

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 2021

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax

**THE CROSS-OVER MINISTRY INC.**

Taxpayer identification number

**54-1371067**

Name and title of officer or person subject to tax

**JULIE SCOTT BILODEAU  
EX-OFFICIO CEO**

**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	<b>8,308,867</b>
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) Julie Bilodeau, (EIN) 54-1371067 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 HARRIS, HARDY & JOHNSTONE, P.C. to enter my PIN 18039 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

*Julie Bilodeau*

Date ▶ **01/04/22**

**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.

**51222323236**

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 ▶ GEORGE G. CROWELL, CPA Date ▶ 01/04/22

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>THE CROSS-OVER MINISTRY INC.</b></p>		<b>D</b> Employer identification number <p style="text-align: center;"><b>54-1371067</b></p>
	Doing business as		<b>E</b> Telephone number <p style="text-align: center;"><b>804-655-2794</b></p>
	Number and street (or P.O. box if mail is not delivered to street address) <p style="text-align: center;"><b>8600 QUIOCCASIN ROAD, SUITE 102</b></p>	Room/suite	<b>G</b> Gross receipts \$ <b>8,332,171</b>
	City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>RICHMOND VA 23229</b></p>		
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>JULIE SCOTT BILODEAU</b></p>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.CROSSOVERMINISTRY.ORG</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO PROVIDE HIGH QUALITY HEALTHCARE, PROMOTE WELLNESS AND CONNECT THE TALENTS AND RESOURCES OF THE RICHMOND COMMUNITY WITH PEOPLE IN NEED IN THE NAME OF JESUS CHRIST.</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>23</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>23</b>	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>64</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>100</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>5,841,648</b> Current Year: <b>6,775,768</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	Prior Year: <b>1,160,764</b> Current Year: <b>1,533,256</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year: <b>12,265</b> Current Year: <b>3,309</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year: <b>-5,161</b> Current Year: <b>-3,466</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year: <b>7,009,516</b> Current Year: <b>8,308,867</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year: <b>0</b> Current Year: <b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: <b>0</b> Current Year: <b>0</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: <b>2,877,739</b> Current Year: <b>2,925,719</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: <b>0</b> Current Year: <b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>419,531</b>	Prior Year: <b>3,806,961</b> Current Year: <b>4,766,892</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year: <b>6,684,700</b> Current Year: <b>7,692,611</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: <b>324,816</b> Current Year: <b>616,256</b>		
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Prior Year: <b>3,987,569</b> Current Year: <b>4,590,453</b>	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>164,072</b> End of Year: <b>170,538</b>	
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year: <b>3,823,497</b> End of Year: <b>4,419,915</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		Beginning of Current Year: <b>3,823,497</b> End of Year: <b>4,419,915</b>	

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>JULIE SCOTT BILODEAU</b></p>	Date <p style="text-align: center;"><b>EX-OFFICIO CEO</b></p>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GEORGE G. CROWELL, CPA</b>	Preparer's signature <b>GEORGE G. CROWELL, CPA</b>	Date <b>01/10/22</b>	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN <b>P00585821</b>
	Firm's name } <b>HARRIS, HARDY &amp; JOHNSTONE, P.C.</b>		Firm's EIN } <b>54-1451026</b>	
	Firm's address } <b>300 ARBORETUM PL STE 660 RICHMOND, VA 23236</b>		Phone no. <b>804-560-0560</b>	

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 PROVIDE HIGH QUALITY HEALTHCARE, PROMOTE WELLNESS AND CONNECT THE TALENTS AND RESOURCES OF THE RICHMOND COMMUNITY WITH PEOPLE IN NEED IN THE NAME OF JESUS CHRIST.**

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

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

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

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

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

4a (Code: ) (Expenses \$ **6,930,006** including grants of \$ ) (Revenue \$ **1,533,256** )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

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

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

4e Total program service expenses **u 6,930,006**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
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):		
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
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>64</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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 **u**

**THE CORPORATION**  
**RICHMOND**

**8600 QUIOCCASIN ROAD**

**VA 23229**

**804-655-2794**

**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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) <b>GEORGEAN DEBLOIS, MD</b> ..... <b>CHAIR</b>	10.00 ..... 0.00	X		X				0	0	0
(2) <b>JOHN C. IVINS, JR.</b> ..... <b>VICE-CHAIR</b>	5.00 ..... 0.00	X		X				0	0	0
(3) <b>DON SEITZ, MD</b> ..... <b>IMMEDIATE PAST CHAIR</b>	2.00 ..... 0.00	X		X				0	0	0
(4) <b>DUNCAN S. OWEN III</b> ..... <b>TREASURER</b>	5.00 ..... 0.00	X		X				0	0	0
(5) <b>HELEN NUNLEY, RN, MSN</b> ..... <b>SECRETARY</b>	5.00 ..... 0.00	X		X				0	0	0
(6) <b>CATHY CAWLEY</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	X						0	0	0
(7) <b>REV. SHAY W. AUBERBACH</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	X						0	0	0
(8) <b>BETSY D. BEAMER</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	X						0	0	0
(9) <b>JOHN O. BECKNER, R. PH</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	X						0	0	0
(10) <b>DAVID BOTKINS</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	X						0	0	0
(11) <b>AGGIE CULLEN</b> ..... <b>DIRECTOR</b>	2.00 ..... 0.00	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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) <b>TOM DONAHUE</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>TOM GALLAGHER</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>GREGORY HILLMAN</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>MARCOS F. IRIGARAY, MHA</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>KENNETH JOHNSON</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>CASSIE LEWIS, DNP, ACNP-BC</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) <b>MICHAEL MATTHEWS</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) <b>PATRICIA LEE ROBERTSON, RN, LNHA, MH</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>313,125</b>		<b>11,924</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>313,125</b>		<b>11,924</b>	

**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 **u 2**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	50,000				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	265,765				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	416,790				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,043,213				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,293,495				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	6,775,768				
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b> CONTRACT REVENUE			900099	806,643	806,643		
<b>b</b> MEDICAID REVENUE			900099	374,572	374,572		
<b>c</b> PATIENTS REVENUE			900099	351,276	351,276		
<b>d</b> CLINIC GENERATED FEES			900099	765	765		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	1,533,256				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	3,309			3,309	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ 265,765 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>	23,304					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	-23,304					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> SECTION 481(A) ADJUSTMENT		900099	19,838	19,838		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	19,838					
<b>12 Total revenue.</b> See instructions	<b>u</b>	8,308,867	1,553,094	0	3,309		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 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	313,124	255,976	23,016	34,132
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	2,189,464	1,789,860	160,938	238,666
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,184	27,487	3,009	3,688
9 Other employee benefits	203,909	164,478	20,045	19,386
10 Payroll taxes	185,038	149,488	15,105	20,445
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,400		15,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,694	10,649	906	1,139
12 Advertising and promotion	9,936	501	100	9,335
13 Office expenses	62,492	40,723	5,496	16,273
14 Information technology	158,346	115,220	12,216	30,910
15 Royalties				
16 Occupancy	275,215	231,784	21,505	21,926
17 Travel	394	359		35
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,267	84,267		
23 Insurance	26,500	24,807	1,693	
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 CONTRIBUTED PHARMACEUTICA	3,500,042	3,500,042		
b MEDICAL SUPPLIES	367,973	353,914	5,644	8,415
c MEDICAID BILLING	54,800	54,800		
d BAD DEBT	43,111	43,111		
e All other expenses	155,722	82,540	58,001	15,181
25 Total functional expenses. Add lines 1 through 24e	7,692,611	6,930,006	343,074	419,531
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>310,108</b>	<b>1</b>	<b>385,583</b>
	<b>2</b> Savings and temporary cash investments .....	<b>1,302,104</b>	<b>2</b>	<b>2,059,358</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>329,826</b>	<b>3</b>	<b>283,195</b>
	<b>4</b> Accounts receivable, net .....	<b>25,127</b>	<b>4</b>	<b>16,013</b>
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>1,479,878</b>	<b>8</b>	<b>1,243,044</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>64,012</b>	<b>9</b>	<b>63,437</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>1,857,642</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>1,317,819</b>	<b>10c</b>	<b>539,823</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>3,987,569</b>	<b>16</b>	<b>4,590,453</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>164,072</b>	<b>17</b>	<b>170,538</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>164,072</b>	<b>26</b>	<b>170,538</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>3,610,866</b>	<b>27</b>	<b>3,960,291</b>
	<b>28</b> Net assets with donor restrictions .....	<b>212,631</b>	<b>28</b>	<b>459,624</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	<b>3,823,497</b>	<b>32</b>	<b>4,419,915</b>
<b>33 Total liabilities and net assets/fund balances</b> .....	<b>3,987,569</b>	<b>33</b>	<b>4,590,453</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>8,308,867</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,692,611</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>616,256</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,823,497</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-19,838</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,419,915</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(20) <b>DANA RUST</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>NANCY C. THOMAS</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>BRUCE TYLER, AIA</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(23) <b>JANET WILLS, CFP</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(24) <b>JULIE SCOTT BILODEAU</b>	40.00									
EX-OFFICIO CEO	0.00			X			141,500	0	5,660	
(25) <b>MEGAN MANN</b>	40.00									
EX-OFFICIO COMM DIR	0.00			X			0	0	0	
(26) <b>ZARA MORGAN</b>	40.00									
EX-OFFICIO OP DIR	0.00			X			0	0	0	
(27) <b>MICHAEL MURCHIE, MD</b>	40.00									
EX-OFFICIO MED DIR	0.00			X			171,625	0	6,264	
<b>1b Subtotal</b>							<b>313,125</b>		<b>11,924</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 **u**

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

**Section B. Independent Contractors**

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

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

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

**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.

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**THE CROSS-OVER MINISTRY INC.**

Employer identification number

**54-1371067**

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,311,642	7,646,589	6,268,543	5,841,648	6,775,768	31,844,190
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,311,642	7,646,589	6,268,543	5,841,648	6,775,768	31,844,190
<b>5</b> 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)						12,615,292
<b>6</b> Public support. Subtract line 5 from line 4						19,228,898

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	5,311,642	7,646,589	6,268,543	5,841,648	6,775,768	31,844,190
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	668	1,666	9,415	12,265	3,309	27,323
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						31,871,513

**12** Gross receipts from related activities, etc. (see instructions) **12** 3,810,772

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14** 60.33 %

**15** Public support percentage from 2019 Schedule A, Part II, line 14 **15** 58.21 %

**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

**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

**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

**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

**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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17	<b>18</b>	%

- 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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— <i>explain in Part VI</i> ). 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 <b>Total</b> 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> 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 B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>THE CROSS-OVER MINISTRY INC.</b>	Employer identification number <b>54-1371067</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**THE CROSS-OVER MINISTRY INC.**

Employer identification number

**54-1371067**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF VA DOH HIV/STD P.O. BOX 2448 RICHMOND VA 23218	\$ 231,474	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS 1801 LIBBIE AVE SUITE 104 RICHMOND VA 23226	\$ 140,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GLAXOSMITHKLINE RESEARCH TRIANGLE PARK RESEARCH TRIANGLE PARK NC 27709-3398	\$ 733,816	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MERCK PATIENT ASSISTANCE PROGRAM P.O. BOX 690 HORSHAM PA 19044-9979	\$ 1,067,526	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	PFIZER RXPATHWAYS P.O. BOX 8509 SOMERVILLE NJ 08876	\$ 594,101	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	APOTEX CORPORATION 150 SIGNET DRIVE TORONTO . M9L 1T9	\$ 174,595	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**THE CROSS-OVER MINISTRY INC.**

Employer identification number

**54-1371067**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MEDICATIONS DONATED FOR USE	\$ 733,816	06/30/21
4	MEDICATIONS DONATED FOR USE	\$ 1,067,526	06/30/21
5	MEDICATIONS DONATED FOR USE	\$ 594,101	06/30/21
6	MEDICATIONS DONATED FOR USE	\$ 174,595	06/30/21
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

THE CROSS-OVER MINISTRY INC.

Employer identification number

54-1371067

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** ..... %
  - b** Permanent endowment **u** ..... %
  - c** Term endowment **u** ..... %
- 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 3b**  Yes  No
- 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
<b>1a</b> Land .....		<b>72,386</b>		<b>72,386</b>
<b>b</b> Buildings .....		<b>142,267</b>	<b>115,304</b>	<b>26,963</b>
<b>c</b> Leasehold improvements .....		<b>553,093</b>	<b>358,889</b>	<b>194,204</b>
<b>d</b> Equipment .....		<b>776,512</b>	<b>688,671</b>	<b>87,841</b>
<b>e</b> Other .....		<b>313,384</b>	<b>154,955</b>	<b>158,429</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>539,823</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

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	8,769,303
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	480,274	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	480,274
3	Subtract line 2e from line 1		3	8,289,029
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	19,838	
c	Add lines 4a and 4b		4c	19,838
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,308,867

**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	8,172,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	480,274	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	480,274
3	Subtract line 2e from line 1		3	7,692,611
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,692,611

**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 - FIN 48 FOOTNOTE**

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE ORGANIZATION HAS RECOGNIZED NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2021.



**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**THE CROSS-OVER MINISTRY INC.**

Employer identification number

**54-1371067**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>COMPASSIONATE C</u> (event type)	<u>SPRING INTO ACT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	195,597	70,168	265,765
	2	Less: Contributions	195,597	70,168	265,765
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	12,930	8,996	21,926
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-21,926

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Employer identification number

**54-1371067**

**THE CROSS-OVER MINISTRY INC.**

**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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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:

- |  |           |  |                                     |
|--|-----------|--|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> |  | <input checked="" type="checkbox"/> |
- 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:

- |  |           |  |                                     |
|--|-----------|--|-------------------------------------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <input checked="" type="checkbox"/> |
- 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:

- |  |           |  |                                     |
|--|-----------|--|-------------------------------------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <input checked="" type="checkbox"/> |
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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 MICHAEL MURCHIE, MD EX-OFFICIO MED DIR	(i)	171,625	0	0	6,264	0	177,889	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

PART III - OTHER ADDITIONAL INFORMATION

AT LEAST ONCE EVERY 3 YEARS, CROSS-OVER HAS THE CEO'S SALARY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE HUMAN RESOURCES COMMITTEE IS RESPONSIBLE FOR THIS PROCESS AND THEIR PROPOSAL IS SENT TO THE BOARD OF DIRECTORS TO VOTE ON.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**THE CROSS-OVER MINISTRY INC.**

**54-1371067**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	<b>X</b>	<b>34</b>	<b>3,290,405</b>	<b>FAIR MARKET VALUE</b>
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>OFFICE SUPPLIES</b> )	<b>X</b>	<b>1</b>	<b>3,090</b>	<b>FAIR MARKET VALUE</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**THE CROSS-OVER MINISTRY INC.**

Employer identification number

**54-1371067****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

CROSS-OVER OPERATES TWO HEALTHCARE CLINICS IN THE RICHMOND, VA AREA THAT PROVIDE CARE TO TWO GROUPS: LOW INCOME, UNINSURED PATIENTS AND PATIENTS ENROLLED IN MEDICAID. CROSS-OVER PROVIDES A COMPREHENSIVE MIX OF PRIMARY CARE INCLUDING PEDIATRIC CARE, SPECIALTY MEDICAL CARE, DENTAL CARE, VISION CARE, OBSTETRICS AND GYNECOLOGY CARE, HIV CARE, MENTAL HEALTH CARE, AND SOCIAL WORK SERVICES, AMONG OTHER SUBSPECIALTIES. CROSS-OVER ALSO OPERATES A LICENSED PHARMACY. CROSS-OVER IS UNIQUELY POSITIONED TO PROVIDE THESE SERVICES, DUE TO OUR MANY COLLABORATORS AND NUMEROUS VOLUNTEERS. IN 2021, VOLUNTEERS CONTRIBUTED ALMOST 9,000 HOURS OF SERVICE. CROSS-OVER ALSO BENEFITS FROM PRO BONO MEDICATIONS, LABS, AND IMAGING. WE PROVIDE COMPREHENSIVE CARE SO THAT OUR PATIENTS CAN LEAD MORE PRODUCTIVE, FULFILLING LIVES.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
THE 990 IS REVIEWED BY THE ADMINISTRATOR AND THE BOARD CHAIR. COPIES OF THE 990 ARE ALSO PROVIDED TO THE ENTIRE BOARD.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
THE STANDARD BEHAVIOR AT CROSS-OVER IS THAT ALL BOARD MEMBERS, STAFF AND VOLUNTEERS SCRUPULOUSLY AVOID ANY CONFLICT OF INTEREST BETWEEN THE INTEREST OF CROSS-OVER ON ONE HAND, AND PERSONAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER. THIS INCLUDES AVOIDING ACTUAL CONFLICTS OF INTEREST AS WELL AS PERCEPTION OF CONFLICTS OF INTEREST. IN THE COURSE OF MEETINGS OF ACTIVITIES, BOARD MEMBERS, STAFF AND VOLUNTEERS ARE REQUIRED TO DISCLOSE

Name of the organization

Employer identification number

THE CROSS-OVER MINISTRY INC.

54-1371067

ANY INTEREST IN A TRANSACTION OR DECISION WHERE THEY (INCLUDING THEIR BUSINESS OR OTHER NONPROFIT AFFILIATION), THEIR FAMILY, EMPLOYER OR CLOSE ASSOCIATE WILL RECEIVE A BENEFIT OR GAIN. AFTER DISCLOSE, THEY MUST LEAVE THE ROOM AND ABSTAIN FROM VOTING OR OTHER ACTIVITIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION CROSS-OVER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION SECTION 481(A) ADJUSTMENT \$ -19,838



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2020**

Attachment  
Sequence No. **179**

**THE CROSS-OVER MINISTRY INC.**

Identifying number  
**54-1371067**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>83,869</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>398</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>84,267</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

DAA

54-1371067

## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
6	Miniblinds	3/21/97	391			391	7 HY 200DB	391	0
7	Parking Lot Paving	12/04/00	8,500			8,500	15 HY 150DB	8,500	0
8	Ramp	4/12/00	3,860			3,860	15 HY 150DB	3,860	0
9	Refrigerator	11/09/98	164			164	5 HY 200DB	164	0
10	Parking Lot (Botanical Garden)	3/12/01	20,000			20,000	15 HY 150DB	20,000	0
11	Building Improvements	1/01/01	10,745			10,745	39 MMS/L	0	276
65	Accordian Folding	2/26/03	2,617			2,617	39 MMS/L	1,166	67
66	Sherbourne Improvements	5/11/03	2,158			2,158	39 MMS/L	948	55
67	Computer & SW	5/19/99	5,743			5,743	5 HY 200DB	5,743	0
68	Computer (Dale)	10/15/99	1,343			1,343	5 HY 200DB	1,343	0
69	Computer	2/15/00	3,747			3,747	5 HY 200DB	3,747	0
70	Scanner	8/23/00	1,410			1,410	5 HY 200DB	1,410	0
71	Computer	6/19/01	4,481			4,481	5 HY 200DB	4,481	0
72	Computer (NPO)	10/22/01	1,992			1,992	5 HY 200DB	1,992	0
73	Computers	11/04/02	1,850			1,850	5 HY 200DB	1,850	0
74	Dell Computer	2/10/03	1,480			1,480	5 HY 200DB	1,480	0
75	Dell Computer	4/21/03	913			913	5 HY 200DB	913	0
76	Dell Computer	2/19/03	1,774			1,774	5 HY 200DB	1,774	0
77	Dell Computer	2/10/03	1,662			1,662	5 HY 200DB	1,662	0
83	Desktop Computer	7/27/04	1,100			1,100	5 HY 200DB	1,100	0
141	Bi-Slider System	2/23/00	2,419			2,419	7 HY 200DB	2,419	0
142	Accordian partition	2/11/00	4,080			4,080	7 HY 200DB	4,080	0
143	Carpet/Tile/Countertop	3/06/00	6,329			6,329	7 HY 200DB	6,329	0
144	Office Furniture	9/20/02	3,500			3,500	7 HY 200DB	3,500	0
145	Office Furniture	11/06/02	975			975	7 HY 200DB	975	0
146	Office Furniture	11/18/02	210			210	7 HY 200DB	210	0
147	Creative Office- Cub	10/22/03	4,850			4,850	7 HY 200DB	4,850	0
148	VCT Flooring	4/24/03	2,314			2,314	7 HY 200DB	2,314	0
149	Asbestos Abatement	4/24/03	3,900			3,900	7 HY 200DB	3,900	0
178	Equipment	6/01/91	230			230	5 HY 200DB	230	0
179	Copier	4/01/92	1,061			1,061	5 HY 200DB	1,061	0
180	Hemocue Photome	1/07/93	600			600	5 HY 200DB	600	0
181	Kowa Ha-1	2/24/93	893			893	5 HY 200DB	893	0
182	Audiometer	9/07/93	265			265	5 HY 200DB	265	0
183	Ear Thermometer	9/07/93	314			314	5 HY 200DB	314	0
184	Colotux	1/31/94	393			393	5 HY 200DB	393	0
185	Colorado Tape Back	8/31/94	515			515	5 HY 200DB	515	0
186	2 Hemocue B-Glu	10/20/94	225			225	5 HY 200DB	225	0
187	MRTRA EKG Machine	12/20/94	5,299			5,299	5 HY 200DB	5,299	0
188	HP Computer System	10/09/95	2,247			2,247	5 HY 200DB	2,247	0
189	Computer Printer	3/07/96	499			499	5 HY 200DB	499	0
190	Computer Scanner	7/12/96	366			366	5 HY 200DB	366	0
191	Hemoglobin Photo	7/23/96	300			300	5 HY 200DB	300	0
192	Misc Computer Parts	10/31/96	134			134	5 HY 200DB	134	0
193	Contel Phone System	7/16/97	585			585	5 HY 200DB	585	0
194	Security System	10/10/97	5,035			5,035	5 HY 200DB	5,035	0
195	Dental Equipment	9/16/97	378			378	5 HY 200DB	378	0
196	Medical Wall Units	2/19/98	300			300	5 HY 200DB	300	0
197	Ethernet Cards	3/23/98	436			436	5 HY 200DB	436	0
198	Multi User Software License	4/30/98	5,500			5,500	5 HY 200DB	5,500	0
199	Personnel Schedule	6/16/98	409			409	5 HY 200DB	409	0
200	3 Pentium PC's	7/09/98	8,996			8,996	5 HY 200DB	8,996	0
201	Acer Computer System	12/01/98	719			719	5 HY 200DB	719	0
202	Copy Machine	12/01/98	12,448			12,448	5 HY 200DB	12,448	0
203	Camcorder	11/29/99	350			350	5 HY 200DB	350	0
204	Pulse Oximeter	4/27/99	595			595	5 HY 200DB	595	0
205	Machinery & Equipment	1/01/01	325			325	5 HY 200DB	325	0
206	Dental Equipment	4/24/02	3,855			3,855	7 HY 200DB	3,855	0
207	EKG Machine	12/16/02	2,850			2,850	7 HY 200DB	2,850	0
208	Vital Sign Mbl	2/26/03	3,440			3,440	7 HY 200DB	3,440	0
209	Integrated Sys w/76	3/26/03	1,192			1,192	7 HY 200DB	1,192	0
210	Integrated Diag Sys	3/25/03	1,293			1,293	7 HY 200DB	1,293	0
211	Exam Light - (6)	3/25/03	1,433			1,433	7 HY 200DB	1,433	0
212	Vital Sign Monitor	3/25/03	1,680			1,680	7 HY 200DB	1,680	0
213	Integrated Sys w/76	3/26/03	5,180			5,180	7 HY 200DB	5,180	0
214	HP FO Autochuck	3/03/03	2,666			2,666	7 HY 200DB	2,666	0
215	Pelton Crane OCR	9/03/03	1,359			1,359	7 HY 200DB	1,359	0

54-1371067

## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
			178,872			178,872		165,466	398
<b>Other Depreciation:</b>									
1	Building Modifications	11/01/91	89,067			89,067	31 MO S/L	81,056	2,827
2	Building	12/14/90	72,198			72,198	31 MO S/L	67,805	2,292
3	106 Cowardin Avenue	11/01/95	65,294			65,294	39 MO S/L	41,297	1,674
4	Building Renovations	6/30/97	113,541			113,541	39 MO S/L	66,960	2,911
5	Building Renovations	6/30/97	37,884			37,884	39 MO S/L	22,342	971
12	Construction Walls	4/13/04	3,000			3,000	5 MO S/L	3,000	0
13	New Roof at Cowardin	3/26/04	26,950			26,950	39 MO S/L	11,229	691
14	Tiles and Carpet	4/15/05	5,577			5,577	15 MO S/L	5,577	0
15	Flooring Labor	5/10/05	3,420			3,420	15 MO S/L	3,420	0
16	Glass for Johnke Rd	12/20/05	248			248	15 MO S/L	240	8
17	Leasehold Improvement	3/26/04	19,559			19,559	5 MO S/L	19,559	0
18	Building Improvement	6/13/06	2,050			2,050	15 MO S/L	1,925	125
19	Building Improvement	6/29/06	2,050			2,050	15 MO S/L	1,913	137
20	HVAC Compressor	7/01/06	2,055			2,055	15 MO S/L	1,918	137
21	HVAC evaporator	12/01/06	3,198			3,198	15 MO S/L	2,896	213
22	Convert Closet	2/15/08	1,000			1,000	15 MO S/L	822	67
23	Remainder to Convert	2/19/08	1,205			1,205	15 MO S/L	991	80
24	Install Wall Cabinets	3/21/08	300			300	15 MO S/L	245	20
25	Remainder to Install	4/14/08	300			300	15 MO S/L	245	20
26	Install Sliding Glass	5/05/08	280			280	15 MO S/L	227	19
27	Nurse's Station Improvement	12/04/08	3,500			3,500	15 MO S/L	2,703	233
28	HVAC Unit on Medi	7/24/08	7,707			7,707	15 MO S/L	6,123	514
29	Cowardin Construction	9/04/08	2,500			2,500	15 MO S/L	1,972	167
30	Cowardin Front Window	9/16/08	250			250	15 MO S/L	196	17
31	Carpet	9/17/08	2,184			2,184	15 MO S/L	1,711	145
32	Cowardin Building Improvement	9/25/08	5,647			5,647	15 MO S/L	4,424	376
33	Carpet Installation	10/21/08	682			682	15 MO S/L	530	46
34	Crown Molding Lab	10/22/08	250			250	15 MO S/L	194	17
35	Door installation	10/23/08	1,200			1,200	15 MO S/L	933	80
36	2 Junction boxes	10/28/08	200			200	15 MO S/L	156	13
37	A/C and Heater Unit	11/01/08	194			194	15 MO S/L	151	13
38	Thermometer	11/07/08	186			186	15 MO S/L	145	12
39	Phone Line	11/13/08	1,513			1,513	15 MO S/L	1,176	101
40	Electrical Outlet Installation	11/18/08	145			145	15 MO S/L	112	10
41	Installing Network	12/01/08	425			425	15 MO S/L	328	28
42	West End System	12/01/08	1,095			1,095	15 MO S/L	845	73
43	Lamp & Circuit Installation	12/03/08	350			350	15 MO S/L	270	24
44	Wall Installation	12/08/08	2,225			2,225	15 MO S/L	1,718	148
45	Nurses Station Improvements	12/16/08	5,748			5,748	15 MO S/L	4,439	383
46	Nurses Station	1/06/09	6,938			6,938	15 MO S/L	5,319	463
47	Door Repair	1/09/09	2,500			2,500	15 MO S/L	1,917	166
48	Modification Nurse Station	1/27/09	338			338	15 MO S/L	257	22
49	Front Office and Bathroom	1/28/09	2,360			2,360	15 MO S/L	1,796	158
50	Office Remodel	2/05/09	2,440			2,440	15 MO S/L	1,857	163
51	Lettering and Lamp	3/04/09	357			357	15 MO S/L	270	24
52	Window and File Cabinet	3/09/09	646			646	15 MO S/L	488	43
53	Phones	3/09/09	150			150	15 MO S/L	113	10
54	Lights Ballasts etc.	3/19/09	1,341			1,341	15 MO S/L	1,006	89
55	Windows	4/01/09	1,499			1,499	15 MO S/L	1,124	100
56	Lights and Lock	4/21/09	451			451	15 MO S/L	335	30
57	Fax machine	6/24/09	263			263	5 MO S/L	263	0
58	Lamp & Circuit Installation	4/20/11	160			160	5 MO S/L	160	0
59	JL Dull Electric	9/19/11	496			496	15 MO S/L	289	34
60	JL Dull Electric	1/12/12	278			278	15 MO S/L	158	18
61	West End Expansion	2/18/13	10,000			10,000	5 MO S/L	10,000	0
62	Cowardin Flooring	4/26/13	3,155			3,155	5 MO S/L	3,155	0
63	West End Kitchen	3/06/13	1,580			1,580	5 MO S/L	1,580	0
64	Cowardin Painting	5/17/13	1,200			1,200	5 MO S/L	1,200	0
78	Wiring of Computer	4/15/04	1,539			1,539	5 MO S/L	1,539	0
79	HIV Computer	4/21/04	1,088			1,088	5 MO S/L	1,088	0
80	Desktop Computer	7/27/04	1,100			1,100	5 MO S/L	1,100	0
81	Desktop Computer	7/27/04	1,100			1,100	5 MO S/L	1,100	0
82	Desktop Computer	7/27/04	1,100			1,100	5 MO S/L	1,100	0
84	Laptop Computer 1	7/27/04	1,200			1,200	5 MO S/L	1,200	0
85	Laptop Computer 2	7/27/04	1,200			1,200	5 MO S/L	1,200	0
86	Desktop Computer	7/27/04	1,000			1,000	5 MO S/L	1,000	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
87	Dell Computer	1/04/04	1,161			1,161	5 MO S/L	1,161	0
88	Dell Computer	1/04/04	1,161			1,161	5 MO S/L	1,161	0
89	Dell Computer	1/04/04	1,161			1,161	5 MO S/L	1,161	0
90	Dell Computer	1/04/04	1,161			1,161	5 MO S/L	1,161	0
91	Dell Computer	1/04/04	1,161			1,161	5 MO S/L	1,161	0
92	Pharmacy Computer	8/16/04	1,418			1,418	5 MO S/L	1,418	0
93	Computers Printers etc.	2/03/06	10,140			10,140	5 MO S/L	10,140	0
94	Laptop	3/01/06	998			998	5 MO S/L	998	0
95	Software and Server	7/02/06	3,876			3,876	5 MO S/L	3,876	0
96	3 Laptops (network)	8/02/06	4,084			4,084	5 MO S/L	4,084	0
97	Tech Plan	9/02/06	700			700	5 MO S/L	700	0
98	Tech Plan/Tech inventory	10/02/06	1,025			1,025	5 MO S/L	1,025	0
99	Laptop/Network cable	11/02/06	1,737			1,737	5 MO S/L	1,737	0
100	Replacement Server	12/02/06	825			825	5 MO S/L	825	0
101	Desktop Computer	3/02/07	1,775			1,775	5 MO S/L	1,775	0
102	Rewiring	3/09/07	2,225			2,225	5 MO S/L	2,225	0
103	Printer & Computer	4/02/07	500			500	5 MO S/L	500	0
104	Wireless Router	5/02/07	2,560			2,560	5 MO S/L	2,560	0
105	PAMS export	6/02/07	1,150			1,150	5 MO S/L	1,150	0
106	Donor Software Evaluation	7/02/07	1,350			1,350	15 MO S/L	1,170	90
107	E-Tapestry Evaluation	8/02/07	1,300			1,300	15 MO S/L	1,119	87
108	Laptop	11/01/07	1,150			1,150	15 MO S/L	971	77
109	Laptop	1/01/08	1,200			1,200	15 MO S/L	1,000	80
110	Laptop	3/01/08	1,200			1,200	15 MO S/L	987	80
111	Laptop	3/28/08	1,200			1,200	15 MO S/L	980	80
112	2 Laptops	5/01/08	2,400			2,400	15 MO S/L	1,947	160
113	Laptop	6/01/08	1,200			1,200	15 MO S/L	967	80
114	Laptop	12/18/08	1,200			1,200	5 MO S/L	1,200	0
115	Wireless Router	12/18/08	265			265	5 MO S/L	265	0
116	Laptop and Power surge	12/19/08	1,285			1,285	5 MO S/L	1,285	0
117	Wireless router	1/01/09	115			115	5 MO S/L	115	0
118	Power adapter	2/01/09	55			55	5 MO S/L	55	0
119	Network Printer	3/01/09	875			875	5 MO S/L	875	0
120	Server	3/02/09	4,158			4,158	5 MO S/L	4,158	0
121	LCD Projector	10/31/09	700			700	5 MO S/L	700	0
122	Power Supply	9/30/09	75			75	5 MO S/L	75	0
123	Computer and Bag	10/31/09	1,000			1,000	5 MO S/L	1,000	0
124	Computer and Bag	10/31/09	1,000			1,000	5 MO S/L	1,000	0
125	Wise Woman Laptop	12/31/09	2,000			2,000	5 MO S/L	2,000	0
126	Laptop for Solita	5/31/10	1,380			1,380	5 MO S/L	1,380	0
127	Laptop for Lynn Wil	6/01/10	916			916	5 MO S/L	916	0
128	Laptop for Lyn	6/01/10	916			916	5 MO S/L	916	0
129	Printer/External Hardware	1/01/11	987			987	5 MO S/L	987	0
130	Canon Image Class	1/27/11	421			421	5 MO S/L	421	0
131	Laptop and Case	2/01/11	693			693	5 MO S/L	693	0
132	2 desktops	2/02/11	1,030			1,030	5 MO S/L	1,030	0
133	Laptop/hard drive	2/17/11	865			865	5 MO S/L	865	0
134	4 Computers	4/12/11	1,980			1,980	5 MO S/L	1,980	0
135	3 Computers	1/03/11	1,346			1,346	5 MO S/L	1,346	0
136	Lexmark Printer	2/23/12	1,529			1,529	5 MO S/L	1,529	0
137	4 HP Elitebook	3/25/13	3,133			3,133	5 MO S/L	3,133	0
138	2 HP Elitebook	3/28/13	1,567			1,567	5 MO S/L	1,567	0
139	2 HP Compact	3/28/13	1,757			1,757	5 MO S/L	1,757	0
140	HP Elite Book 8440	3/28/13	769			769	5 MO S/L	769	0
150	Sink and Water Heater	4/29/04	1,225			1,225	5 MO S/L	1,225	0
151	Furniture	3/26/04	913			913	5 MO S/L	913	0
152	Waiting room furniture	5/31/05	13,278			13,278	5 MO S/L	13,278	0
153	Cabinets	6/06/05	900			900	5 MO S/L	900	0
154	Bathroom Fixtures	6/07/05	3,006			3,006	5 MO S/L	3,006	0
155	Ceiling Tiles	6/20/05	1,700			1,700	5 MO S/L	1,700	0
156	Cabinets for West End	10/24/05	1,180			1,180	5 MO S/L	1,180	0
157	Cabinets and Sink	12/28/05	777			777	5 MO S/L	777	0
158	Dental Stools	12/04/06	1,037			1,037	5 MO S/L	1,037	0
159	Furniture	3/13/08	307			307	15 MO S/L	252	21
160	Cabinets for Storage	5/05/08	1,310			1,310	15 MO S/L	1,063	87
161	Cowardin Office Furniture	9/22/08	48,147			48,147	5 MO S/L	48,147	0
162	File Cabinet	1/15/09	531			531	5 MO S/L	531	0
163	Furniture	3/01/09	11,435			11,435	5 MO S/L	11,435	0
164	Refurbished Station	5/02/12	1,630			1,630	7 MO S/L	1,630	0
165	1/2 Charge	5/02/12	3,305			3,305	7 MO S/L	3,305	0
166	1/2 Charge	5/23/12	3,136			3,136	7 MO S/L	3,136	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
167	Cubicles	6/06/12	1,455			1,455	7 MO S/L	1,455	0
168	West End Chairs	5/11/13	1,061			1,061	5 MO S/L	1,061	0
169	West End Tables	5/18/13	405			405	5 MO S/L	405	0
170	West End Tables	5/18/13	1,822			1,822	5 MO S/L	1,822	0
171	West end Pharmacy	3/05/13	581			581	5 MO S/L	581	0
172	Cowardin Pharmacy	5/29/13	309			309	5 MO S/L	309	0
173	LHP Shelves	4/03/13	295			295	5 MO S/L	295	0
174	Land	12/14/90	18,050			18,050	0 -- Land	0	0
175	Part of Lot- Cowardin	12/23/97	29,476			29,476	0 -- Land	0	0
176	112 Cowardin	10/02/98	24,860			24,860	0 -- Land	0	0
177	Land Improvement	11/16/99	463			463	15 MO S/L	463	0
216	Ginter Park- Telephone	4/22/04	9,959			9,959	5 MO S/L	9,959	0
217	Validator 10	7/22/04	1,150			1,150	7 MO S/L	1,150	0
218	Telephone System	10/01/04	2,850			2,850	7 MO S/L	2,850	0
219	Equipment- Various	3/26/04	2,019			2,019	5 MO S/L	2,019	0
220	Lombart- Instrument	10/27/04	1,295			1,295	5 MO S/L	1,295	0
221	Phone System	9/23/05	6,358			6,358	7 MO S/L	6,358	0
222	First Choice Voice	2/09/05	13,368			13,368	7 MO S/L	13,368	0
223	Eye Equipment	6/21/05	33,870			33,870	7 MO S/L	33,870	0
224	Slit Lamp	9/13/05	3,195			3,195	7 MO S/L	3,195	0
225	Copier	9/30/05	10,000			10,000	7 MO S/L	10,000	0
226	EKG Machine	11/29/05	2,750			2,750	7 MO S/L	2,750	0
227	Panorex Machine	12/02/05	13,326			13,326	7 MO S/L	13,326	0
228	Compressor and Va	12/12/05	1,400			1,400	7 MO S/L	1,400	0
229	Autoclave	12/29/05	3,893			3,893	7 MO S/L	3,893	0
230	X-Ray Arm	9/15/06	2,773			2,773	7 MO S/L	2,773	0
231	Handpieces	11/02/06	2,765			2,765	7 MO S/L	2,765	0
232	Autoclave	12/01/06	4,007			4,007	7 MO S/L	4,007	0
233	new 2 Divider chart	3/01/07	2,420			2,420	7 MO S/L	2,420	0
234	New Top end Charts	3/09/07	202			202	7 MO S/L	202	0
235	Dental Compressor	3/19/07	2,210			2,210	7 MO S/L	2,210	0
236	Cavitron	4/01/07	4,740			4,740	7 MO S/L	4,740	0
237	New Top end Charts	5/23/07	210			210	7 MO S/L	210	0
238	New 2 Divider Chart	6/26/07	897			897	7 MO S/L	897	0
239	Replace Evaporator	8/01/07	3,415			3,415	15 MO S/L	2,941	228
240	Replacement of HVAC	5/08/09	7,095			7,095	7 MO S/L	7,095	0
241	New Copier	3/23/10	5,768			5,768	5 MO S/L	5,768	0
242	New Copier	3/23/10	5,606			5,606	5 MO S/L	5,606	0
243	Autorefractor Eye	4/08/11	2,300			2,300	7 MO S/L	2,300	0
244	Air Vacuum line	5/11/11	4,500			4,500	7 MO S/L	4,500	0
245	Dental Equipment	4/09/14	37,020			37,020	5 MO S/L	37,020	0
246	Topaz Siggem 1X5 LCD Serial	5/23/14	3,394			3,394	5 MO S/L	3,394	0
247	Electronic Signature Pad Cord	5/08/14	2,512			2,512	5 MO S/L	2,512	0
248	Lenovo ThinkPad 65W Ultraportable AC A	6/13/14	1,449			1,449	5 MO S/L	1,449	0
249	Software	5/11/00	2,100			2,100	3 MO S/L	2,100	0
250	Software (Hubble)	3/31/01	2,250			2,250	3 MO S/L	2,250	0
251	Hubble Software	3/20/02	2,250			2,250	3 MO S/L	2,250	0
252	GiftMaker Pro Upgrade	8/29/02	1,584			1,584	3 MO S/L	1,584	0
253	VIP Pharmacy Mgmt	8/16/04	5,325			5,325	3 MO S/L	5,325	0
254	Davison Long	11/11/04	1,090			1,090	3 MO S/L	1,090	0
255	Microsoft office	4/22/11	759			759	3 MO S/L	759	0
256	Cowardin Flooring	8/07/13	3,358			3,358	5 MO S/L	3,358	0
257	Computer	1/03/19	966			966	5 MO S/L	290	193
258	Hardware for E.H.R. Equipment	8/06/14	10,810			10,810	5 MO S/L	10,810	0
259	Computer Hardware - E.H.R Equipment	9/30/14	8,692			8,692	5 MO S/L	8,692	0
260	Computer Software	10/07/14	15,509			15,509	3 MO S/L	15,509	0
261	Computer Software	10/07/14	15,509			15,509	3 MO S/L	15,509	0
262	Computer Hardware	12/14/14	5,405			5,405	5 MO S/L	5,405	0
263	Computer Hardware	12/31/14	682			682	5 MO S/L	682	0
264	Computer Equipment for Cardinal Pharmacy	12/31/14	1,540			1,540	5 MO S/L	1,540	0
265	Capitalize Barracuda Spyware & Internet Se	3/31/15	9,594			9,594	3 MO S/L	9,594	0
266	Computer software eCW Bridge	3/31/15	18,080			18,080	3 MO S/L	18,080	0
267	Laptop/Computer for K Bell	6/11/15	1,081			1,081	5 MO S/L	1,081	0
268	Dental equipment Capitalize	6/11/15	2,830			2,830	5 MO S/L	2,830	0
269	Dental Camera Capitalize	6/11/15	9,810			9,810	5 MO S/L	9,810	0
270	Monitor & ECG for Cowardin	8/19/14	6,997			6,997	5 MO S/L	6,997	0
271	Digital Scale & Adoption for Cowardin Clir	9/09/14	1,929			1,929	5 MO S/L	1,929	0
272	Dental Camera	6/11/15	5,445			5,445	5 MO S/L	5,445	0
273	Capitalize Dental Equipment	6/11/15	13,200			13,200	5 MO S/L	13,200	0
274	A Plus Maintenance Telephone	6/11/15	3,700			3,700	5 MO S/L	3,700	0
275	Cowardin Floors	4/01/15	743			743	15 MO S/L	260	50

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
276	Cowardin Floors	4/12/15	11,441			11,441	15 MO S/L	4,004	763
277	Cowardin Facility Upgrades - Global Indust	4/03/15	1,632			1,632	7 MO S/L	1,224	233
278	Waiting Room Chairs	6/09/15	1,062			1,062	7 MO S/L	772	151
279	Conference room phone	11/20/14	425			425	5 MO S/L	425	0
280	HP Elite Desk 800 system	10/28/14	1,540			1,540	5 MO S/L	1,540	0
281	Grace Yu Laptop	7/06/15	1,081			1,081	5 MO S/L	1,081	0
282	4 Curing Lights	6/10/15	1,600			1,600	5 MO S/L	1,600	0
283	2 Acclean Hygenist Handpiece	6/10/15	1,000			1,000	5 MO S/L	1,000	0
284	4 Little Guy Handpiece	6/10/15	2,560			2,560	5 MO S/L	2,560	0
285	2 Touch Guy Amalgamator	6/10/15	920			920	5 MO S/L	920	0
286	2 Stylus highspeed w/ occplr	6/12/15	2,830			2,830	5 MO S/L	2,830	0
287	New Backflow Preventer	7/22/14	785			785	5 MO S/L	785	0
288	2 Scanners	10/17/14	693			693	5 MO S/L	693	0
289	1 Scanner	9/09/14	356			356	5 MO S/L	356	0
290	Roof Repair	11/25/14	590			590	15 MO S/L	220	39
291	Renovation of Dental area for dif radiation	10/07/14	3,375			3,375	5 MO S/L	3,375	0
292	4 port IVR & accessories for phone system	4/17/15	4,213			4,213	5 MO S/L	4,213	0
293	New HP Laptop for NP	12/28/15	1,081			1,081	5 MO S/L	973	108
294	New Printer	2/11/16	1,812			1,812	5 MO S/L	1,601	211
295	Computers for Pharmacy	2/05/15	5,956			5,956	5 MO S/L	5,956	0
296	New laptop for pharm tech	3/16/16	1,081			1,081	5 MO S/L	937	144
297	New laptops for Jackie & Julie & Lynn	3/30/16	3,243			3,243	5 MO S/L	2,757	486
298	New laptop for Alex	3/30/16	1,081			1,081	5 MO S/L	919	162
299	New laptop	3/30/16	1,008			1,008	5 MO S/L	857	151
300	New laptops for Teresa & Andrea & Flor	3/30/16	3,243			3,243	5 MO S/L	2,757	486
301	New laptop for Martha	3/30/16	1,081			1,081	5 MO S/L	919	162
302	New laptops for Marsha and Renee	3/30/16	2,162			2,162	5 MO S/L	1,838	324
303	Laptop for TIPS	3/30/16	4,324			4,324	5 MO S/L	3,675	649
304	New laptops for LHP	3/30/16	2,162			2,162	5 MO S/L	1,838	324
305	Panasonic kvseries doc scanner	3/31/16	4,203			4,203	5 MO S/L	3,573	630
306	Laptop for Social Work Intern	6/01/16	1,081			1,081	5 MO S/L	883	198
307	New tables	3/10/16	2,396			2,396	5 MO S/L	2,077	319
308	Dental equipment	7/15/15	1,210			1,210	5 MO S/L	1,210	0
309	Dental equipment	6/03/16	2,030			2,030	5 MO S/L	1,658	372
310	Three Diagnostic Systems	6/17/16	3,536			3,536	5 MO S/L	2,829	707
312	Computer Equipment	9/26/16	15,308			15,308	5 MO S/L	11,481	3,062
313	Laptop for Karen Bosley	12/12/16	700			700	5 MO S/L	502	140
314	Computers and projector	5/10/17	3,049			3,049	5 MO S/L	1,931	610
315	Laptops - Cowardin HP Elitebook	6/09/17	2,750			2,750	5 MO S/L	1,696	550
316	HP Probook	6/20/17	3,200			3,200	5 MO S/L	1,920	640
317	Laptops	6/09/17	2,750			2,750	5 MO S/L	1,696	550
318	Build Out	4/19/17	7,916			7,916	15 MO S/L	1,671	528
319	Cowardin Parking Lot	6/20/17	18,300			18,300	15 MO S/L	3,660	1,220
320	Hot Water Tank	3/08/17	1,100			1,100	7 MO S/L	524	157
321	Dental equipment	2/23/17	6,003			6,003	5 MO S/L	4,002	1,201
322	Dental equipment	5/19/17	853			853	5 MO S/L	526	171
323	CP Technology- Lenovo SystemX X3550 S	8/09/17	3,641			3,641	5 MO S/L	2,124	728
324	CP Technology -Laptop HP Pro 440	12/04/17	889			889	5 MO S/L	459	178
325	CP Technology - 8 Computers HP/Accessor	2/07/18	11,200			11,200	5 MO S/L	5,413	2,240
326	CP Technology - Refurbished ipad/HP Pro	4/19/18	7,845			7,845	5 MO S/L	3,400	1,569
327	1st Choice Voice & Data - New Phone Syst	4/19/18	4,675			4,675	5 MO S/L	2,026	935
328	Kirby Lester - Pill Counter	12/11/17	5,180			5,180	5 MO S/L	2,676	1,036
329	Laptop	12/04/18	938			938	5 MO S/L	297	188
330	Laptops	12/14/18	1,932			1,932	5 MO S/L	612	386
331	UniFi AP AC Pro 5 Pack	4/08/19	615			615	5 MO S/L	154	123
332	Scanners (5)	12/20/18	4,405			4,405	5 MO S/L	1,321	881
333	Computer Equipment	4/08/19	3,330			3,330	5 MO S/L	833	666
334	Laptops (10)	6/07/19	8,445			8,445	5 MO S/L	1,830	1,689
335	Eye Clinic	4/24/19	3,225			3,225	15 MO S/L	251	215
336	Flooring	5/01/19	650			650	15 MO S/L	51	43
337	Windows	5/01/19	2,176			2,176	15 MO S/L	169	145
338	Lighting	5/24/19	1,374			1,374	15 MO S/L	99	92
339	Flooring	6/22/19	923			923	15 MO S/L	62	61
340	Door	6/26/19	1,774			1,774	15 MO S/L	118	119
341	Refrigerator	1/09/19	1,860			1,860	5 MO S/L	558	372
342	Medical Monitor	1/22/19	2,574			2,574	5 MO S/L	729	515
343	Dental Handpiece	2/05/19	1,612			1,612	5 MO S/L	457	322
344	ESI Motherboard	3/01/19	3,450			3,450	5 MO S/L	920	690
345	Data Lines	6/08/19	4,420			4,420	5 MO S/L	958	884
346	Data Lines	6/30/19	5,270			5,270	5 MO S/L	1,054	1,054
347	Dental	7/01/19	5,750			5,750	15 MO S/L	383	384

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## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
348	Dental	9/08/19	340			340	15 MO S/L	19	23
349	Medical/Nurse Station	9/22/19	400			400	15 MO S/L	20	27
350	Medical Area Plumbing	9/30/19	1,700			1,700	15 MO S/L	85	113
351	Dental Expansion	10/01/19	4,000			4,000	15 MO S/L	200	267
352	Dental Area Plumbing	10/03/19	2,150			2,150	15 MO S/L	108	143
353	New Roof - Cowardin	10/11/19	48,363			48,363	15 MO S/L	2,418	3,224
354	Dental Area Electric	11/15/19	225			225	15 MO S/L	10	15
355	Exam Room - Cowardin Office	1/07/20	1,316			1,316	15 MO S/L	44	88
356	Clinic Renovation	1/17/20	659			659	15 MO S/L	18	44
357	Dental Area Plumbing	2/28/20	3,600			3,600	15 MO S/L	80	240
358	Laptops	8/07/19	6,916			6,916	5 MO S/L	1,268	1,383
359	Nurse/Volunteer Laptops - HP Probook	2/08/20	6,380			6,380	5 MO S/L	532	1,276
360	3 Computers - HP Elitebook	2/08/20	2,600			2,600	5 MO S/L	217	520
361	Dental Computers - 8 Lenovo's	3/18/20	4,120			4,120	5 MO S/L	206	824
362	5 HP Elitebook 745 G6	3/19/20	5,746			5,746	5 MO S/L	287	1,150
363	Technology Support	6/10/20	3,480			3,480	5 MO S/L	58	696
364	Cubicle Setup	7/30/19	3,175			3,175	5 MO S/L	582	635
365	Furniture - Precise Communications	9/01/19	600			600	5 MO S/L	100	120
366	Workstation for Development	11/05/19	11,187			11,187	5 MO S/L	1,492	2,237
367	Cabinets	9/03/19	1,325			1,325	5 MO S/L	221	265
368	Cabinets for Nurse Station	9/09/19	873			873	5 MO S/L	145	175
369	Dental Suite	9/10/19	400			400	5 MO S/L	67	80
370	2 Panels	9/12/19	195			195	5 MO S/L	33	39
371	Exam Room for TIPS Team	10/01/19	9,654			9,654	5 MO S/L	1,448	1,931
372	Tiger Medical	12/11/19	771			771	5 MO S/L	90	154
373	TIPS - Shelf, Baskets, & Chair	3/10/20	1,116			1,116	5 MO S/L	74	224
374	Phone System	7/01/19	2,566			2,566	5 MO S/L	513	513
375	Air Conditioner	7/26/19	9,054			9,054	5 MO S/L	1,660	1,811
376	Water Ring, Statim G4, Airstar 509 Compre	9/27/19	19,652			19,652	5 MO S/L	2,948	3,930
377	TIPS Supplies	3/10/20	12,717			12,717	5 MO S/L	848	2,543
378	Exam Room Furniture Etc.	10/18/19	2,000			2,000	5 MO S/L	267	400
379	Laser Printer - INV 5006	10/13/20	1,091			1,091	5 MO S/L	0	164
380	Scanner TIPS - INV 5007	10/13/20	895			895	5 MO S/L	0	134
381	Language Translator Device - 114-5567409	10/22/20	1,991			1,991	5 MO S/L	0	265
382	Network/Server Upgrades Telehealth - INV	12/04/20	5,955			5,955	5 MO S/L	0	695
383	Network/Server Upgrades Telehealth - INV	12/04/20	5,200			5,200	5 MO S/L	0	607
384	Staff Laptops / Telehealth - INV 5072	12/04/20	10,480			10,480	5 MO S/L	0	1,223
385	Telehealth Volunteer Laptops - INV 5073	12/04/20	10,800			10,800	5 MO S/L	0	1,260
386	Pharmacy Printer	12/09/20	935			935	5 MO S/L	0	109
387	Laptops / Development - INV 5082	12/09/20	1,932			1,932	5 MO S/L	0	225
388	Laptop / brady Garrison - INV 5153	2/22/21	883			883	5 MO S/L	0	59
389	Computers / TIPS - INV 5154	2/22/21	4,543			4,543	5 MO S/L	0	303
390	Apple iPad Pro 2nd Generation - 34720187	3/09/21	4,794			4,794	5 MO S/L	0	320
391	SQL 2017 Enterprise Upgrade - INV 5214	5/01/21	10,720			10,720	5 MO S/L	0	357
392	Computer / Dental - INV 5237	5/07/21	955			955	5 MO S/L	0	32
393	Laptop / HP ProBook 440 G7 - INV 5238	5/07/21	830			830	5 MO S/L	0	28
394	Henrico Front Desk Computer - INV 5269	6/18/21	4,206			4,206	5 MO S/L	0	0
395	Staff Laptops (8) - INV 5270	6/18/21	7,712			7,712	5 MO S/L	0	0
396	6 Workstations - 10669	12/08/20	18,860			18,860	5 MO S/L	0	2,200
397	Cubicles - 4534	3/31/21	6,148			6,148	5 MO S/L	0	307
398	Overhead Cabinets - 11136	6/04/21	1,228			1,228	5 MO S/L	0	20
399	Industrial Storage Cabinets - 134863558	6/11/21	2,464			2,464	5 MO S/L	0	41
400	Cabinet Dolly - 134863784	6/11/21	618			618	5 MO S/L	0	10
401	Alarm System - 495728	1/08/21	1,321			1,321	5 MO S/L	0	132
402	Alarm System - 502145	2/17/21	4,940			4,940	5 MO S/L	0	329
403	Alarm System - 502196	2/18/21	1,321			1,321	5 MO S/L	0	88
404	ProMax S2 2D Panoramic - 91323985	3/17/21	30,198			30,198	5 MO S/L	0	1,510
405	New Floorinig for TIPS / Labor	12/27/20	2,456			2,456	15 MO S/L	0	82
406	Bathroom Remodeling - 108-BTH	2/21/21	3,000			3,000	15 MO S/L	0	67
407	Tips Door Replacement - 108-DRS	3/15/21	1,100			1,100	15 MO S/L	0	24
<b>Total Other Depreciation</b>			<u>1,678,770</u>			<u>1,678,770</u>		<u>1,068,086</u>	<u>83,869</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,678,770</u>			<u>1,678,770</u>		<u>1,068,086</u>	<u>83,869</u>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		1,857,642			1,857,642		1,233,552	84,267
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,857,642</u>			<u>1,857,642</u>		<u>1,233,552</u>	<u>84,267</u>



54-1371067

**Depreciation Adjustment Report**

FYE: 6/30/2021

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	7	Parking Lot Paving	0	0	0
Page 1	1	10	Parking Lot (Botanical Garden)	0	0	0
Page 1	1	65	Accordian Folding	67	67	0
Page 1	1	66	Sherbourne Improvements	55	56	-1
Page 1	1	70	Scanner	0	0	0
Page 1	1	71	Computer	0	0	0
Page 1	1	72	Computer (NPO)	0	0	0
Page 1	1	73	Computers	0	0	0
Page 1	1	74	Dell Computer	0	0	0
Page 1	1	75	Dell Computer	0	0	0
Page 1	1	76	Dell Computer	0	0	0
Page 1	1	77	Dell Computer	0	0	0
Page 1	1	83	Desktop Computer	0	0	0
Page 1	1	144	Office Furniture	0	0	0
Page 1	1	145	Office Furniture	0	0	0
Page 1	1	146	Office Furniture	0	0	0
Page 1	1	147	Creative Office- Cub	0	0	0
Page 1	1	148	VCT Flooring	0	0	0
Page 1	1	149	Asbestos Abatement	0	0	0
Page 1	1	205	Machinery & Equipment	0	0	0
Page 1	1	206	Dental Equipment	0	0	0
Page 1	1	207	EKG Machine	0	0	0
Page 1	1	208	Vital Sign Mbl	0	0	0
Page 1	1	209	Integrated Sys w/76	0	0	0
Page 1	1	210	Integrated Diag Sys	0	0	0
Page 1	1	211	Exam Light - (6)	0	0	0
Page 1	1	212	Vital Sign Monitor	0	0	0
Page 1	1	213	Integrated Sys w/76	0	0	0
Page 1	1	214	HP FO Autochuck	0	0	0
Page 1	1	215	Pelton Crane OCR	0	0	0
				<u>122</u>	<u>123</u>	<u>-1</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
6	Miniblinds	3/21/97	391	0	0
7	Parking Lot Paving	12/04/00	8,500	0	0
8	Ramp	4/12/00	3,860	0	0
9	Refrigerator	11/09/98	164	0	0
10	Parking Lot (Botanical Garden)	3/12/01	20,000	0	0
11	Building Improvements	1/01/01	10,745	275	0
65	Accordian Folding	2/26/03	2,617	67	67
66	Sherbourne Improvements	5/11/03	2,158	55	55
67	Computer & SW	5/19/99	5,743	0	0
68	Computer (Dale)	10/15/99	1,343	0	0
69	Computer	2/15/00	3,747	0	0
70	Scanner	8/23/00	1,410	0	0
71	Computer	6/19/01	4,481	0	0
72	Computer (NPO)	10/22/01	1,992	0	0
73	Computers	11/04/02	1,850	0	0
74	Dell Computer	2/10/03	1,480	0	0
75	Dell Computer	4/21/03	913	0	0
76	Dell Computer	2/19/03	1,774	0	0
77	Dell Computer	2/10/03	1,662	0	0
83	Desktop Computer	7/27/04	1,100	0	0
141	Bi-Slider System	2/23/00	2,419	0	0
142	Accordian partition	2/11/00	4,080	0	0
143	Carpet/Tile/Countertop	3/06/00	6,329	0	0
144	Office Furniture	9/20/02	3,500	0	0
145	Office Furniture	11/06/02	975	0	0
146	Office Furniture	11/18/02	210	0	0
147	Creative Office- Cub	10/22/03	4,850	0	0
148	VCT Flooring	4/24/03	2,314	0	0
149	Asbestos Abatement	4/24/03	3,900	0	0
178	Equipment	6/01/91	230	0	0
179	Copier	4/01/92	1,061	0	0
180	Hemocue Photome	1/07/93	600	0	0
181	Kowa Ha-1	2/24/93	893	0	0
182	Audiometer	9/07/93	265	0	0
183	Ear Thermometer	9/07/93	314	0	0
184	Colotux	1/31/94	393	0	0
185	Colorado Tape Back	8/31/94	515	0	0
186	2 Hemocue B-Glu	10/20/94	225	0	0
187	MRTRA EKG Machine	12/20/94	5,299	0	0
188	HP Computer System	10/09/95	2,247	0	0
189	Computer Printer	3/07/96	499	0	0
190	Computer Scanner	7/12/96	366	0	0
191	Hemoglobin Photo	7/23/96	300	0	0
192	Misc Computer Parts	10/31/96	134	0	0
193	Contel Phone System	7/16/97	585	0	0
194	Security System	10/10/97	5,035	0	0
195	Dental Equipment	9/16/97	378	0	0
196	Medical Wall Units	2/19/98	300	0	0
197	Ethernet Cards	3/23/98	436	0	0
198	Multi User Software License	4/30/98	5,500	0	0
199	Personnel Schedule	6/16/98	409	0	0
200	3 Pentium PC's	7/09/98	8,996	0	0
201	Acer Computer System	12/01/98	719	0	0
202	Copy Machine	12/01/98	12,448	0	0
203	Camcorder	11/29/99	350	0	0
204	Pulse Oximeter	4/27/99	595	0	0
205	Machinery & Equipment	1/01/01	325	0	0
206	Dental Equipment	4/24/02	3,855	0	0
207	EKG Machine	12/16/02	2,850	0	0
208	Vital Sign Mbl	2/26/03	3,440	0	0
209	Integrated Sys w/76	3/26/03	1,192	0	0
210	Integrated Diag Sys	3/25/03	1,293	0	0
211	Exam Light - (6)	3/25/03	1,433	0	0
212	Vital Sign Monitor	3/25/03	1,680	0	0
213	Integrated Sys w/76	3/26/03	5,180	0	0
214	HP FO Autochuck	3/03/03	2,666	0	0
215	Pelton Crane OCR	9/03/03	1,359	0	0

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**Future Depreciation Report****FYE: 6/30/22**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
			178,872	397	122

**Other Depreciation:**

1	Building Modifications	11/01/91	89,067	2,828	0
2	Building	12/14/90	72,198	2,101	0
3	106 Cowardin Avenue	11/01/95	65,294	1,675	0
4	Building Renovations	6/30/97	113,541	2,912	0
5	Building Renovations	6/30/97	37,884	972	0
12	Construction Walls	4/13/04	3,000	0	0
13	New Roof at Cowardin	3/26/04	26,950	691	0
14	Tiles and Carpet	4/15/05	5,577	0	0
15	Flooring Labor	5/10/05	3,420	0	0
16	Glass for Johnke Rd	12/20/05	248	0	0
17	Leasehold Improvement	3/26/04	19,559	0	0
18	Building Improvement	6/13/06	2,050	0	0
19	Building Improvement	6/29/06	2,050	0	0
20	HVAC Compressor	7/01/06	2,055	0	0
21	HVAC evaporator	12/01/06	3,198	89	0
22	Convert Closet	2/15/08	1,000	67	0
23	Remainder to Convert	2/19/08	1,205	80	0
24	Install Wall Cabinets	3/21/08	300	20	0
25	Remainder to Install	4/14/08	300	20	0
26	Install Sliding Glass	5/05/08	280	18	0
27	Nurse's Station Improvement	12/04/08	3,500	233	0
28	HVAC Unit on Medi	7/24/08	7,707	513	0
29	Cowardin Construction	9/04/08	2,500	167	0
30	Cowardin Front Window	9/16/08	250	16	0
31	Carpet	9/17/08	2,184	146	0
32	Cowardin Building Improvement	9/25/08	5,647	376	0
33	Carpet Installation	10/21/08	682	45	0
34	Crown Molding Lab	10/22/08	250	17	0
35	Door installation	10/23/08	1,200	80	0
36	2 Junction boxes	10/28/08	200	13	0
37	A/C and Heater Unit	11/01/08	194	13	0
38	Thermometer	11/07/08	186	13	0
39	Phone Line	11/13/08	1,513	101	0
40	Electrical Outlet Installation	11/18/08	145	9	0
41	Installing Network	12/01/08	425	29	0
42	West End System	12/01/08	1,095	73	0
43	Lamp & Circuit Installation	12/03/08	350	23	0
44	Wall Installation	12/08/08	2,225	149	0
45	Nurses Station Improvements	12/16/08	5,748	383	0
46	Nurses Station	1/06/09	6,938	462	0
47	Door Repair	1/09/09	2,500	167	0
48	Modification Nurse Station	1/27/09	338	23	0
49	Front Office and Bathroom	1/28/09	2,360	157	0
50	Office Remodel	2/05/09	2,440	162	0
51	Lettering and Lamp	3/04/09	357	24	0
52	Window and File Cabinet	3/09/09	646	43	0
53	Phones	3/09/09	150	10	0
54	Lights Ballasts etc.	3/19/09	1,341	90	0
55	Windows	4/01/09	1,499	100	0
56	Lights and Lock	4/21/09	451	30	0
57	Fax machine	6/24/09	263	0	0
58	Lamp & Circuit Installation	4/20/11	160	0	0
59	JL Dull Electric	9/19/11	496	33	0
60	JL Dull Electric	1/12/12	278	19	0
61	West End Expansion	2/18/13	10,000	0	0
62	Cowardin Flooring	4/26/13	3,155	0	0
63	West End Kitchen	3/06/13	1,580	0	0
64	Cowardin Painting	5/17/13	1,200	0	0
78	Wiring of Computer	4/15/04	1,539	0	0
79	HIV Computer	4/21/04	1,088	0	0
80	Desktop Computer	7/27/04	1,100	0	0
81	Desktop Computer	7/27/04	1,100	0	0
82	Desktop Computer	7/27/04	1,100	0	0
84	Laptop Computer 1	7/27/04	1,200	0	0
85	Laptop Computer 2	7/27/04	1,200	0	0

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**Future Depreciation Report****FYE: 6/30/22**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
86	Desktop Computer	7/27/04	1,000	0	0
87	Dell Computer	1/04/04	1,161	0	0
88	Dell Computer	1/04/04	1,161	0	0
89	Dell Computer	1/04/04	1,161	0	0
90	Dell Computer	1/04/04	1,161	0	0
91	Dell Computer	1/04/04	1,161	0	0
92	Pharmacy Computer	8/16/04	1,418	0	0
93	Computers Printers etc.	2/03/06	10,140	0	0
94	Laptop	3/01/06	998	0	0
95	Software and Server	7/02/06	3,876	0	0
96	3 Laptops (network)	8/02/06	4,084	0	0
97	Tech Plan	9/02/06	700	0	0
98	Tech Plan/Tech inventory	10/02/06	1,025	0	0
99	Laptop/Network cable	11/02/06	1,737	0	0
100	Replacement Server	12/02/06	825	0	0
101	Desktop Computer	3/02/07	1,775	0	0
102	Rewiring	3/09/07	2,225	0	0
103	Printer & Computer	4/02/07	500	0	0
104	Wireless Router	5/02/07	2,560	0	0
105	PAMS export	6/02/07	1,150	0	0
106	Donor Software Evaluation	7/02/07	1,350	90	0
107	E-Tapestry Evaluation	8/02/07	1,300	87	0
108	Laptop	11/01/07	1,150	76	0
109	Laptop	1/01/08	1,200	80	0
110	Laptop	3/01/08	1,200	80	0
111	Laptop	3/28/08	1,200	80	0
112	2 Laptops	5/01/08	2,400	160	0
113	Laptop	6/01/08	1,200	80	0
114	Laptop	12/18/08	1,200	0	0
115	Wireless Router	12/18/08	265	0	0
116	Laptop and Power surge	12/19/08	1,285	0	0
117	Wireless router	1/01/09	115	0	0
118	Power adapter	2/01/09	55	0	0
119	Network Printer	3/01/09	875	0	0
120	Server	3/02/09	4,158	0	0
121	LCD Projector	10/31/09	700	0	0
122	Power Supply	9/30/09	75	0	0
123	Computer and Bag	10/31/09	1,000	0	0
124	Computer and Bag	10/31/09	1,000	0	0
125	Wise Woman Laptop	12/31/09	2,000	0	0
126	Laptop for Solita	5/31/10	1,380	0	0
127	Laptop for Lynn Wil	6/01/10	916	0	0
128	Laptop for Lyn	6/01/10	916	0	0
129	Printer/External Hardware	1/01/11	987	0	0
130	Canon Image Class	1/27/11	421	0	0
131	Laptop and Case	2/01/11	693	0	0
132	2 desktops	2/02/11	1,030	0	0
133	Laptop/hard drive	2/17/11	865	0	0
134	4 Computers	4/12/11	1,980	0	0
135	3 Computers	1/03/11	1,346	0	0
136	Lexmark Printer	2/23/12	1,529	0	0
137	4 HP Elitebook	3/25/13	3,133	0	0
138	2 HP Elitebook	3/28/13	1,567	0	0
139	2 HP Compact	3/28/13	1,757	0	0
140	HP Elite Book 8440	3/28/13	769	0	0
150	Sink and Water Heater	4/29/04	1,225	0	0
151	Furniture	3/26/04	913	0	0
152	Waiting room furniture	5/31/05	13,278	0	0
153	Cabinets	6/06/05	900	0	0
154	Bathroom Fixtures	6/07/05	3,006	0	0
155	Ceiling Tiles	6/20/05	1,700	0	0
156	Cabinets for West End	10/24/05	1,180	0	0
157	Cabinets and Sink	12/28/05	777	0	0
158	Dental Stools	12/04/06	1,037	0	0
159	Furniture	3/13/08	307	20	0
160	Cabinets for Storage	5/05/08	1,310	87	0
161	Cowardin Office Furniture	9/22/08	48,147	0	0
162	File Cabinet	1/15/09	531	0	0
163	Furniture	3/01/09	11,435	0	0
164	Refurbished Station	5/02/12	1,630	0	0
165	1/2 Charge	5/02/12	3,305	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
166	1/2 Charge	5/23/12	3,136	0	0
167	Cubicles	6/06/12	1,455	0	0
168	West End Chairs	5/11/13	1,061	0	0
169	West End Tables	5/18/13	405	0	0
170	West End Tables	5/18/13	1,822	0	0
171	West end Pharmacy	3/05/13	581	0	0
172	Cowardin Pharmacy	5/29/13	309	0	0
173	LHP Shelves	4/03/13	295	0	0
174	Land	12/14/90	18,050	0	0
175	Part of Lot- Cowardin	12/23/97	29,476	0	0
176	112 Cowardin	10/02/98	24,860	0	0
177	Land Improvement	11/16/99	463	0	0
216	Ginter Park- Telephone	4/22/04	9,959	0	0
217	Validator 10	7/22/04	1,150	0	0
218	Telephone System	10/01/04	2,850	0	0
219	Equipment- Various	3/26/04	2,019	0	0
220	Lombart- Instrument	10/27/04	1,295	0	0
221	Phone System	9/23/05	6,358	0	0
222	First Choice Voice	2/09/05	13,368	0	0
223	Eye Equipment	6/21/05	33,870	0	0
224	Slit Lamp	9/13/05	3,195	0	0
225	Copier	9/30/05	10,000	0	0
226	EKG Machine	11/29/05	2,750	0	0
227	Panorex Machine	12/02/05	13,326	0	0
228	Compressor and Va	12/12/05	1,400	0	0
229	Autoclave	12/29/05	3,893	0	0
230	X-Ray Arm	9/15/06	2,773	0	0
231	Handpieces	11/02/06	2,765	0	0
232	Autoclave	12/01/06	4,007	0	0
233	new 2 Divider chart	3/01/07	2,420	0	0
234	New Top end Charts	3/09/07	202	0	0
235	Dental Compressor	3/19/07	2,210	0	0
236	Cavitron	4/01/07	4,740	0	0
237	New Top end Charts	5/23/07	210	0	0
238	New 2 Divider Chart	6/26/07	897	0	0
239	Replace Evaporator	8/01/07	3,415	227	0
240	Replacement of HVAC	5/08/09	7,095	0	0
241	New Copier	3/23/10	5,768	0	0
242	New Copier	3/23/10	5,606	0	0
243	Autorefractor Eye	4/08/11	2,300	0	0
244	Air Vacuum line	5/11/11	4,500	0	0
245	Dental Equipment	4/09/14	37,020	0	0
246	Topaz Siggem 1X5 LCD Serial	5/23/14	3,394	0	0
247	Electronic Signature Pad Cord	5/08/14	2,512	0	0
248	Lenovo ThinkPad 65W Ultraportable AC Adapte	6/13/14	1,449	0	0
249	Software	5/11/00	2,100	0	0
250	Software (Hubble)	3/31/01	2,250	0	0
251	Hubble Software	3/20/02	2,250	0	0
252	GiftMaker Pro Upgrade	8/29/02	1,584	0	0
253	VIP Pharmacy Mgmt	8/16/04	5,325	0	0
254	Davison Long	11/11/04	1,090	0	0
255	Microsoft office	4/22/11	759	0	0
256	Cowardin Flooring	8/07/13	3,358	0	0
257	Computer	1/03/19	966	193	0
258	Hardware for E.H.R. Equipment	8/06/14	10,810	0	0
259	Computer Hardware - E.H.R Equipment	9/30/14	8,692	0	0
260	Computer Software	10/07/14	15,509	0	0
261	Computer Software	10/07/14	15,509	0	0
262	Computer Hardware	12/14/14	5,405	0	0
263	Computer Hardware	12/31/14	682	0	0
264	Computer Equipment for Cardinal Pharmacy	12/31/14	1,540	0	0
265	Capitalize Barracuda Spyware & Internet Secur	3/31/15	9,594	0	0
266	Computer software eCW Bridge	3/31/15	18,080	0	0
267	Laptop/Computer for K Bell	6/11/15	1,081	0	0
268	Dental equipment Capitalize	6/11/15	2,830	0	0
269	Dental Camera Capitalize	6/11/15	9,810	0	0
270	Monitor & ECG for Cowardin	8/19/14	6,997	0	0
271	Digital Scale & Adoption for Cowardin Clinic	9/09/14	1,929	0	0
272	Dental Camera	6/11/15	5,445	0	0
273	Capitalize Dental Equipment	6/11/15	13,200	0	0
274	A Plus Maintenance Telephone	6/11/15	3,700	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
275	Cowardin Floors	4/01/15	743	49	0
276	Cowardin Floors	4/12/15	11,441	763	0
277	Cowardin Facility Upgrades - Global Industrie	4/03/15	1,632	175	0
278	Waiting Room Chairs	6/09/15	1,062	139	0
279	Conference room phone	11/20/14	425	0	0
280	HP Elite Desk 800 system	10/28/14	1,540	0	0
281	Grace Yu Laptop	7/06/15	1,081	0	0
282	4 Curing Lights	6/10/15	1,600	0	0
283	2 Acclean Hygenist Handpiece	6/10/15	1,000	0	0
284	4 Little Guy Handpiece	6/10/15	2,560	0	0
285	2 Touch Guy Amalgamator	6/10/15	920	0	0
286	2 Stylus highspeed w/ occplr	6/12/15	2,830	0	0
287	New Backflow Preventer	7/22/14	785	0	0
288	2 Scanners	10/17/14	693	0	0
289	1 Scanner	9/09/14	356	0	0
290	Roof Repair	11/25/14	590	39	0
291	Renovation of Dental area for dif radiation	10/07/14	3,375	0	0
292	4 port IVR & accessories for phone system	4/17/15	4,213	0	0
293	New HP Laptop for NP	12/28/15	1,081	0	0
294	New Printer	2/11/16	1,812	0	0
295	Computers for Pharmacy	2/05/15	5,956	0	0
296	New laptop for pharm tech	3/16/16	1,081	0	0
297	New laptops for Jackie & Julie & Lynn	3/30/16	3,243	0	0
298	New laptop for Alex	3/30/16	1,081	0	0
299	New laptop	3/30/16	1,008	0	0
300	New laptops for Teresa & Andrea & Flor	3/30/16	3,243	0	0
301	New laptop for Martha	3/30/16	1,081	0	0
302	New laptops for Marsha and Renee	3/30/16	2,162	0	0
303	Laptop for TIPS	3/30/16	4,324	0	0
304	New laptops for LHP	3/30/16	2,162	0	0
305	Panasonic kvseries doc scanner	3/31/16	4,203	0	0
306	Laptop for Social Work Intern	6/01/16	1,081	0	0
307	New tables	3/10/16	2,396	0	0
308	Dental equipment	7/15/15	1,210	0	0
309	Dental equipment	6/03/16	2,030	0	0
310	Three Diagnostic Systems	6/17/16	3,536	0	0
312	Computer Equipment	9/26/16	15,308	765	0
313	Laptop for Karen Bosley	12/12/16	700	58	0
314	Computers and projector	5/10/17	3,049	508	0
315	Laptops - Cowardin HP Elitebook	6/09/17	2,750	504	0
316	HP Probook	6/20/17	3,200	640	0
317	Laptops	6/09/17	2,750	504	0
318	Build Out	4/19/17	7,916	528	0
319	Cowardin Parking Lot	6/20/17	18,300	1,220	0
320	Hot Water Tank	3/08/17	1,100	157	0
321	Dental equipment	2/23/17	6,003	800	0
322	Dental equipment	5/19/17	853	156	0
323	CP Technology- Lenovo SystemX X3550 Server	8/09/17	3,641	728	0
324	CP Technology -Laptop HP Pro 440	12/04/17	889	178	0
325	CP Technology - 8 Computers HP/Accessories	2/07/18	11,200	2,240	0
326	CP Technology - Refurbished ipad/HP Pro	4/19/18	7,845	1,569	0
327	1st Choice Voice & Data - New Phone System- C	4/19/18	4,675	935	0
328	Kirby Lester - Pill Counter	12/11/17	5,180	1,036	0
329	Laptop	12/04/18	938	187	0
330	Laptops	12/14/18	1,932	387	0
331	UniFi AP AC Pro 5 Pack	4/08/19	615	123	0
332	Scanners (5)	12/20/18	4,405	881	0
333	Computer Equipment	4/08/19	3,330	666	0
334	Laptops (10)	6/07/19	8,445	1,689	0
335	Eye Clinic	4/24/19	3,225	215	0
336	Flooring	5/01/19	650	43	0
337	Windows	5/01/19	2,176	145	0
338	Lighting	5/24/19	1,374	91	0
339	Flooring	6/22/19	923	62	0
340	Door	6/26/19	1,774	118	0
341	Refrigerator	1/09/19	1,860	372	0
342	Medical Monitor	1/22/19	2,574	515	0
343	Dental Handpiece	2/05/19	1,612	323	0
344	ESI Motherboard	3/01/19	3,450	690	0
345	Data Lines	6/08/19	4,420	884	0
346	Data Lines	6/30/19	5,270	1,054	0

Asset	Description	Date In Service	Cost	Tax	AMT
347	Dental	7/01/19	5,750	383	0
348	Dental	9/08/19	340	22	0
349	Medical/Nurse Station	9/22/19	400	26	0
350	Medical Area Plumbing	9/30/19	1,700	114	0
351	Dental Expansion	10/01/19	4,000	266	0
352	Dental Area Plumbing	10/03/19	2,150	143	0
353	New Roof - Cowardin	10/11/19	48,363	3,224	0
354	Dental Area Electric	11/15/19	225	15	0
355	Exam Room - Cowardin Office	1/07/20	1,316	87	0
356	Clinic Renovation	1/17/20	659	44	0
357	Dental Area Plumbing	2/28/20	3,600	240	0
358	Laptops	8/07/19	6,916	1,383	0
359	Nurse/Volunteer Laptops - HP Probook	2/08/20	6,380	1,276	0
360	3 Computers - HP Elitebook	2/08/20	2,600	520	0
361	Dental Computers - 8 Lenovo's	3/18/20	4,120	824	0
362	5 HP Elitebook 745 G6	3/19/20	5,746	1,149	0
363	Technology Support	6/10/20	3,480	696	0
364	Cubicle Setup	7/30/19	3,175	635	0
365	Furniture - Precise Communications	9/01/19	600	120	0
366	Workstation for Development	11/05/19	11,187	2,237	0
367	Cabinets	9/03/19	1,325	265	0
368	Cabinets for Nurse Station	9/09/19	873	175	0
369	Dental Suite	9/10/19	400	80	0
370	2 Panels	9/12/19	195	39	0
371	Exam Room for TIPS Team	10/01/19	9,654	1,931	0
372	Tiger Medical	12/11/19	771	154	0
373	TIPS - Shelf, Baskets, & Chair	3/10/20	1,116	223	0
374	Phone System	7/01/19	2,566	514	0
375	Air Conditioner	7/26/19	9,054	1,811	0
376	Water Ring, Statim G4, Airstar 509 Compressor	9/27/19	19,652	3,931	0
377	TIPS Supplies	3/10/20	12,717	2,544	0
378	Exam Room Furniture Etc.	10/18/19	2,000	400	0
379	Laser Printer - INV 5006	10/13/20	1,091	218	0
380	Scanner TIPS - INV 5007	10/13/20	895	179	0
381	Language Translator Device - 114-5567409-811:	10/22/20	1,991	399	0
382	Network/Server Upgrades Telehealth - INV 5065	12/04/20	5,955	1,191	0
383	Network/Server Upgrades Telehealth - INV 5070	12/04/20	5,200	1,040	0
384	Staff Laptops / Telehealth - INV 5072	12/04/20	10,480	2,096	0
385	Telehealth Volunteer Laptops - INV 5073	12/04/20	10,800	2,160	0
386	Pharmacy Printer	12/09/20	935	187	0
387	Laptops / Development - INV 5082	12/09/20	1,932	387	0
388	Laptop / brady Garrison - INV 5153	2/22/21	883	176	0
389	Computers / TIPS - INV 5154	2/22/21	4,543	908	0
390	Apple iPad Pro 2nd Generation - 3472018777	3/09/21	4,794	958	0
391	SQL 2017 Enterprise Upgrade - INV 5214	5/01/21	10,720	2,144	0
392	Computer / Dental - INV 5237	5/07/21	955	191	0
393	Laptop / HP ProBook 440 G7 - INV 5238	5/07/21	830	166	0
394	Henrico Front Desk Computer - INV 5269	6/18/21	4,206	841	0
395	Staff Laptops (8) - INV 5270	6/18/21	7,712	1,542	0
396	6 Workstations - 10669	12/08/20	18,860	3,772	0
397	Cubicles - 4534	3/31/21	6,148	1,230	0
398	Overhead Cabinets - 11136	6/04/21	1,228	246	0
399	Industrial Storage Cabinets - 134863558	6/11/21	2,464	493	0
400	Cabinet Dolly - 134863784	6/11/21	618	124	0
401	Alarm System - 495728	1/08/21	1,321	264	0
402	Alarm System - 502145	2/17/21	4,940	988	0
403	Alarm System - 502196	2/18/21	1,321	264	0
404	ProMax S2 2D Panoramic - 91323985	3/17/21	30,198	6,040	0
405	New Flooring for TIPS / Labor	12/27/20	2,456	164	0
406	Bathroom Remodeling - 108-BTH	2/21/21	3,000	200	0
407	Tips Door Replacement - 108-DRS	3/15/21	1,100	74	0
	<b>Total Other Depreciation</b>		<u>1,678,770</u>	<u>92,701</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,678,770</u>	<u>92,701</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,857,642</u>	<u>93,098</u>	<u>122</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning <b>07/01/20</b> , ending <b>06/30/21</b>		

Name

Taxpayer Identification Number

**THE CROSS-OVER MINISTRY INC.****54-1371067**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	5,221,648	6,358,978	1,137,330
	2. Membership dues and assessments			
	3. Government contributions and grants	620,000	416,790	-203,210
	4. Program service revenue	1,160,764	1,533,256	372,492
	5. Investment income	12,265	3,309	-8,956
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-24,999	-23,304	1,695
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	19,838	19,838	
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>7,009,516</b>	<b>8,308,867</b>	<b>1,299,351</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	329,692	313,124	-16,568
	16. Salaries, other compensation, and employee benefits	2,548,047	2,612,595	64,548
	17. Professional fundraising fees			
	18. Other professional fees	41,747	28,094	-13,653
	19. Occupancy, rent, utilities, and maintenance	251,217	275,215	23,998
	20. Depreciation and Depletion	78,593	84,267	5,674
	21. Other expenses	3,435,404	4,379,316	943,912
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>6,684,700</b>	<b>7,692,611</b>	<b>1,007,911</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>324,816</b>	<b>616,256</b>	<b>291,440</b>
<b>Other Information</b>	24. Total exempt revenue	7,009,516	8,308,867	1,299,351
	25. Total unrelated revenue			
	26. Total excludable revenue	1,192,867	1,556,403	363,536
	27. Total assets	3,987,569	4,590,453	602,884
	28. Total liabilities	164,072	170,538	6,466
	29. Retained earnings	3,823,497	4,419,915	596,418
	30. Number of voting members of governing body	22	23	
	31. Number of independent voting members of governing body	22	23	
	32. Number of employees	78	64	
	33. Number of volunteers	400	100	



Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name <b>THE CROSS-OVER MINISTRY INC.</b>	Employer Identification Number <b>54-1371067</b>
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....			6,268,543	5,841,648	6,775,768	
Membership dues .....						
Program service revenue .....			819,183	1,160,764	1,533,256	
Capital gain or loss .....						
Investment income .....			9,415	12,265	3,309	
Fundraising revenue (income/loss) .....			102,412	-24,999	-23,304	
Gaming revenue (income/loss) .....						
Other revenue .....			19,838	19,838	19,838	
<b>Total revenue</b> .....			<b>7,219,391</b>	<b>7,009,516</b>	<b>8,308,867</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			294,019	329,692	313,124	
Other compensation .....			2,120,570	2,548,047	2,612,595	
Professional fees .....			43,427	41,747	28,094	
Occupancy costs .....			135,614	251,217	275,215	
Depreciation and depletion .....			71,939	78,593	84,267	
Other expenses .....			3,786,445	3,435,404	4,379,316	
<b>Total expenses</b> .....			<b>6,452,014</b>	<b>6,684,700</b>	<b>7,692,611</b>	
<b>Excess or (Deficit)</b> .....			<b>767,377</b>	<b>324,816</b>	<b>616,256</b>	
<b>Total exempt revenue</b> .....			<b>7,219,391</b>	<b>7,009,516</b>	<b>8,308,867</b>	
Total unrelated revenue .....						
Total excludable revenue .....			848,436	1,192,867	1,556,403	
Total Assets .....			3,656,783	3,987,569	4,590,453	
Total Liabilities .....			138,264	164,072	170,538	
Net Fund Balances .....			3,518,519	3,823,497	4,419,915	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INVESTMENT INCOME, NET	\$ 3,309					
			14			
TOTAL	<u>\$ 3,309</u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 2,143	\$ 2,111	\$ 18	\$ 14
PAYROLL PROCESSING	10,551	8,538	888	1,125
TOTAL	<u>\$ 12,694</u>	<u>\$ 10,649</u>	<u>\$ 906</u>	<u>\$ 1,139</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
STAFF DEVELOPMENT	\$ 35,787	\$ 7,685	\$ 26,167	\$ 1,935
MEMBERSHIP DUES	34,547	8,821	24,163	1,563
MISCELLANEOUS	31,321	15,088	4,550	11,683
CONTRIBUTED MED SUPPLIES	27,197	27,197		
REPAIRS AND MAINTENANCE	16,311	16,280	31	
PROGRAM SUPPORT	7,469	7,469		
CONTRIBUTED OFFICE SUPPLY	3,090		3,090	
TOTAL	<u>\$ 155,722</u>	<u>\$ 82,540</u>	<u>\$ 58,001</u>	<u>\$ 15,181</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

Description	Amount
UNITED WAY OF GREATER RICHMOND	\$ 50,000
CITY OF RICHMOND	25,000
VA DOH - HIV/STD	231,474
COUNTY OF HENRICO	95,828
VA DOH - LARC	64,488
CONTRIBUTIONS, GIFTS, GRANTS, ETC.	2,749,718
PHARMACEUTICAL DONATIONS	3,263,208
MEDICAL SUPPLIES	27,197
OFFICE SUPPLIES	3,090
COMPASSIONATE CARE AWARDS	
CASH CONTRIBUTION	195,597
SPRING INTO ACTION	
CASH CONTRIBUTION	70,168
TOTAL	<u>\$ 6,775,768</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
COMMONWEALTH OF VA DOH	\$ 231,474	\$
VIRGINIA ASSOCIATION OF FREE AND	140,289	
GLAXOSMITHKLINE	3,493,714	2,856,284
MERCK PATIENT ASSISTANCE PROGRAM	6,384,318	5,746,888
PFIZER RXPATHWAYS	4,404,768	3,767,338
APOTEX CORPORATION	174,595	
AMERICARES	882,212	244,782
NOVARTIS PHARMACEUTICALS CORPORATION	447,191	
BON SECOURS HEALTH SYSTEM	175,000	
RICHMOND MEMORIAL HEALTH	150,000	
ASTRAZENECA	430,799	
ABBVIE INC.	43,722	
ELI LILLY AND COMPANY		
NOVO NORDISK INC.		
SANOFI AVENTIS		
GILEAD SCIENCES, INC.		
TOTAL	<u>\$ 16,958,082</u>	<u>\$ 12,615,292</u>

**Federal Statements****Schedule A, Part II, Line 8(e)**

Description	Amount
INVESTMENT INCOME, NET	\$ 3,309
TOTAL	\$ <u>3,309</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
CONTRACT REVENUE	\$ 806,643
PATIENTS REVENUE	351,276
MEDICAID REVENUE	374,572
CLINIC GENERATED FEES	765
SECTION 481(A) ADJUSTMENT	19,838
COMPASSIONATE CARE AWARDS	
SPRING INTO ACTION	
OTHER	
TOTAL	\$ <u>1,553,094</u>

# Federal Statements

## Compassionate Care Awards

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ <u>12,930</u>
TOTAL	\$ <u><u>12,930</u></u>

# Federal Statements

## Spring Into Action

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ <u>8,996</u>
TOTAL	\$ <u><u>8,996</u></u>



# Federal Statements

## Other

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ <u>1,378</u>
TOTAL	\$ <u><u>1,378</u></u>