			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047		
Form 990 Department of the Treasury		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	2022		
			Do not enter social security numbers on this form as it may	-	Open to Public		
		enue Service	Go to www.irs.gov/Form990 for instructions and the lates ar year, or tax year beginning JUL 1 , 2022 and ending	JUN 30, 2023	Inspection		
	Check if		f organization	D Employer identific	ation number		
	applicat	ble:	i organization				
	Addr	ge COMM	UNITY VOLUNTEERS IN MEDICINE				
	Name	ge Doing b	usiness as	23-294455	3		
	Initia	n Number	and street (or P.O. box if mail is not delivered to street address) Room/st				
	Final return	n/ 300	B LAWRENCE DRIVE	(610)836-			
_	termi ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,351,200.		
	return	n MEOI	CHESTER, PA 19380-9823	H(a) Is this a group ret			
L	tion pend		nd address of principal officer: MAUREEN TOMOSCHUK	for subordinates?			
_				H(b) Are all subordinates inc			
	Vebs	kempt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or CVIM.ORG		st. See instructions		
_		of organization:		H(c) Group exemption formation: 1998 M			
	art I						
	1		e the organization's mission or most significant activities: COMMUNIT	Y VOLUNTEERS I	N MEDICINE		
eor		PROVIDE	S COMPASSIONATE PRIMARY MEDICAL AND DE	NTAL CARE AND	HEALTH		
'nar	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets					
Iavo	3	Number of vo	ting members of the governing body (Part VI, line 1a)		24		
& Governance	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		24		
Activities &	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		63		
iti	6		of volunteers (estimate if necessary)		331		
Act	7 a		d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0.		
			and weath (Deck) (III. Free Alt)	8,150,768.	Current Year 12,801,677.		
en	8		and grants (Part VIII, line 1h)	0.	12,001,077.		
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	694,470.	1,109,557.		
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,011.	133,751.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,958,249.	14,044,985.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14		to or for members (Part IX, column (A), line 4)	0.	0.		
ģ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,521,530.	4,360,872.		
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 633,657.	0.	0.		
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 633,657.				
Ú	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,910,850.	6,024,134.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,432,380.	10,385,006.		
	19	Revenue less	expenses. Subtract line 18 from line 12	525,869.	3,659,979.		
Net Assets or		Tabala 1 "		Beginning of Current Year	End of Year		
Ssei	E 20	Total assets (I		17,269,138. 255,107.	20,874,363. 197,596.		
√et ⁄	21		: (Part X, line 26) fund balances. Subtract line 21 from line 20	17,014,031.	20,676,767.		
	art II			, <u></u> _, <u></u> , <u>_</u> _, <u>_</u> _, <u>_</u> _, <u>_</u> _, <u>_</u> , <u>_</u>	20,010,101.		
		-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of mv l	nowledge and belief. it is		
			. Declaration of preparer (other than officer) is based on all information of which prepa				

Sign	Signature of officer		D	ate		
Here	MAUREEN TOMOSCHUK, PRESID					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date			
Paid	FRANK H. SMITH	FRANK H. SMITH	11/09/23	self-employed P00639053		
Preparer	Firm's name MARCUM LLP		Fi	rm's EIN 11-1986323		
Use Only Firm's address 1601 MARKET STREET, FL 4						
	PHILADELPHIA, PA	Р	hone no. (215) 297-2100			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) COMMUNITY VOLUNTEERS IN MEDICINE 23-294	4553	Page 2
Par			
1	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
	COMMUNITY VOLUNTEERS IN MEDICINE PROVIDES COMPASSIONATE PRIMARY		
	MEDICAL AND DENTAL CARE AND HEALTH EDUCATION TO PEOPLE WHO LIVE		
	WORK IN THE CHESTER COUNTY REGION WHO LACK ACCESS TO INSURANCE		
	ORDER TO SUPPORT THEIR GOALS TO LEAD PRODUCTIVE, HEALTHY AND HO	PEFUL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	XYes	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	XNo
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 ex revenue, if any, for each program service reported.	penses, an	d
42	(Code:) (Expenses \$9,195,572. including grants of \$) (Revenue \$))
ча	CVIM SERVED 4,377 ADULTS, CHILDREN AND SENIORS DURING 41,412 FR	EE)
	MEDICAL, SPECIALTY, DENTAL, BEHAVIORAL HEALTH, MEDICATION, WELL		ND
	EDUCATION VISITS AND ENCOUNTERS. 635 PATIENTS - TODDLERS THROUG		
	SENIORS - RECEIVED DENTAL CARE AT SATELLITE LOCATIONS IN UNDERS		
	AREAS OF SOUTHERN AND EASTERN CHESTER COUNTY DURING 1,343 VISIT		
	PARTNERSHIP WITH PENN MEDINE, CVIM WAS ABLE TO SERVE 125 PATIEN		
	DURING 165 IN-PERSON AND TELEHEALTH VISITS IN DONATED SPACE AVA		2
	AT THEIR WEST GROVE, PA OFFICE. CVIM OFFERS COVID VACCINES DAIL	Y DURI	ING
	PATIENT APPOINTMENTS AND RUN VACCINE CLINICS DURING BOOSTER SEA	SONS 1	IN I
	RESPONSE TO THE CDC'S COVID PROTOCOLS. 331 VOLUNTEERS DONATED 3	8,362	
	HOURS OF SERVICE; 33,228 PRESCRIPTIONS WERE DISPENSED.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
70			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,195,572.		20
		Form 9	90 (2022)
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Form	000	(2022)
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 Form 990 (2022)
 COMMUNITY
 VOLUNTEERS
 IN
 MEDICINE

 Part IV
 Checklist of Required Schedules
 IN
 MEDICINE

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		-73	
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		х
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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		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	15		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	16		<u>X</u>
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	17		<u>X</u>
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	18	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	19	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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232003 12-13-22

3 2022.05000 COMMUNITY VOLUNTEERS IN M 264583_1

Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
Ь		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2-10		<u> </u>
C		240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U		28c		x
00	"Yes," complete Schedule L, Part IV	200	Х	- 23
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	х	
22200				(2022)
232004	4 12-13-22 4	1 UIII		(2022)

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2022.05000 COMMUNITY VOLUNTEERS IN M 264583_1

Form 990 (20			23-2944553
Part V	Statements Regarding Other IRS Filings and Ta	x Compliance (continued)	
			Y

Test of the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Yes No 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 63 b If a least one is reported on line 2a, id the organization file all required federal employment tax returns? 2a X b If the organization have unitable touriess group and the organization have an integration on Schedule O 3a X b If the organization have unitable touriess group and the organization have an integration in the orme during the vary? 3a X b If 'Yes', 'rest if the organization have an integration have on integration have an integration have an integration have an integration have on item and the organization file form the societ bay of the organization file form 888617 5a X c If 'Yes', ' id the organization file form 888617 5a X 5a X b D dia organization file form bay and particle as of brain and party to probe and survices provided to the particle as of blain organization incless of the material bay contributions and party to another transaction and party the sort file organization relation and party the probes and survices provided to the particle for the sort file organization file organization material band transof thand party to another transaction and party the probe	Form	990 (2022) COMMUNITY VOLUNTEERS IN MEDICINE t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	23-294	4553	Р	age 5
2a Enter the number of employees reported on From VX-3, Transmittal of Wage and Tax Statements, Iao and Statement, Ia	I UI	Statements negaring other into rinings and rax compliance (continued)			Vas	No
text bits on a reported on line 2, did the organization file all regulated decial employment tax returns? 36 X 39 Did the organization have urrelated business gross income of \$1,000 or more during the year? 36 X 44 At any time during the calendar year, did the organization have an interest in, or a significate or other authority over, a financial account in a foreign country. 4a X 40 If 'Yes, 'inter the name of the foreign Cantry. 5a X 50 If 'Yes, 'inter the name of the foreign Cantry. 5a X 50 If 'Yes, 'inter the name of the foreign Cantry. 5a X 50 Us the organization have the organization if an time during the tax year? 5a X 50 Did any taxable party notify the organization file memB861-7 5a X 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization folds where year abulate cartholicons? 6a X 7 Type,' did the organization in house what abula cartholicons? 6a X 8 Did the organization notify the donor of the value of the good or services provided? 7a X 7 Type,' did the organization in clube with memory the good or services provided? 7a X <th>2a</th> <th>Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements</th> <th></th> <th></th> <th>103</th> <th></th>	2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements			103	
b If a least one is reported on line 2a, do the organization file all required fedral employment to returns? gb X 3a Dott be organization have unreturn business grows income of \$10,000 or more during the year? 3b X 4a At any time during the calendar year, dot the organization have an interest in, or a lagrature or other authority over, a financial account in a foreign country luch has a bank account, secontribe account, or other financial accounts (EBAR). 3b X 5a Max the organization aparty to a prohibited ta shelter transaction at any time during the tax year? 5a X 5a Dot any taxable party notify the again action that are organization that are quantization that was or is a party to a prohibited tax shelter transaction? 5b X 5a Dot any taxable party notify the angainzation that are normally greater trans \$10,000, and dot the organization solidit any combibitations or gifts 6b X 5a Diff "Yea" to line faor 5b, dif the organization that are normally greater trans \$10,000, and dot the organization solidit any time during the sport for which that was required to the payor? 7a X 5b If "Yea" to line faor 5b. dif the organization the active contributions or gifts 6b X 61 Yea" to line different sport for which was required to the payor? 7a X 7b X Z <td< th=""><th>Lu</th><th></th><th>2a 6</th><th>3</th><th></th><th></th></td<>	Lu		2a 6	3		
ab Did the organization have unrelated business process income of \$1,000 or more ourrig tine year? ga X bit 1*yes, instantial accountly to this is a bask account, securities account, or other francial accountl? ga X bit 1*yes, instantiants of the longing contriguing the law part of the longing contriguing requirements to FinCN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). ga X bit 1*yes, instantiants parts of the organization in bark of the organization in bark of the organization in a try time during the tax year? ga X bit 1*yes, instantiants parts to a prohibit ct as a bark and the organization in bark of m88891.7 Ga X ga X cit 1*yes 1 to its as 0 to 3, diff the organization in for M8891.7 Ga X ga X cit 1*yes 1 to its as 0 to 3, diff the organization in for M8891.7 Ga Ga X ga X cit 1*yes 1 to its doubtible achtribut contributions under section 170(c). Ga X Ga X cit 1*yes, 1*dit the organization in locked with every solicitation an express statement that such contributions or gamization section 170(c). Ga X cit 1*yes, 1*dit the organization in locked with a strate parts and parts and the organization section 170(c). Ga X	b			-	x	
b If Yes, 'that is filled a form 900 Tor this yaa? If Yes' the application result on the application of a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes, 'there the name of the foreign country (such as a bank account, securities account, or other financial account)? If Yes, 'there the name of the foreign country (such as a bank account, securities account, or other financial account)? If Yes, 'there the name of the foreign country (such as a bank account, securities account, or other financial account)? If Yes, 'there the name of the foreign country (such as a bank account, at any time during the tax year? If Yes, 'there the name of the foreign count that the was or is a party to a prohibited tax shefter transaction? If Yes, 'there is the organization has a contral year or the application the application name process solutation are your to a prohibited tax shefter transaction? If Yes' is the organization has a normal yours exceptible tax an origin application that any creative deductible acchinization receives and waves approxide? If Yes' is the organization has a prohibited tax shefter transaction? If Yes' is the organization nuclew the very solicitation are proved as an avves provide! If X X 0 If Yes' is the organization has a provide account provide? If X X If Yes' is the organization nuclew the very solicitation are proved account as a particle has a party or the value of the good acce services provide? If X X 0 If Yes' is the organization has a part bash application are proved acce services provide? If X X If Yes' is the	-					x
4a At any time during the calendary year, do the organization have an interest in, or a signature or other authority over, a financial account y count year abank account, securities account, or other functial accounts (FBAR). 4a X b If "Yes," enter the name of the foreign country with the organization in the transaction at any time during the tax year? 5a X 5a Was the organization approximation for FinCEN form 114. Report of Foreign Bark and Financial Accounts (FBAR). 5a X 5a Use and y to a prohibited tax shorter transaction? 5a X 5b If "Yes," into is a orb, did the organization in the was rise a party to a prohibited tax shorter transaction? 5a X 6a Dest to organization nave annual gross nealpts that are normally greater than \$100,000, and did the organization solitit any contributions that was an orbital greater than \$100,000, and did the organization solitit any contributions that was normally greater than \$100,000, and shortes provided? 7a X 7 Organization recke a game time cases of \$17 mute party is a contribution and party to prodix and shortes provided? 7a X 7 Use, "idi the organization include with every solicitation are particle protein y for which it was required to the party? 7a X 7 Use indicate the number of forms 828.2 field during the year 7d X 7a X 9 Did the organization receves a contribution of qark shaphanes,						
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10				_		
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If "Yes," complete Form 6069.				17		
	232005			Form	990	(2022)

5 2022.05000 community volunteers in m 264583_1

Form	990	(2022)

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	24		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•		77	
	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	Na
102	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		•	, anniacos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<i>,</i>				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA		T (an ation 504 (-)(0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	-1 (Section 501(C)(3)	s only)	availat	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					

X Own website Another's website X 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.

6

20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>COMMUNITY VOLUNTEERS IN MEDICINE - (610)836-5990</u>

300 B LAWRENCE DRIVE, WEST CHESTER, PA 1938	0-9823
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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week				recio	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	_	mploy	st col	ar.	1000 1120/		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) MAUREEN TOMOSCHUK	40.00									
PRESIDENT & CEO		1		х				225,838.	Ο.	48,632.
(2) SUSAN KENNEDY, DO	40.00									
EMPLOYEE		1				x		213,707.	Ο.	18,348.
(3) JANET JACAPRARO, MD	40.00									· · ·
EMPLOYEE		1				x		194,050.	0.	10,476.
(4) SUSAN SHUGHRUE, RPH	40.00									· · ·
EMPLOYEE		1				x		137,713.	0.	7,704.
(5) JULIE RUSENKO	40.00									
EMPLOYEE		1				x		130,921.	Ο.	7,364.
(6) NANCY MCLELLAND	1.00									
CHAIR		x		х				0.	Ο.	0.
(7) BRIAN TIERNEY	1.00									
DIRECTOR		x						0.	Ο.	0.
(8) BRIAN DELLINGER	1.00									
DIRECTOR		Х						0.	Ο.	0.
(9) VERDI DISESA	1.00									
DIRECTOR		Х						0.	Ο.	0.
(10) TED PACITTI	1.00									
DIRECTOR		Х						0.	Ο.	0.
(11) ROBERT PARSONS, MD	1.00									
DIRECTOR		X						0.	Ο.	0.
(12) RENEE MARTIN	1.00									
DIRECTOR		X						0.	Ο.	0.
(13) MICHELE POLINSKY	1.00									
DIRECTOR		X						0.	Ο.	0.
(14) MICHAEL LLOYD	1.00									
DIRECTOR		X						0.	Ο.	0.
(15) MICHAEL BURG	1.00									
DIRECTOR		Х						0.	Ο.	0.
(16) WAYNE WITHROW	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MARGOLIT HILLSBERG	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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(19) XAREN FINSKY 1.00 X 0.0 0.0 0.0 DIBLECTOR X 0.0 0.0 0.0 0.0 DIRECTOR 1.00 X 0.0 0.0 0.0 DIRECTOR 1.000 X 0.0 0.0 0.0 DIRECTOR X 0.0 0.0 0.0 0.0 C12) ELEN WATSON 1.000 X 0.0 0.0 0.0 DIRECTOR X 0.0 0.0 0.0 0.0 0.0 C13) EXERCTOR X 0.0	Form 990 (2022) COMMUNITY	VOLUNI	EE	RS	I	N	ME	DI	CINE	23-2944	553	Page 8
Name and tile Average week week week week week week week we	Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	-	
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Polif Per Weith of the service at	Name and title	Average	(do					ne	Reportable	Reportable	table Estima	
Image: constraint of the second sec			box	, unles	s pers	son is	s both	n an	compensation	compensation	amo	unt of
Indust for presentations (18) Indust for mixed (18) Indust (19) Indust (10)				cer an	d a dir	recto	r/trus	tee)				
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138) MART HOLE 1.00 x 0.00.00.00.00.00.00.00.00.00.00.00.00.0		line)	Individ	Institu	Office	key en	Highe emplo	Forme			guin	
13) XARN FINERY 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) MATT HOLT	1.00				_						
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(11) ELEMOR DAVIS 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(20) CARLOS GOMEZ	1.00										
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(13) JAMES SMART 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		х						0.	0.		0.
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(25) FPANCIS ABBOTT, JR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(24) JAY WORTH SIEGFRIED, MD	1.00										
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(26) ROBERT RILEY 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(25) FRANCIS ABBOTT, JR	1.00										
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1b Subtotal 902,229 0. 92,524. c Total (add lines to Part VII, Section A 0. 0. 0. 0. d Total (add lines to and tc) 902,229. 0. 92,524. 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 5 3 Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 X 5 Did any person listed on line 1a, este eve or accrue compensation form any unrelated organization or individual for services 5 X 6 Did any person listed on line 1a received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors Independent Contractors 6 X 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization of services Compensation <td>(26) ROBERT RILEY</td> <td>1.00</td> <td></td>	(26) ROBERT RILEY	1.00										
c Total from continuation sheets to Part VII, Section A 0.0000 0.0000 0.0000 d Total (add lines to and 10) 902,229.000 0.92,524.000 92,524.0000 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 5 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee 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 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a, receive or accrue compensation from may unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete Schedule J for such person 5 X Section B. Independent Contractors (A) NNE Description of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation (C) Compensation <td< td=""><td>DIRECTOR (TO OCTOBER 2022)</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td></td></td<>	DIRECTOR (TO OCTOBER 2022)		Х							0.		
c Total from continuation sheets to Part VII, Section A 0.<	1b Subtotal								902,229.	0.	92	,524.
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 5 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 4 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. (C) (A) (B) (C) Name and business address NONE Description of services Compensation (a) (b) (C) Compensation Compensation Compensation (b) (C) Description of services Compensation Compensation (c) None Description of services Compensation Compensation (c) <									0.	0.		0.
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 from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 3 X 4 X 5 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 5	d Total (add lines 1b and 1c)								902,229.	0.	92	,524.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // *Ves, * complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // *Ves, * complete Schedule J for such individual									ceived more than \$100,	000 of reportable		
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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	3 Did the organization list any former officer,	director, trust	ee, k	ey e	mplo	oyee	ə, or	higl	hest compensated emp	oyee on		
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	line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) (C) Name and business address NONE Description of services Compensation 0 Variable of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Variable of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	dule	e J fo	or such individual		4	x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 0 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)												
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Name and business address NONE Description of services Compensation	the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th o	or wi	thin	the organization's tax y	ear.		
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\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)												
\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)	9 Total number of independent contractors		ot 1:	oiter	l to d	har	0.11-	to c ¹	abouto) who received	are then		
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)		•	υτ ΙΙΓ	nited	1 to t	-		rea	above) who received mo	bre man		
			TN	י בדד	ͲΤ			ਸਸ	ETS		Form QC	0 (2022)
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Form 990 COMMUNITY	COMMUNITY VOLUNTEERS IN MEDICINE 23-2944					553							
	Section A. Officers, Directors, Trustees, Key Er					ligh	est (
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					ly)	from	(E) Reportable compensation from related	(F) Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(27) JOHN GARVEY	1.00									0			
IMMEDIATE PAST CHAIR	1 0 0	X		X				0.	0.	0.			
(28) LORI GUSTAVE SECRETARY	1.00	х						0.	0.	0.			
(29) MICHAEL BUONGIORNO	1.00	Λ						0.	0.	0.			
TREASURER	1.00	х		x				0.	0.	0.			
(30) JOHN ELICKER JR.	1.00	~		^				0.	0.	0.			
VICE CHAIR		x		x				0.	0.	0.			
Total to Part VII, Section A, line 1c													

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Ра	rt V	/111									
			Check if Schedule O c	contair	ns a respo	onse (or note to any line I	e in this Part VIII (A)	(B)	(C)	D
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
<i>in in</i>	4	_			4.		73,001.				360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1						/3,001.				
n Gr							325,003.				
Ę,			Fundraising events				525,005.				
ja je			Related organizations Government grants (contri				367,338.				
Sins			All other contributions, gifts,								
er ti		•	similar amounts not included				12,036,335.				
₫Ę		a	Noncash contributions included in			\$	5,104,426.				
		9 h						12,801,677.			
0.0							Business Code	, ,			
Ø	2	а									
Ś.	-	b									
Ser		с									
Ne la		d									
Program Service Revenue		е									
Pro		f	All other program service	revenu	le						
			Total. Add lines 2a-2f								
	3		Investment income (includ	ding di	vidends, i	ntere	st, and				
			other similar amounts)					303,627.			303,627.
	4		Income from investment of	of tax-e	exempt bo	nd p	roceeds				
	5		Royalties	. <u></u>							
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	300,1						
		b	Less: rental expenses	6b	199,3						
		С	Rental income or (loss)	6c	100,8	331.					
			Net rental income or (loss)					100,831.			100,831.
	7	а	Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	2,820,7	792.					
		b	Less: cost or other basis								
Revenue			and sales expenses		2,014,8						
eve			Gain or (loss)	7c	805,9			<u> </u>			805 020
Ř	_		Net gain or (loss)			······		805,930.			805,930.
Othe	8	а	Gross income from fundraisin								
0					03. of						
			contributions reported on		-		99,670.				
		b	Part IV, line 18			8a 8b	87,553.				
			Less: direct expenses Net income or (loss) from					12,117.			12,117.
	<u>م</u>		Gross income from gamin		0						
	9	a	-	-		9a	23,900.				
		h	,			9b	4,500.				
			Net income or (loss) from		a activitio		1,0001	19,400.			19,400.
	10		Gross sales of inventory, I	-	-	°		,			
		u	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
		-					Business Code				
snc	11	а	MISCELLANEOUS REVENU	UE			900099	1,403.			1,403.
nue		b						·			
evenue		С				_					
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d					1,403.			
	12		Total revenue. See instruction					14,044,985.	0.	٥.	1243308.
23200	9 12	-13-									Form 990 (2022)

232009 12-13-22

Form 990 (2022)

Page **9**

23-2944553

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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,			16 050	~~ ~~
	trustees, and key employees	280,890.	230,330.	16,853.	33,707.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 4 6 2 2 2 5			44.6 055
7	Other salaries and wages	3,468,805.	2,844,420.	208,128.	416,257.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	89,595.	73,467. 212,871.	5,376.	10,752. 25,122. 33,091.
9	Other employee benefits	245,813.	212,871.	7,820.	25,122.
10	Payroll taxes	275,769.	226,132.	16,546.	33,091.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	73,465.		73,465.	
g	Other. (If line 11g amount exceeds 10% of line 25,	164 070	100 100	21 002	10 515
	column (A), amount, list line 11g expenses on Sch 0.)	164,970.	120,172.	31,283.	13,515.
12	Advertising and promotion	22 741	06 210	6 720	C07
13	Office expenses	33,741.	26,312.	6,732.	697. 3,480.
14	Information technology	73,956.	57,957.	12,519.	3,480.
15	Royalties	06 206	CE 701		
16	Occupancy	96,306.	65,791.	30,515.	2 226
17	Travel	49,074.	28,919.	17,829.	2,326.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	211 110	211 110		
22	Depreciation, depletion, and amortization	214,149. 45,270.	<u>214,149.</u> 25,313.	10 057	
23		43,270.	<u>43,313</u> .	19,957.	
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 0.)				
я	PRESCRIPTION DRUGS	4,623,214.	4,623,214.		
h	MEDICAL AND DENTAL SUPP	434,389.	434,389.		
c c	DEVELOPMENT EXPENSE	90,521.		5,078.	85,443.
d	BAD DEBT EXPENSE	80,000.		80,000.	,
	All other expenses	45,079.	12,136.	23,676.	9,267.
25	Total functional expenses. Add lines 1 through 24e	10,385,006.	9,195,572.	555,777.	633,657
2 <u>5</u> 26	Joint costs. Complete this line only if the organization				
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

	1 990 () r t X	2022) COMMUNITY VOLUI Balance Sheet	NTEE	ERS IN MEDICIN	E	23-	2944553 Page 11
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,896,941.	2	2,142,313.
	3	Pledges and grants receivable, net			441,854.	3	3,201,686.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,390.	8	6,390.
As	9				52,007.	9	60,810.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,533,521.			
	b	Less: accumulated depreciation		1,932,555.	3,584,326.	10c	3,600,966.
	11	Investments - publicly traded securities			11,162,224.	11	11,753,785.
	12	Investments - other securities. See Part IV, line 1			110,551.	12	108,413.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14,845.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			17,269,138.	16	20,874,363.
	17	Accounts payable and accrued expenses			238,205.	17	180,694.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
s	22	Loans and other payables to any current or forme	er offic	er, director,			
itie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrelat	ed thir			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			16,902.	25	16,902.
	26	Total liabilities. Add lines 17 through 25			255,107.	26	197,596.
		Organizations that follow FASB ASC 958, check	k here	e X			
sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			15,528,072.	27	15,603,283.
Bal	28	Net assets with donor restrictions	1,485,959.	28	5,073,484.		
pu		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ъ		and complete lines 29 through 33.					
°, or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,014,031.	32	20,676,767.
<u>-</u>	33	Total liabilities and net assets/fund balances			17,269,138.	33	20,874,363.

	1990 (2022) COMMUNITY VOLUNTEERS IN MEDICINE	23-	2944	553	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,044</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 385</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,659</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,014	1,0	31.
5	Net unrealized gains (losses) on investments	5		2	2,7	<u>57.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	<u>,676</u>	5,7	<u>67.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
					000	

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name	Name of the organization Employer identification number						
			NTEERS IN MEI			2	3-2944553
Part	I Reason for Public	Charity Status.	(All organizations must c	omplete this part.)	See instruction	IS.	
The or	ganization is not a private found	lation because it is: (For lines 1 through 12, cl	neck only one box.	.)		
1 [A church, convention of ch	urches, or associatio	on of churches described	in section 170(b))(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)			
з [A hospital or a cooperative	hospital service org	anization described in se	ection 170(b)(1)(A)	(iii).		
4 [A medical research organiz	ation operated in co	njunction with a hospital	described in sect	ion 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a co	llege or university owned	or operated by a g	governmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6 [A federal, state, or local go	vernment or governr	nental unit described in	section 170(b)(1)(/	A)(v).		
7	X An organization that norma	ally receives a substa	ntial part of its support fr	om a governmenta	al unit or from t	ne general p	oublic described in
_	section 170(b)(1)(A)(vi). (C	complete Part II.)					
8 [A community trust describe						
9 🗌	An agricultural research org	-			-	-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the name, ci	ty, and state of	the college	or
Г	university:						
10 🗌	An organization that norma						
	activities related to its exen		-				•
	income and unrelated busin		(less section 511 tax) fro	m businesses acq	uired by the org	ganization a	πer June 30, 1975.
4 4 [See section 509(a)(2). (Co			at Cas and	F00(-)(4)		
11 ∟ 10 □	An organization organized	-	•	•			numpered of one or
12 🗌	An organization organized more publicly supported or	•	•	•			•
	lines 12a through 12d that	-			-		
а	Type I. A supporting orga			-		-	nivina
a	the supported organization	-	-		•		
	organization. You must o		• • • •	majority of the div			pporting
b	Type II. A supporting org	-		ion with its suppor	ted organizatio	n(s) by hav	ina
~	control or management of				-		-
	organization(s). You mus					90 m 0 0 0 0 0 0	
с	Type III functionally inte	-		in connection with	. and functiona	llv integrate	d with.
	its supported organizatio					, ,	,
d	Type III non-functionally	. , .	· ·	-		rted organiz	ation(s)
	that is not functionally in					-	
	requirement (see instruct	ions). You must coi	nplete Part IV, Sections	A and D, and Par	rt V.		
е	Check this box if the orga	anization received a	written determination from	m the IRS that it is	а Туре I, Туре	II, Type III	
	functionally integrated, o	r Type III non-functio	nally integrated supportir	ng organization.			
f	Enter the number of supported of	organizations					
g	Provide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document	?		(vi) Amount of other
	organization		above (see instructions))	Yes No	support (see in	istructions)	support (see instructions)

Schedule A (Form 990) 2022 Part II Support Sch

COMMUNITY VOLUNTEERS IN MEDICINE

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6710479.	7428081.	8467342.	8150767.	<u>12801676.</u>	43558345.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6710479.	7428081.	8467342.	8150767.	12801676.	<u>43558345.</u>	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						6407862.	
	6 Public support. Subtract line 5 from line 4. 37150483.							
	ction B. Total Support		-		1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	6710479.	7428081.	8467342.	8150767.	12801676.	43558345.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	504,936.	248,918.	330,121.	359,906.	404,458.	1848339.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,314.	2,738.	2,741.	2,281.	1,403.	11,477.	
11	Total support. Add lines 7 through 10						45418161.	
	Gross receipts from related activities,		,			12	278,879.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)		
_	organization, check this box and stop						<u></u>	
	ction C. Computation of Publi					1 1	01 00	
	Public support percentage for 2022 (I					14	<u>81.80 %</u>	
	Public support percentage from 2021					15	74.03 %	
16a	33 1/3% support test - 2022. If the o						V	
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2021. If the o							
4-	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	-		
	meets the facts-and-circumstances te	-		• • • •	•			
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu		•					
18	Private foundation. If the organization	en ula not check a	box on line 13, 16a	a, 100, 17a, or 17b	o, check this dox a			
						Schedule A	(Form 990) 2022	

232022 12-09-22

COMMUNITY VOLUNTEERS IN MEDICINE 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	-		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
check this box and stop here	-					
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
232023 12-09-22		16	5		Sche	dule A (Form 990) 2022

2022.05000 COMMUNITY VOLUNTEERS IN M 264583_1

1

Yes No

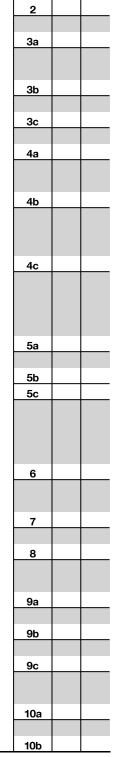
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

17

COMMUNITY VOLUNTEERS IN MEDICINE 23-2944553 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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

Section D. All Type III Supporting Organization	ns
---	----

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

Yes No

1

232025 12-09-22

2022.05000 COMMUNITY VOLUNTEERS IN M 264583_1

Schedule A (Form 99	0) 2022
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Schedule A (Form 990) 2022 COMMUNITY VOLUNTEERS IN MEDICINE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

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

		(,(
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e					

Schedule A (Form 990) 2022

Pai line Sec	upplemental Inforn Int IV, Section A, lines 1, e 1; Part IV, Section D, li	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a	e explanations re	quired by F	Part II, line 10; P	art II. line 17a or	17b: Part III, line 12:	
(56	ection D, lines 5, 6, and 8	; and Part V, Section	Section E, lines E, lines 2, 5, an	la, 11b, an 1c, 2a, 2b,	d 11c; Part IV, S 3a, and 3b; Par	ection B, lines 1 t V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	C, rt V,
232028 12-09-22			2	4			Schedule A (Form 9	90) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

23-2944553	3
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COMMUNITY	VOLUNTEERS	IN	MEDICINE	

Filers of:	Section:
Form 990 or 990-EZ	X 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

COMMUNITY VOLUNTEERS IN MEDICINE

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 336,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 384,432. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 265,565. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll X 403,002. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person Payroll 738,457. Noncash \$ X (Complete Part II for noncash contributions.)

23-2944553

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Employer identification number

223452 11-15-22

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COMMU	NITY VOLUNTEERS IN MEDICINE		23-2944553
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo rocoivod
3	PRESCRIPTION DRUGS	\$384,43	<u>. 06/03/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo rocoivod
4	PRESCRIPTION DRUGS	\$265,56	<u>. 06/30/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo rocoivod
5	PRESCRIPTION DRUGS	\$403,00	02. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo rocoivod
6	PRESCRIPTION DRUGS	\$738,45	<u>. 06/30/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Page **3**

Employer identification number

Schedule B (Form 990) (2022)		Page 4					
Name of organization		Employer identification number					
COMMUNITY VOLUNTEERS IN ME	DICINE	23-2944553					
Part III Exclusively religious, charitable, etc., contr from any one contributor. Complete column	ributions to organizations described in sec ns (a) through (e) and the following line entry ous, charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No.							
from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift						
Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held					
Transferee's name. addres	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
		·					
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift						
Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held					
T 6	(e) Transfer of gift						
Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
		Schedule B (Form 990) (2022)					

26 2022.05000 community volunteers in m 264583_1

SCHEDULE D)
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Supplemental Financial Statements

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY VOLUNTEERS IN MEDICINE

Employer identification number 23 - 2944553

Par			or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
_				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea			lly important land area
	Protection of natural habitat	Preservation of	f a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conser	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	a
b	Total acreage restricted by conservation easements		21	<u>></u>
с	Number of conservation easements on a certified historic stru	ucture included in (a)	20	
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatio	on during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ea	sements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easem	ents during the year
0	Deep each concernation accompany reported on line 2(d) about	a action the requirements of eastion 170	h)(4)(D)(i)	
8	Does each conservation easement reported on line 2(d) above and paction 170(b)(4)(P)(ii)2			Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9		•		
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	ote to the organization's infancial stateme		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nd balance	sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			eet works of
~	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB A		. <u></u> , p.0v	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
	09-01-22			_ (
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2022.05000 COMMUNITY VOLUNTEERS IN M 264583_1

Sche		TY VOLUNTEE					23-29			_{age} 2
Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or	Other	[.] Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that i	make się	gnificant (use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further the	ne organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or							_		_
	to be sold to raise funds rather than to be ma			llection?				Yes		No
Pa	TIV Escrow and Custodial Arrang		te if the organizatio	n answered "	Yes" on	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodia							٦	37	٦
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					A	+	
	_ · · · · ·							Amoun	L	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f 20	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • •	∟	_		
	t V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Fou	r years	back
1a	Beginning of year balance	821,927.	515,968.		,968.		15,968.		-	968.
b	Contributions	808,192.	305,959.		, 		,			
c	Net investment earnings, gains, and losses	87,428.	,							-
d	Grants or scholarships	,								
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance	1,717,547.	821,927.	515	,968.	5	15,968.		515,	968.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%	,,						
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administere	d for the	е				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		L
4	Describe in Part XIII the intended uses of the		vment funds.							
Pa	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990,	, Part IV, line 11a. S	See Form 990,	Part X, I	line 10.				
	Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value								е	
1a	Land			4,500.						00.
b	Buildings		3,34	6,574.	8	372,9	85.	2,47	3,5	89.
с	Leasehold improvements									
	Equipment			3,934.		320,3			3,5	
	Other		32	8,513.	2	239,2			9,2	
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 1	0c.)				3,60	0,9	66.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) BOOK value		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSIT			16,902
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		16,902
<u> (OOIUIIIII (D) IIIUSI EQUALFOITII 330, FAILA, COL (D) IIIIB</u>	, <u> </u>		

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

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	(Form 990) 2022	COMMUNI
Part VII	Investments -	 Other Securiti

Sche	dule D (Form 990) 2022 COMMUNITY VOLUNTEERS IN M	IEDICINE		23-	2944553	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,877	,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,757.			
b	Donated services and use of facilities	2b	3,811,656.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		92,053.			
е	Add lines 2a through 2d			2e	3,906	
3	Subtract line 2e from line 1			3	13,971	<u>,520.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,465.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		<u>,465.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,044	<u>,985.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per R	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements			1	14,215	,250.
1 2	· · · · · · · · · · · · · · · · · · ·			1	14,215	,250.
	Total expenses and losses per audited financial statements		3,811,656.	1	14,215	,250.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u>2</u> a		1	14,215	,250.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	3,811,656.	1	14,215	,250.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	3,811,656. 92,053.	2e	3,903	,709.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	3,811,656. 92,053.			,709.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	3,811,656. 92,053.	2e	3,903	,709.
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	3,811,656. 92,053.	2e	3,903	,709.
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	3,811,656. 92,053.	2e	3,903 10,311	<u>,709.</u> ,541.
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	3,811,656. 92,053. 73,465.	2e 3	3,903 10,311 73	<u>,709.</u> ,541.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 2d	3,811,656. 92,053. 73,465.	2e 3	3,903 10,311	<u>,709.</u> ,541.

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 V, LINE 4:

LAWRENCE ENDOWMENT FUND'S SOLE PURPOSE IS TO SUPPORT THE NON-PROFIT

OPERATING, PROGRAM, AND CAPITAL NEEDS OF THE DENTAL PROGRAM.

HATTERSLEY ENDOWMENT FUND'S SOLE PURPOSE IS TO SUPPORT THE NON-PROFIT

OPERATING, PROGRAM, AND CAPITAL NEEDS OF CVIM.

WIRSHUP ENDOWMENT FUND'S SOLE PURPOSE IS TO SUPPORT THE MEDICAL DIRECTOR

POSITION AND MEDICAL SERVICE PROGRAM OF CVIM.

PART X, LINE 2:

CVIM IS EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER SECTION 501(C)(3) OF

30

232054 09-01-22

12241109 150872 264583

Schedule D (Form 990) 2022	COMMUNITY VOLUNTEERS IN MEDICINE	23-2944553 Page 5
Part XIII Supplemental Infor	mation (continued)	
THE INTERNAL REVENUE	E CODE (IRC) AND IS CLASSIFIED AS OT	HER THAN A PRIVATE
FOUNDATION. CVIM IS	REQUIRED TO REPORT UNRELATED BUSINE	SS INCOME TO THE
INTERNAL REVENUE SEF	RVICE AND PENNSYLVANIA. CVIM DID NOT	HAVE ANY
SIGNIFICANT UNRELATE	ED BUSINESS INCOME TAX LIABILITY FOR	THE YEARS ENDED
JUNE 30, 2023 AND 20)22.	

CVIM ADOPTED THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FASE ASC TOPIC 740, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. CVIM PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2023, THERE WERE YEARS WITH TAX RETURNS THAT REMAINED OPEN WITH THE U.S. FEDERAL AND PENNSYLVANIA JURISDICTION IN WHICH CVIM FILES TAX RETURNS; HOWEVER, NO EXAMINATIONS ARE CURRENTLY PENDING OR IN PROGRESS. AS OF JUNE 30, 2023 AND 2022, CVIM HAS NO ACCRUALS FOR INTEREST AND/OR PENALTIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIFFERENCES BETWEEN GAAP AND TAX REPORTING OF FUNDRAISING

EXPENSE

92,053.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIFFERENCES BETWEEN GAAP AND TAX REPORTING OF FUNDRAISING

Schedule D (Form 990) 2022

232055 09-01-22

Schedule D (Form 990) 2022	COMMUNITY	VOLUNTEERS	IN MEDICINE	23-2944553 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (continued))		
EXPENSE				92,053.
EAFENSE				92,033.
				Schedule D (Form 990) 2022

12241109 150872 264583

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Complete if the	2022					
Department of the Treasury	c	Open to Public					
Internal Revenue Service	Go t	Attach to Form 990 o www.irs.gov/Form990 for instruc				າ.	Inspection
Name of the organization	er identification number						
Part I Fundrais		TY VOLUNTEERS IN M					944553
	complete this part	Complete if the organization answe t.	red Y	es" or	1 Form 990, Part IV, I	ine 17. Form 98	JU-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No to be
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt fro	om registration
or licensing.							

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

Schedule G (Form 990) 2022

232081 10-27-22

COMMUNITY VOLUNTEERS IN MEDICINE 23-2944553 Page 2

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 contributio n 990-E7 lines 1 and 6h List events with otor the ointo - d ~ i.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING		(, , , , , , , , , , , , , , , , , , ,	col. (c))
Pe			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	424,673.			424,673.
	2	Less: Contributions	325,003.			325,003.
	3	Gross income (line 1 minus line 2)	99,670.			99,670.
	4	Cash prizes				
Ś	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	77,289.			77,289.
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	10,264.			10,264.
	10	1 3	()			87,553.
Do	11 11	Net income summary. Subtract line 10 from li				12,117.
Га		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 off Form 990-EZ, life 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue			23,900.	23,900.
ses	2	Cash prizes			4,500.	4,500.
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			4,500.
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			19,400.
			_	_		
		ter the state(s) in which the organization condu				v .
		the organization licensed to conduct gaming an No," explain:				X Yes No
10a	We	ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax	vear?	Yes X No
		Yes," explain:			, ·	
	_					
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	COMMUNITY	VOLUNTEERS	IN	MEDICINE	23-2	944553	B Page 3
11	Does the organization conduct ga	ming activities with r	nonmembers?				Yes	X No
	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	X No
13	Indicate the percentage of gaming	g activity conducted i	in:					
а	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of the	e person who prepar	es the organization's g	gamir	ng/special events books and re	cords:		
	Name							
	Address							
15a	Does the organization have a con-	tract with a third part	v from whom the ora	inizat	ion receives gaming revenue?		Yes	XNo
100	Does the organization have a con	and part	y norm whom the orge	inzat	ion receives gaming revenue.			
b	If "Yes," enter the amount of gam	ing revenue received	by the organization	\$	and the	amount		
	of gaming revenue retained by the							
c	If "Yes," enter name and address							
	Name							
	Address							
16	Gaming manager information:							
	Nama							
	Name							
	Gaming manager compensation	\$						
	carning manager compensation	Ψ						
	Description of services provided							
	· ·							
	Director/officer	Employee	Indepen	dent	contractor			
	Mandatory distributions:							
а	Is the organization required under						Yes	X No
h	retain the state gaming license? Enter the amount of distributions				or overations or an			
D	organization's own exempt activit	•		o otr	ier exempt organizations or spe			
Pa				ed bv	Part I, line 2b, columns (iii) and	(v): and Par	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as					()/	, , ,	, , ,
			-					
_								
2320	33 10-27-22		35			Sched	ule G (Form	1 990) 2022

Schedule G	(Form	990)
	-	-

Part IV	Supplemental Information (continued)
232084 04-01-	22 Schedule G (Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2022		
Dena	tment of the Treasury	Attach to Form 990.		Open to Public		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
Nan	ne of the organization			identificatio		mber
		COMMUNITY VOLUNTEERS IN MEDICINE	23-2	294455	3	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		pending account Personal services (such as maid, chauffer	Jr, chet)			
	If a more falls a la surre					
D		on line 1a are checked, did the organization follow a written policy regarding payment or		4		
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	vy, of the following the organization used to establish the compensation of the organization's				
U	,	ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of o		ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?		41		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
	-	es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
						X
b		ation?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2022

Schedule J (Form 990) 2022

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 and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAUREEN TOMOSCHUK	(i)	225,838.	0.	0.	11,653.	36,979.	274,470.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN KENNEDY, DO	(i)	213,707.	0.	0.	0.	18,348.	232,055.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANET JACAPRARO, MD	(i)	194,050.	0.	0.	0.	10,476.	204,526.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

. Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number 23-2944553

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ΖU

COMMUNITY	VOLUNTEERS	TN	MEDICINE	

Pa	rt 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 de noncash contribu		•	3
1	Art - Works of art			<u> </u>				
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	X	16	239,033.	VALUE AT TR	ANSI	FER	
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 \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X		4,865,393.	FAIR MARKET	VA]	LUE	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?	?				30a		X
b	b If "Yes," describe the arrangement in Part II.							
31					31		<u>X</u>	
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					37		
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	COMMUNITY	VOLUNTEERS	IN MEDICI	NE 23-2944553	Page 2
Part II	Supplemental is reporting in Part	Information. P	rovide the information umber of contributions	required by Part I. li	nes 30b, 32b, and 33, and whether the organiza ns received, or a combination of both. Also com	ition
			-			
232142 09-09-2	2				Schedule M (Form	990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



COMMUNITY VOLUNTEERS IN MEDICINE

23-2944553

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

EDUCATION TO PEOPLE WHO LIVE OR WORK IN THE CHESTER COUNTY REGION WHO

LACK ACCESS TO INSURANCE IN ORDER TO SUPPORT THEIR GOALS TO LEAD

PRODUCTIVE, HEALTHY AND HOPEFUL LIVES.

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

LIVES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CVIM STARTED SEEING PATIENTS IN DONATED SPACE AT PENN MEDICINE'S

SOUTHERN CHESTER COUNTY OFFICE IN WEST GROVE, PA. OVER 25% OF OUR

PATIENT POPULATION COMES FROM THAT AREA AND THEY OFTEN STRUGGLE TO MAKE

IT TO THEIR APPOINTMENTS IN WEST CHESTER CITING TRANSPORTATION AS A

BARRIER. EXPANDING OUR PARTNERSHIP WITH PENN MEDICINE THEY ALLOWED CVIM

TO SEE PATIENTS ONCE A WEEK.

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

FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND PROVIDED TO THE

BOARD AS A WHOLE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY MEMBER OF THE BOARD REVIEWS AND EXECUTES A CONFLICT OF INTEREST

STATEMENT.

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

THE HUMAN RESOURCES COMMITTEE OF THE BOARD REVIEWS COMPENSATION DATA AND

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization COMMUNITY VOLUNTEERS IN MEDICINE	Employer identification number 23-2944553
MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE WHO SEEKS	APPROVAL FROM
THE ENTIRE BOARD, WHEN NECESSARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INT	EREST POLICY ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATE	MENTS AND FORM
990 ARE AVAILABLE ON OUR ORGANIZATION'S WEBSITE: CVIM.ORG,	MULTIPLE OTHER
WEBSITES, AND UPON REQUEST.	

FORM 990, PART XII, LINE 2C:

NO CHANGES FROM PRIOR YEAR.

232212 10-28-22