/He shall execute all contracts and other instruments of a legal nature unless the Board, by resolution, shall have authorized some other person or persons to execute such instruments. S/He shall perform such other usual and customary duties of the office. S/He shall perform such other duties as are required of him/her by the Board of Directors or by the Executive Committee. The Chair shall be recognized as the official spokesperson for the Board unless this authority has been specifically delegated to another person by the Board of Directors.

Section 4. **Secretary.** The Secretary shall perform the usual and customary duties of such office. The Secretary shall act as recording Secretary at all meetings of the Board of Directors and the Executive Committee, convey notices of all meetings, as required by law or these Bylaws, and have custody of the official records of the Corporation. The Secretary shall maintain a roster of Board members and shall record attendance at the annual, regular, and special Board meetings and committee meetings. The Secretary shall perform such other special duties as the Board of Directors may direct.

Section 5. **Treasurer.** The Treasurer shall be the Fiscal Officer of the Corporation and shall perform the usual and customary duties of such office. The Treasurer shall maintain direction of and be responsible for all funds and assets of the Corporation, assuring the receipt of funds, the deposit of said funds, and the timely payment of bills of the Corporation. The Treasurer shall assure the keeping of accurate fiscal records and accounts. The Treasurer shall present reports of the financial condition of the Corporation to the Board of Directors at each regular meeting of the Board of Directors and shall present a full financial report at the Annual Meeting of the Board of Directors. The Treasurer shall serve as chair of the Finance Committee. The corporation's Chief Finance Officer shall assist the Treasurer in their duties.

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Section 6. **Vice-Chair.** The Vice-Chair shall perform in the absence of the Chair and preside over those matters and functions as determined by the Chair and Board of Directors. All duties as outlined under Section 3 of the By-Laws shall be performed by the Vice Chair.

ARTICLE FIVE

Executive Director

The Executive Director (ED) shall be employed by the Board of Directors according to the policies and procedures adopted by the Board of Directors. The Executive Director is an agent of the Board of Directors and is accountable to the Board for his or her actions. The Board is responsible for hiring, annually evaluating, and dismissing the ED.

It shall be the duty of the Executive Director to implement the policies of the Board of Directors, to serve as the administrative agent of the Board of Directors, to provide overall administrative and managerial direction to the activities of the Corporation (subject to the policies and guidelines of the Board of Directors), to advise and inform the Board of Directors regarding operational matters, and to perform the duties and responsibilities as set forth in the job description of the Executive Director.

Responsibilities not specifically assigned to an elected officer shall be carried out by the ED. Nothing in this explanation of duties shall be interpreted as permitting or encouraging an officer of the Board to usurp or unnecessarily impinge on the ED's authority for day-to-day management of the health center's operations.

The Executive Director shall attend all Board meetings and Committee Meetings of the Board.

ARTICLE SIX

Committees

Section 1. **Committees.** The Chair may establish and appoint the members of standing and Ad Hoc committees as may be deemed necessary to the proper and efficient management of the affairs of the Corporation, such appointments to be subject to confirmation by a majority of the Board of Directors present and voting at the Annual Meeting of the Board of Directors.

Section 2. **Committee Membership.** All members of the committees of the Corporation shall be members of the Board of Directors or non-Board members who are

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recruited by the Board of Directors and shall serve at the pleasure of the Board of Directors. Non-board members selected for committee membership shall be selected because of their particular expertise or skills as needed by the committee or for their potential as future Board members or their experience as past members of the Board. However, the majority of any committee shall always be composed of current Directors. The Chair shall designate the chair for all committees, except the Executive Committee, which is chaired by the Chair, and the Finance Committee, which is chaired by the Treasurer.

Unless otherwise designated, the committee membership of a specific Director shall terminate with the expiration of the Director's term.

Section 3. Committees Limitations. Notwithstanding any provision in this Article, a Committee shall not:

- (i) Fill vacancies on the Board of Directors or on any of its committees;
- (ii) Amend the Articles of Incorporation, or adopt amend/ repeal these Bylaws; or
- (iii) Approve a plan of merger, approve a sale, lease, exchange or other disposition of all, or substantially all, of the property of the Corporation, other than in the usual course of affairs of the Corporation, or approve a proposal to dissolve.

Section 4. Executive Committee. The Executive Committee shall be composed of the four officers of the Corporation; the Chair, the Vice-Chair, the Secretary, and the Treasurer. Subject to the limitations set forth above in section 3 of this Article, the Executive Committee shall have the full power of the Board of Directors between meetings of the Board. Executive Committee meetings may be held upon twenty-four (24) hours' advance notice. The act of any two (2) Directors on the Executive Committee shall be the act of the Executive Committee. No other individual or committee is authorized to act on behalf of the Board unless specific authority has been specifically given by the Board or Executive Committee.

Decisions of the Executive Committee shall be reviewed at the next regular meeting of the Board of Directors. Actions taken by the Executive Committee shall not conflict with the policies and expressed wishes of the Board of Directors, and all matters of major importance shall be referred to the Board. The Executive Committee shall meet at the call of the Chair.

A majority of the Executive Committee may not be comprised of Board members selected by a third party.

Section 5. Finance Committee. The Finance Committee shall consist of the Treasurer and at least one (1) Board members, along with the Chief Finance Officer and Executive Director. The Finance Committee shall be responsible for monitoring and making recommendations regarding the financial status and policies of the Corporation, including fiscal planning, budgeting, policy development, and financial performance. The Finance Committee shall also be responsible for reporting on and overseeing the annual audit.

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ARTICLE SEVEN

Conflicts of Interest; Exempt Activities

Section 1. Conflicts of Interest. The Board of Directors shall establish, adopt, review, and amend, as appropriate, a written corporate policy that prohibits conflict of interest or the appearance of conflict of interest by the Board members, officers, employees, consultants, and/or agents who provide services or furnish goods to the Corporation. No Director shall be an employee of the Corporation or the spouse, child, parent, brother or sister, by blood or marriage, of an employee of the Corporation. Upon election to the Board of Directors and annually, each Director shall sign a statement acknowledging they have received a copy of the Conflict of Interest policy and accept this policy as a condition of service on the Board. These signed statements shall be kept as a permanent part of the corporate records.

Section 2. Exempt Activities. The Corporation is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code (or the corresponding provisions of any future United States Internal Revenue Code) (the "Code").

The Corporation shall never be operated for the primary purpose of carrying on a trade or business for profit. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to, its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered or expenses incurred and to make payments and distributions in furtherance of its purposes.

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 and distributing of statements) of any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of the Articles of Incorporation or these Bylaws, the Corporation shall not possess or exercise any power or authority either expressly, by interpretation, or by operation of law that will prevent it from qualifying, and continuing to qualify, as a corporation described in Section 501 (c)(3) of the Code (or any corresponding provision of any future United States internal revenue code) or that will prevent contributions to it to be deductible for federal income tax purposes under Section 170(c)(2) of the Code (or any corresponding provision of any future United States internal revenue code); nor shall it engage directly or indirectly in any activity which would cause the loss of such qualifications or in any activity defined at any time as "prohibited" under Section 503 of the Code.

ARTICLE EIGHT

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Indemnification against Liability

Every person now or hereafter a Director, Officer, employee, or agent of the Corporation (and his heirs, executors and administrators) shall be indemnified by the Corporation to the full extent as permitted or required under Virginia law---and as a federally qualified health center (FQHC) designated by HRSA.

In addition, he shall be indemnified further against all liabilities, judgments, fines, penalties, and other costs and expenses, including all attorneys' fees, imposed upon or reasonably incurred by him in connection with or resulting from any action, suit, proceeding, or claim to which he is or may be made a party by reason of his being or having been a Director, Officer, employee, or agent of the Corporation (whether or not a Director, Officer, employee, or agent at the time such costs or expenses are incurred by or imposed upon him) except in relation to matters as to which he shall finally been adjudged in such action, suit or proceeding to be liable by reason of his gross negligence or willful misconduct in the performance of his duties as such Director, Officer, employee, or agent.

Such right of indemnification, and the power of the Corporation to make all such indemnity, is hereby created pursuant to Section 13.1-883 of the Code of Virginia, 1950, as amended, and shall exist independently of, and without the requirements of determination and authorization under, Section 13.1-880 of the Code of Virginia, 1950, as amended. Such right of indemnification shall not be deemed exclusive of any right to which he may be entitled under any other bylaw, agreement, or otherwise.

ARTICLE NINE

Fiscal Year

The fiscal year of the Corporation shall begin on the first day of January each year and end as of the thirty-first day of December of the same year.

ARTICLE TEN

Amendments

These Bylaws may be amended at any meeting of the Board of Directors by vote of two-thirds (2/3) of the Directors present and voting, provided that written notice containing the text of the proposed amendment has been sent to each Director at least ten (10) days prior to the meeting at which a vote on such amendment will be held.

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ARTICLE ELEVEN

Dissolution

Section 1. Procedure. The Corporation may be dissolved in accordance with the laws of the Commonwealth of Virginia. Notice of the proposed action shall be mailed to each Director not less than thirty (30) days before the meeting of the Board of Directors. A resolution to dissolve the Corporation shall be adopted upon two-thirds (2/3) vote of the Directors present and voting.

Section 2. Distribution of Assets. The Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation, exclusively for the purposes of the Corporation, in such manner, or to such organization or organization organized and operated exclusively for charitable, educational, or scientific purposes, as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code (or any provision of any future United States internal revenue code), as the Board of Directors shall determine.

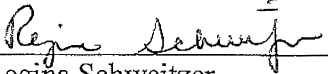
Any of the assets not so disposed of shall be disposed of by the court of record in the city or county in which the principal office of the Corporation has been located, exclusively for such purposes and to such organization or organizations, as the court shall determine, which are organized and operated exclusively for such purposes.

However, if the named recipient is not then in existence or no longer a qualified distribute, or unwilling or unable to accept the distribution, then the assets of the Corporation shall be distributed to an fund, foundation, or corporation organized and operated exclusively for the purposes specified in Section 501(c) (3) of the Code (or the corresponding provision of any future United States internal revenue code).

Adopted at a Meeting of the Board of Directors held on September 25, 2007 at Harrisonburg, Virginia. Revised at a Meeting of the Board of Directors held June 26, 2014 at Harrisonburg, Virginia.

Reviewed and Revised at a meeting of the Board of Directors held on September 26, 2019 at Harrisonburg Virginia.

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Regina Schweitzer
Chair, Board of Directors

Date: 10/31/19



Harrisonburg Community Health Center
Policy Review and Revisions Log

Date	Description	Revision
9/16/19	Article 3, Section 12 Item removed; Any action required or permitted to be taken by the Board or by any committee thereof may be taken using regular or electronic communication and shall be considered a valid action of the Board if all of the members of the Board consent to such action.	"Any action can be taken by electronic vote and will pass when a quorum of Board members consent to the action."
9/16/19	Article 5 wording change Chief Executive Officer Executive Director	Chief Executive Officer "Executive Director" Executive Director "ED"
9/18/19	Article 3, Section 2, Number and Composition; wording change New paragraph inserted	"or will be," wording removed "or to be served" wording removed "No individual Board member shall act for the governing Board except as may be specifically authorized by the Board. Board members shall refrain from giving personal advice or directives to any staff personnel of the corporation."
9/18/19	Article 3, Section 9, Wording change	"between September and November"
9/18/19	Article 3, Section 15 Removed minute books	"Files"
9/18/19	Article 3, Section 17 iii. Wording Change and deleted parentheses	"annually"
9/18/19	Article 3, Section 17 added new xi.	"Conducting an annual strategic planning process and translating strategic planning goals into operational planning objectives and approving the annual project plan."
9/18/19	Article 3, Section 17 xiv removed "Accepting the annual audit report."	Selecting an independent auditor and officially accepting the annual audit report.
9/18/19	Article 3, Section 17 xv. wording change	"Grant applications in compliance with financial policies and procedures."
9/18/19	Article 6, Section 5 wording change	"One (1) board member"
9/18/19	Article 7, Section 1 removed at each following Annual Meeting	"annually"
9/18/19	Article 10, Seal	Deleted
9/18/19	Wording change Chairman and Vice Chairman	"Chair" and "Vice Chair"
9/26/19	Article 3, Section 12, revision of paragraph noting actions taken outside of a formal	Removed :Any action can be taken by electronic vote and will pass when a

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	meeting	quorum of Board members consent to the action. The resolution and written consents thereto by the members of the Board of Directors or the committee shall be filed with the minutes of the regular proceedings of the Board or the committee and kept on file as part of the corporate records. Replaced with language noted in document.
10/31/19	Article 6, Section 2	Added "Executive Director to list of individuals attending Finance Committee meetings per board member suggestion" and legal council affirmation
10/31/19	Article 3, Section 3	Added: "Successive Directors will serve for three years and may serve for up to two(2) additional successive three-year terms for a total of nine(9) successive years" per board member suggestion legal council affirmation

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 12 2008

HARRISONBURG COMMUNITY HEALTH
CENTER INC
PO BOX 2081
HARRISONBURG, VA 22801

Employer Identification Number:
02-0813294
DLN:
17053278013007
Contact Person:
DONNA ELLIOT-MOORE ID# 50304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
July 24, 007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

HARRISONBURG COMMUNITY HEALTH

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, looping initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

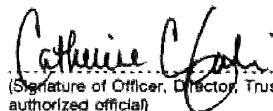
Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

- 6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code


For Organization


 (Signature of Officer, Director, Trustee, or other authorized official)

Catherine Galvin
 (Type or print name of signer)
 President
 (Type or print title or authority of signer)

10/1/07
 (Date)

For IRS Use Only


 IRS Director, Exempt Organizations

MAR 12 2008
 (Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A, Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A, Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

Harrisonburg Community Health Center, Inc., dba Healthy Community Health Centers
 Salary and Benefit Cost per Employee

2021				BENEFITS
Position	Department	FTE	Hrs	Total Salary & Benefit Cost
Interpreter	Interpreter	1.00	40.00	7,279.14
Dietitian Diabetes Educator	Registered Dietitian	1.00	40.00	47,914.34
Employment Coordinator	Human Resources	1.00	40.00	20,329.33
Patient Experience Coordinator 2	Front Office	1.00	40.00	63,831.61
Medical Records Coordinator	Medical Records	1.00	40.00	37,650.03
Interpreter	Interpreter	1.00	40.00	58,719.92
Licensed Practicing Nurse	Nurse & Clinical Support	0.50	20.00	37,653.23
Accountant	Finance	1.00	40.00	36,529.49
Director of Advancement	Fundraising	1.00	40.00	89,883.14
Controller	Finance	1.00	40.00	88,737.41
Dental Hygenist	Dental Provider	0.90	36.00	85,898.25
Communications Nurse	Nurse & Clinical Support	1.00	40.00	41,160.92
Licensed Practicing Nurse	Nurse & Clinical Support	1.00	40.00	50,283.34
Mid Level Provider	Mid Level Provider	0.83	33.30	84,296.77
Mid Level Provider	Parkview Mid Level Provider	1.00	40.00	141,279.80
Staff Pharmacist (Part Time)	Pharmacist	0.25	10.00	5,499.00
Employee Relations Coordinator	Human Resources	1.00	40.00	15,915.59
Patient Ambassador	Parkview Front Office	1.00	40.00	46,642.97
Licensed Practicing Nurse	Elkton Nurse & Clinical Support	1.00	40.00	58,016.27
Chief Executive Officer	Administrative	1.00	40.00	197,903.00
Patient Ambassador	Elkton Front Office	1.00	40.00	33,904.57
Patient Ambassador	Front Office	1.00	40.00	4,118.40
Patient Experience Coordinator 2	Dental Front Office	1.00	40.00	12,955.59
Clinical Assistant	Nurse & Clinical Support	0.29	11.48	11,679.59
Clinic Staff Nurse	Elkton Nurse & Clinical Support	1.00	40.00	59,470.38
Mid Level Provider	CNMW Women's Health	0.25	10.00	29,585.50
Director of Behavioral Health	LCSW Behavioral Health	1.00	40.00	102,989.08
Patient Experience Coordinator 1	Front Office	1.00	40.00	6,837.92
Medical Assistant	Nurse & Clinical Support	1.00	40.00	36,877.19
Staff Accountant	Finance	1.00	40.00	53,346.10
Patient Ambassador	Front Office	0.90	36.00	27,554.07
Medical Assistant	Nurse & Clinical Support	1.00	40.00	5,508.09
Front Office and Interpreter Supervisor	Front Office	1.00	40.00	16,133.71
Medical Provider	Medical Provider	1.00	40.00	249,162.49
Community Resources Coordinator	Behavioral Health	1.00	40.00	73,925.81
Patient Ambassador	Front Office	1.00	40.00	13,889.94
Director of Pharmacy Services	Pharmacist/Director of Pharmacy Services	1.00	40.00	235,840.22
Pharmacy Technician I	Pharmacy Technician & Support	1.00	40.00	44,698.78
Dental Hygenist	Dental Provider	0.90	36.00	75,924.72
Mid Level Provider	Elkton Mid Level Provider	0.89	35.60	22,940.59
Mid Level Provider	Mid Level Provider	0.66	26.40	66,337.34
Non-Medical Case Manager/Office Coordinator	Care Management Front Office	1.00	40.00	52,579.74
Interpreter	Interpreter	0.47	18.63	18,436.49
Medical Referrals Coordinator	Medical Records	1.00	40.00	58,942.42
Risk and Compliance Officer	Administrative	1.00	40.00	76,062.86
Director of Operations	Administrative	1.00	40.00	101,690.52
Behavioral Health Provider	LCSW Behavioral Health	1.00	40.00	24,490.91
Patient Ambassador	Front Office	1.00	40.00	33,556.79
Mid Level Provider	Mid Level Provider	1.00	40.00	76,229.61
Dental Director	Dental Provider	0.50	20.00	164,393.20
Pharmacy Cashier	Pharmacy Cashier	1.00	40.00	25,343.17
Medical Assistant	Nurse & Clinical Support	1.00	40.00	31,198.03

Medical Provider	Medical Provider	0.40	16.00	88,316.19
Senior Accountant	Finance	1.00	40.00	66,232.80
Director of IT	Information Technology	1.00	40.00	71,864.61
Staff Pharmacist (Part Time)	Pharmacist	0.63	25.00	73,286.16
Care Management Case Worker	Care Management Case Workers	1.00	40.00	61,568.00
Interpreter	Interpreter	1.00	40.00	34,709.40
Financial Analyst	Finance	1.00	40.00	37,100.85
Patient Ambassador 2	Elkton Front Office	0.75	30.00	26,042.15
Spanish Interpreter	Interpreter	1.00	40.00	7,434.42
Nurse Practitioner	Mid Level Provider	0.75	30.00	116,816.09
Mid Level Provider	Elkton Mid Level Provider	0.66	26.40	92,743.62
Medical Provider	Medical Provider	1.00	40.00	257,838.94
Administrative Assistant	Information Technology	1.00	40.00	32,419.62
Administrative Assistant	Administrative Support	1.00	40.00	37,610.85
CM Housing Coordinator/Case Worker	Care Management Case Workers	1.00	40.00	63,878.96
Clinical IT & Quality Coordinator	Administrative Support	1.00	40.00	66,198.84
Medical Assistant	Nurse & Clinical Support	1.00	40.00	36,820.36
Pharmacy Technician I	Pharmacy Technician & Support	1.00	40.00	35,935.96
Nurse Practitioner	Mid Level Provider	0.77	30.80	105,762.21
Patient Ambassador	Front Office	1.00	40.00	25,855.05
Patient Experience Coordinator	Front Office	1.00	40.00	6,516.49
Patient Ambassador	Front Office	1.00	40.00	14,789.70
Facilities Manager	Building	1.00	40.00	71,171.75
Medical Provider	Medical Provider	1.00	40.00	229,267.61
Dental Practice Manager	Dental Clinical Support	1.00	40.00	71,792.00
Dental Assistant	Dental Clinical Support	1.00	40.00	49,559.61
Care Management Case Worker	Care Management Case Workers	1.00	40.00	54,896.29
Patient Access Manager	Administrative Support	1.00	40.00	72,488.11
Communications Nurse	Nurse & Clinical Support	1.00	40.00	46,526.03
Licensed Practicing Nurse	Nurse & Clinical Support	1.00	40.00	59,372.81
Chief Financial Officer	Administrative	1.00	40.00	171,458.17
Clinic Floor Nurse	Nurse & Clinical Support	1.00	40.00	10,890.34
Patient Ambassador	Elkton Front Office	1.00	40.00	45,050.12
Dental Assistant	Dental Clinical Support	1.00	40.00	33,200.37
Dentist	Dental Provider	0.45	18.00	65,400.00
Clinical Staff Pharmacist	Pharmacist	1.00	40.00	101,255.23
Clinic Staff Nurse	Nurse & Clinical Support	0.50	20.00	42,138.74
Accounting Coordinator	Finance	1.00	40.00	47,128.28
Dental Assistant	Dental Clinical Support	1.00	40.00	40,175.29
Outreach and Enrollment Specialist	Outreach & Enrollment	1.00	40.00	40,522.27
Dental Assistant	Dental Clinical Support	1.00	40.00	10,113.59
Clinical Operations Coordinator	Nurse & Clinical Support	1.00	40.00	63,372.53
Pharmacy Cashier	Pharmacy Cashier	0.50	20.00	6,064.20
Patient Ambassador	Front Office	1.00	40.00	54,970.25
Clinical Lab Assistant	Lab Tech	1.00	40.00	26,211.21
IT Network Administrator	Information Technology	1.00	40.00	64,316.90
Inventory Coordinator	Building	1.00	40.00	4,245.93
Arabic Interpreter	Interpreter	1.00	40.00	8,204.26
Medical Assistant	Elkton Nurse & Clinical Support	1.00	40.00	51,820.18
Communications Nurse	Nurse & Clinical Support	1.00	40.00	39,716.95
Medical Assistant	Elkton Nurse & Clinical Support	1.00	40.00	73,830.06
Dental Hygienist	Dental Provider	0.90	36.00	20,638.03
Dentist	Dental Provider	1.00	40.00	49,822.54
Medical Referrals Coordinator	Medical Records	1.00	40.00	44,791.21
Behavioral Health Specialist	Elkton LPC Behavioral Health	0.88	35.00	68,002.16
Medical Provider	CNMW Women's Health	0.77	30.80	111,767.70
Pharmacy Technician I	Pharmacy Technician & Support	1.00	40.00	39,793.49
Clinical Operations Coordinator	Nurse & Clinical Support	1.00	40.00	53,937.25
Licensed Practicing Nurse	Nurse & Clinical Support	0.75	30.00	35,906.55

Data Entry/Quality Management Lead	Care Management Front Office	1.00	40.00	33,160.42
Mid Level Provider	Elkton Mid Level Provider	0.73	29.00	98,581.81
Care Management Case Worker	Care Management Case Workers	1.00	40.00	61,664.06
Clinical Services Coordinator	Administrative Support	1.00	40.00	51,786.00
Chief Human Resources Officer	Human Resources	1.00	40.00	97,626.18
Patient Experience Coordinator 1	Dental Front Office	1.00	40.00	6,402.16
Community Relations Coordinator	Administrative Support	1.00	40.00	69,045.08
Patient Ambassador	Front Office	1.00	40.00	20,894.38
Dental Assistant	Dental Clinical Support	1.00	40.00	29,063.83
Vaccine Coordinator	Administrative Support	1.00	40.00	17,817.62
Staff Pharmacist	Pharmacist	1.00	40.00	110,323.58
Director of Care Management	Care Management Administration	1.00	40.00	106,959.97
Clinical Operations Manager	Nurse & Clinical Support	1.00	40.00	81,470.93
Medical Assistant	Nurse & Clinical Support	1.00	40.00	56,037.48
Clinical Operations Coordinator	Elkton Nurse & Clinical Support	1.00	40.00	71,572.29
Interpreter	Interpreter	0.63	25.00	24,355.28
			4,695.41	7,438,347.72

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax HARRISONBURG COMMUNITY HEALTH CENTER	Taxpayer identification number 02-0813294
---	---

Name and title of officer or person subject to tax
BETH MOSELEY
CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 10,514,791.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PBMARES LLP to enter my PIN 13294
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.
54448145678
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PBMARES LLP Date ▶ 10/26/21

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

LHA For Paperwork Reduction Act Notice, see instructions. Form **8879-EO** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HARRISONBURG COMMUNITY HEALTH CENTER	Taxpayer identification number (TIN) 02-0813294
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 308	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISONBURG, VA 22803	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BETH MOSELEY - 1380 LITTLE SORRELL DRIVE, SUITE 100 -

- The books are in the care of ▶ **HARRISONBURG, VA 22801**
Telephone No. ▶ **540-433-4913** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

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 **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input 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 HARRISONBURG COMMUNITY HEALTH CENTER		D Employer identification number 02-0813294
	Doing business as		E Telephone number 540-433-4913
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 10,560,834.
	City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22803		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: BETH MOSELEY 1380 LITTLE SORRELL DRIVE, SUITE 100, HARRIS		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

J Website: **WWW.HBURGCHC.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2007** **M** State of legal domicile: **VA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE A LEADING PROVIDER OF QUALITY HEALTHCARE IN THE DIVERSE COMMUNITY OF HARRISONBURG AND		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	158
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-19,536.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,737,422.	3,766,756.
	9 Program service revenue (Part VIII, line 2g)	6,996,172.	6,756,617.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	507.	868.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,229.	-9,450.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,716,872.	10,514,791.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,670,783.	7,048,353.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,282.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	39,997.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,874,115.	3,214,183.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,546,180.	10,262,536.	
19 Revenue less expenses. Subtract line 18 from line 12	170,692.	252,255.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,206,790.	End of Year 7,996,634.
	21 Total liabilities (Part X, line 26)	1,954,172.	3,491,760.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,252,618.	4,504,874.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BETH MOSELEY, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD T. YODER, CPA	Preparer's signature EDWARD T. YODER, CPA	Date 10/26/21	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00239134
	Firm's name PBMARES, LLP	Firm's EIN 54-0737372	Firm's address 558 SOUTH MAIN STREET HARRISONBURG, VA 22801	Phone no. 540 434-5975	

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

1 Briefly describe the organization's mission: TO BE A LEADING PROVIDER OF QUALITY HEALTHCARE IN THE DIVERSE COMMUNITY OF HARRISONBURG AND ROCKINGHAM COUNTY, VIRGINIA. THE ORGANIZATION PROVIDES DISCOUNTED MEDICAL AND DENTAL SERVICES BASED ON INCOME ELIGIBILITY.

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

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

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 \$ 6,553,492. including grants of \$) (Revenue \$ 6,359,376.) PROVIDED ACCESSIBLE AND AFFORDABLE PRIMARY HEALTH CARE SERVICES IN HARRISONBURG, VIRGINIA, AND THE SURROUNDING AREA. THERE WERE 42,184 PATIENT VISITS IN 2020. IN 2020, 9,961 UNINSURED VISITS WERE PROVIDED WITH HEALTHCARE INCLUDING DISCOUNTS UNDER A SLIDING FEE SCALE FOR LOW INCOME ELIGIBLE PERSONS. THE ORGANIZATION PROVIDES CULTURALLY SENSITIVE HEALTHCARE INCLUDING LANGUAGE TRANSLATION AS NEEDED.

4b (Code:) (Expenses \$ 1,148,701. including grants of \$) (Revenue \$ 407,327.) PROVIDED ACCESSIBLE AND AFFORDABLE DENTAL SERVICES IN HARRISONBURG, VIRGINIA, AND THE SURROUNDING AREA.

4c (Code:) (Expenses \$ 742,694. including grants of \$) (Revenue \$) GRANTS TO VALLEY AIDS NETWORK FUNDED BY THE FEDERAL RYAN WHITE PROGRAM TO PROVIDE RAPID HIV TESTING SERVICES, COMPREHESIVE HEALTH EDUCATION, AND HOLISTIC SUPPORT TO INDIVIDUALS AFFECTED BY HIV/AIDS IN THE CENTRAL SHENANDOAH VALLEY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,444,887.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 rows of questions regarding organizational requirements and financial reporting.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	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?		
24d	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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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 158		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		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.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a <u>12</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b <u>12</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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 ►
BETH MOSELEY - 540-433-4913
1380 LITTLE SORRELL DRIVE, SUITE 100, HARRISONBURG, VA 22801

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 and/or Box 7 of Form 1099-MISC) 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 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JEFF DOMINGUS, MD MEDICAL PROVIDER	35.00				X			197,912.	0.	17,849.
(2) JEROME HOTCHKISS, MD MEDICAL PROVIDER	35.00				X			188,434.	0.	21,317.
(3) MEGAN WILLIAMS, MD MEDICAL PROVIDER	35.00				X			179,944.	0.	9,515.
(4) THERESA HAMEL, MD MEDICAL PROVIDER	35.00				X			159,765.	0.	14,979.
(5) LISA BRICKER EXECUTIVE DIRECTOR	35.00			X				151,171.	0.	10,375.
(6) MITZY GOLDEN DENTAL PROVIDER	35.00					X		129,968.	0.	9,281.
(7) ELIZABETH MOSELEY CHIEF FINANCIAL OFFICER	35.00			X				93,868.	0.	9,595.
(8) REGINA SCHWEITZER BOARD CHAIR	2.00	X		X				0.	0.	0.
(9) JOHN WEIR, MD VICE CHAIR	2.00	X		X				0.	0.	0.
(10) SHERRY MONGOLD TREASURER	2.00	X		X				0.	0.	0.
(11) ERIKA METZLER-SAWIN SECRETARY	2.00	X		X				0.	0.	0.
(12) DAVID COCKLEY, PHD MEMBER	1.00	X						0.	0.	0.
(13) LISA BURKHOLDER MEMBER	1.00	X						0.	0.	0.
(14) RICK HAUSHALTER MEMBER	1.00	X						0.	0.	0.
(15) SILVIA GARCIA ROMERO MEMBER	1.00	X						0.	0.	0.
(16) SCOTT RICHARDSON MEMBER	1.00	X						0.	0.	0.
(17) JOHN TAYLOR MEMBER	1.00	X						0.	0.	0.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) WAYNE WOODSON MEMBER	1.00	X						0.	0.	0.
(19) JESS HOSTETLER MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,101,062.	0.	92,911.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,101,062.	0.	92,911.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,299,613.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	467,143.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			3,766,756.			
Program Service Revenue	2 a	MEDICAL/DENTAL SERVICES	Business Code	622110	5,223,126.	5,223,126.		
	b	PHARMACEUTICAL SALES		446110	1,533,491.	1,533,491.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			6,756,617.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			868.		868.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	26,507.			
			(ii) Personal	6b	46,043.			
			6c	-19,536.				
	d	Net rental income or (loss)			-19,536.		-19,536.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7b				
			7c					
	d	Net gain or (loss)						
	8 a	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							
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	7,233.	7,233.		
	b	MEDICAL RECORDS INCOME		900099	2,853.	2,853.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			10,086.			
12	Total revenue. See instructions			10,514,791.	6,766,703.	-19,536.	868.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	265,009.		265,009.	
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	5,808,380.	4,856,894.	916,094.	35,392.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	539,651.	455,594.	82,497.	1,560.
10 Payroll taxes	435,313.	348,687.	83,846.	2,780.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,305,681.	1,044,019.	261,662.	
12 Advertising and promotion	718.	322.	396.	
13 Office expenses	321,407.	247,318.	73,844.	245.
14 Information technology				
15 Royalties				
16 Occupancy	305,941.	292,659.	13,282.	
17 Travel	7,624.	5,720.	1,904.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	41,420.	31,037.	10,383.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,536.	152,809.	4,727.	
23 Insurance	29,634.	21,656.	7,978.	
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 PATIENT CARE COSTS	847,638.	847,638.		
b DUES, FEES, AND LICENSE	119,841.	95,747.	24,094.	
c STAFF DEVELOPMENT	42,170.	40,225.	1,925.	20.
d OTHER	22,346.	4,031.	18,315.	
e All other expenses	12,227.	531.	11,696.	
25 Total functional expenses. Add lines 1 through 24e	10,262,536.	8,444,887.	1,777,652.	39,997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	477,246.	1	1,405,279.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,678,340.	4	2,512,327.
	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	0.	8	21,523.
	9	Prepaid expenses and deferred charges	30,009.	9	23,234.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,384,914.		
	b	Less: accumulated depreciation	10b 1,350,643.	10c	4,034,271.
	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)	6,206,790.	16	7,996,634.	
Liabilities	17	Accounts payable and accrued expenses	587,550.	17	861,349.
	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	1,343,224.	23	2,614,162.
	24	Unsecured notes and loans payable to unrelated third parties	23,398.	24	16,249.
	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	
	26	Total liabilities. Add lines 17 through 25	1,954,172.	26	3,491,760.
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	4,252,618.	27	4,504,874.
	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	4,252,618.	32	4,504,874.
33	Total liabilities and net assets/fund balances	6,206,790.	33	7,996,634.	

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	10,514,791.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,262,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	252,255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,252,618.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,504,873.

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 checked="" 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.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020
Open to Public
Inspection

Name of the organization

HARRISONBURG COMMUNITY HEALTH CENTER

Employer identification number

02-0813294

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 or 990-EZ).)
- 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 in 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		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 type="checkbox"/>
b 33 1/3% support test - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1822225.	2381220.	2578098.	2737422.	3766756.	13285721.
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	2837036.	5357620.	6072179.	6996172.	6766703.	28029710.
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	4659261.	7738840.	8650277.	9733594.	10533459.	41315431.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						41315431.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	4659261.	7738840.	8650277.	9733594.	10533459.	41315431.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,091.	52,028.	52,380.	52,443.	27,375.	235,317.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	51,091.	52,028.	52,380.	52,443.	27,375.	235,317.
11 Net income from unrelated business activities not included in 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.)	4710352.	7790868.	8702657.	9786037.	10560834.	41550748.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.43 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.57 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.74 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in line 11a above?
 - c** A 35% controlled entity of a person described in 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 in 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 in 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2020
Open to Public
Inspection

Name of the organization

HARRISONBURG COMMUNITY HEALTH CENTER

Employer identification number

02-0813294

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		769,404.		769,404.
b Buildings		3,832,187.	781,826.	3,050,361.
c Leasehold improvements		15,373.	975.	14,398.
d Equipment		764,150.	567,842.	196,308.
e Other		3,800.		3,800.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,034,271.

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. (Col. (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. (Col. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

1	Total revenue, gains, and other support per audited financial statements		1	10,560,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	46,043.	
e	Add lines 2a through 2d	2e		46,043.
3	Subtract line 2e from line 1	3		10,514,791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,514,791.

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

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

1	Total expenses and losses per audited financial statements		1	10,308,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	46,043.	
e	Add lines 2a through 2d	2e		46,043.
3	Subtract line 2e from line 1	3		10,262,536.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,262,536.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC); HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS THEY ARE DEFINED IN THIS GUIDANCE. THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY AND FORM 990T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, WHEN REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 46,043.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 46,043.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HARRISONBURG COMMUNITY HEALTH CENTER

Employer identification number

02-0813294

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFF DOMINGUS, MD MEDICAL PROVIDER	(i) 197,912. (ii) 0.	0.	0.	8,299.	9,550.	215,761.	0.
(2) JEROME HOTCHKISS, MD MEDICAL PROVIDER	(i) 188,434. (ii) 0.	0.	0.	8,067.	13,250.	209,751.	0.
(3) MEGAN WILLIAMS, MD MEDICAL PROVIDER	(i) 179,944. (ii) 0.	0.	0.	6,698.	2,817.	189,459.	0.
(4) THERESA HAMEL, MD MEDICAL PROVIDER	(i) 159,765. (ii) 0.	0.	0.	6,721.	8,258.	174,744.	0.
(5) LISA BRICKER EXECUTIVE DIRECTOR	(i) 151,171. (ii) 0.	0.	0.	1,093.	9,282.	161,546.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HARRISONBURG COMMUNITY HEALTH CENTER

Employer identification number

02-0813294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ROCKINGHAM COUNTY, VIRGINIA. THE ORGANIZATION PROVIDES DISCOUNTED
MEDICAL AND DENTAL SERVICES BASED ON INCOME ELIGIBILITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWED AN ELECTRONIC COPY OF THE 990 PRIOR TO
FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS SETS AND REVIEWS COMPENSATION ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE CORPORATE
OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES 1,044,019.

MANAGEMENT AND GENERAL EXPENSES 261,662.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,305,681.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,305,681.

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES TO THE PROCESS FROM LAST YEAR. THE FINANCE

COMMITTEE OVERSEES THE AUDIT PROCESS, INCLUDING THE SELECTIONS OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

HARRISONBURG COMMUNITY HEALTH CENTER

Employer identification number

02-0813294

INDEPENDENT AUDITOR.

Lined area for providing details of the independent auditor.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

HARRISONBURG COMMUNITY HEALTH CENTER

02-0813294

Name and title of officer or person subject to tax

**BETH MOSELEY
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PBMARES LLP** to enter my PIN **13294**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

54448145678

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PBMARES LLP** Date **10/26/21**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

September 1, 2020

Charlotte L Rhodes
92 N. Liberty Street
Harrisonburg, VA, 22802

RECEIPT

RE: Harrisonburg Community Health Center, Inc.
ID: 06810311
FILING NO: 2009011021178
WORK ORDER NO: 202009010921088

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing an assumed or fictitious name certificate with this office for the above-referenced applicant under the assumed or fictitious name(s) of:

Healthy Community Health Center

The effective date of the filing is September 1, 2020.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Bernard J. Logan
Interim Clerk of the Commission

Delivery Method: Email

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 06810311
Filing Number: 2009011021178
Filing Date/Time: 09/01/2020 09:59 AM
Effective Date/Time: 09/01/2020 09:59 AM

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Harrisonburg Community Health Center, Inc. Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Healthy Community Health Center

Signature Information

Date Signed: 09/01/2020

Printed Name	Signature	Title
Lisa Bricker	Lisa Bricker	Executive Director