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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2265 KRAFT DRIVE

City or town, state or province, country, and ZIP or foreign postal code
BLACKSBURG, VA 24060

D Employer identification number
54-2052107

E Telephone number
(540) 231-7670

G Gross receipts $ 262,542,445

F Name and address of principal officer:
DIXIE TOOKE-RAWLINS
2265 KRAFT DRIVE
BLACKSBURG, VA 24060

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.VCOM.EDU

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE OSTEOPATHIC MEDICAL EDUCATION, OUTREACH OR MEDICAL SERVICES AND (CONTINUED ON SCH O.) RESEARCH THAT PREPARES PHYSICIANS WHO WILL PROMOTE HUMAN HEALTH IN MEDICALLY UNDERSERVED AREAS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	779
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	113,231,144	118,313,197
9	Program service revenue (Part VIII, line 2g)	101,639,961	108,816,241
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,679,683	3,306,036
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,642,836	3,603,461
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,193,624	234,038,935
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	112,396,798	116,076,398
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,531,846	62,479,316
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,821,681		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,283,017	44,808,242
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	205,211,661	223,363,956
19	Revenue less expenses. Subtract line 18 from line 12	15,981,963	10,674,979

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	153,555,131	145,957,395
21	Total liabilities (Part X, line 26)	27,375,776	21,727,214
22	Net assets or fund balances. Subtract line 21 from line 20	126,179,355	124,230,181

Part II Signature Block

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

Sign Here

****** 2023-01-17
Signature of officer Date

JOHN G ROCOVICH JR CHAIRMAN/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-01-01		P01320000

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 1021 EAST CARY STREET SUITE 2000 RICHMOND, VA 23219 — Phone no. (804) 782-4200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THE MISSION OF THE EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE IS TO PREPARE GLOBALLY-MINDED, COMMUNITY-FOCUSED PHYSICIANS TO MEET THE NEEDS OF RURAL AND MEDICALLY UNDERSERVED POPULATIONS AND PROMOTE RESEARCH TO IMPROVE HUMAN HEALTH.

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

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

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

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

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

4a	(Code: See Additional Data)	(Expenses $	173,705,856	including grants of $	115,820,868) (Revenue $	107,758,693)
4b	(Code: See Additional Data)	(Expenses $	7,765,742	including grants of $	) (Revenue $	839,024)
4c	(Code: See Additional Data)	(Expenses $	1,307,565	including grants of $	255,530) (Revenue $	218,524)
	(Code:)	(Expenses $	9,725,701	including grants of $	) (Revenue $	3,603,461)
4d	Other program services (Describe in Schedule O.) (Expenses $ 9,725,701 including grants of $) (Revenue $ 3,603,461)					
4e	**Total program service expenses ▶**		192,504,864			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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	Yes	
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4,095		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	779		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶CHARLES SWAHA 2265 KRAFT DRIVE BLACKSBURG, VA 24060 (540) 231-7670

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, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,846,617	0	784,260

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 ▶ 124

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPARTANBURG REGIONAL 101 E WOOD ST SPARTANBURG, SC 29303	PRECEPTOR/ DMSE/ SITE COORDINATOR/OB FEL	776,500
RAHI SYSTEMS INC 48303 FREMONT BLVD FREMONT, CA 94538	ELECTRONIC/ AUDIO / VISUAL CONTRACTOR	521,748
PRATT & WHITNEY CANADA CORP 1000 BOULMARIE-VICTORIN 01BM5 LONGUEUIL, QUEBEC J4G 1A1 CA	AIRPLANE ENGINE MAINTENANCE	480,746
EDUCATION MANAGEMENT SOLUTIONS LLC 436 CREAMERY WAY STE 300 EXTON, PA 19341	SIM CENTER ENTERPRISE/ CLOUD SOLUTION	478,738
KPMG LLP 3 CHESTNUT RIDGE RD MONTVALE, NJ 076450435	ACCOUNTANTS	438,782

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 ▶ 27

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	114,722,126			
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,591,071			
g Noncash contributions included in lines 1a - 1f:$	1g	378,930			
h **Total.** Add lines 1a-1f ▶		118,313,197			
Program Service Revenue	Business Code				
2a TUITION AND FEES	611000	107,758,693	107,758,693		
b SPONSORED RESEARCH	611000	1,057,548	1,057,548		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶	108,816,241				
3 Investment income (including dividends, interest, and other similar amounts) ▶		1,448,137			1,448,137
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss) ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	30,361,409				
b Less: cost or other basis and sales expenses 7b	28,503,510				
c Gain or (loss) 7c	1,857,899				
d Net gain or (loss) ▶		1,857,899			1,857,899
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	900099	3,603,461	3,603,461		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		3,603,461			
12 **Total revenue.** See instructions ▶		234,038,935	112,419,702	0	3,306,036

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	115,820,868	115,820,868		
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.	255,530	255,530		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,449,668	390,507	2,059,161	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,241,206	40,088,714	5,222,329	930,163
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,781,431	3,835,148	832,921	113,362
9 Other employee benefits	6,278,111	5,136,409	1,021,437	120,265
10 Payroll taxes	2,728,900	2,207,156	467,854	53,890
11 Fees for services (non-employees):				
a Management				
b Legal	119,080	34,196	84,884	
c Accounting	410,182	7,266	400,677	2,239
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	545,147		545,147	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	808,339	617,871	189,621	847
12 Advertising and promotion	2,942,314	99,079	2,378,649	464,586
13 Office expenses				
14 Information technology	1,896,244	915,422	966,619	14,203
15 Royalties				
16 Occupancy	11,582,386	10,650,543	931,843	
17 Travel	855,592	578,973	244,811	31,808
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	615,885	398,927	164,547	52,411
20 Interest	459,919		459,919	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,907,268	1,238,103	2,669,165	
23 Insurance	631,145	19	631,126	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSIDIARY SUPPORT	4,630,295		4,630,295	
b STUDENT BENEFITS	4,321,816	4,244,223	76,007	1,586
c STUDENT SVC BY OTHER IT	2,381,839	2,381,133	706	
d SUPPLIES	1,628,429	1,204,965	418,571	4,893
e All other expenses	7,072,362	2,399,812	4,641,122	31,428
25 **Total functional expenses.** Add lines 1 through 24e	223,363,956	192,504,864	29,037,411	1,821,681
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		7,317,927	2	6,884,717
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,143,011	4	1,771,751
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,163,264	9	7,409,837
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,925,392			
	b	Less: accumulated depreciation	10b 20,860,349	30,639,262	10c	26,065,043
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		89,751,512	12	87,778,060
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		16,540,155	15	16,047,987
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		153,555,131	16	145,957,395
Liabilities	17	Accounts payable and accrued expenses		14,012,481	17	13,273,740
	18	Grants payable			18	
	19	Deferred revenue		561,061	19	60,839
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,802,234	23	8,365,010
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	27,625
	26	**Total liabilities.** Add lines 17 through 25		27,375,776	26	21,727,214
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		120,332,503	27	118,657,016
	28	Net assets with donor restrictions		5,846,852	28	5,573,165
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		126,179,355	32	124,230,181
	33	Total liabilities and net assets/fund balances		153,555,131	33	145,957,395

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,038,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,363,956
3	Revenue less expenses. Subtract line 2 from line 1	3	10,674,979
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,179,355
5	Net unrealized gains (losses) on investments	5	-12,624,153
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 in 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	124,230,181

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 54-2052107

Name: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Form 990 (2021)

Form 990, Part III, Line 4a:

VCOM IS AN OSTEOPATHIC MEDICAL COLLEGE GUIDED BY A MISSION THAT WILL PRODUCE THE PHYSICIANS THIS COUNTRY NEEDS.EDUCATION:AS A MEDICAL SCHOOL, VCOM CONTINUES TO MAKE EXTRAORDINARY PROGRESS TOWARDS IMPROVING HEALTHCARE IN RURAL AMERICA THROUGH THE WORK OF STUDENTS, ALUMNI AND RESEARCH. THE ACCOMPLISHMENTS OF THIS YEAR ARE LANDMARK STEPS IN EDUCATING THE NEXT GENERATION OF PHYSICIANS. VCOM HAS NOW GRADUATED 4,574 PHYSICIANS AND IS IN POSITION TO BE ONE OF THE LARGEST SOURCES OF PHYSICIANS IN THE SOUTHEASTERN UNITED STATES. WHILE VCOM HAS GROWN INTO ONE OF THE LARGEST MEDICAL SCHOOLS IN THE COUNTRY, EACH CAMPUS MAINTAINS THE FEEL OF A SMALL PRIVATE COLLEGE FOR THE STUDENT, WITH A DEDICATED FOCUS ON THE COMMUNITY, STATE, AND MEDICALLY UNDERSERVED REGION THAT THE CAMPUS SERVES.FROM THE ADMISSIONS PROCESS TO GRADUATE MEDICAL EDUCATION PROGRAMS, THE VCOM MISSION FOCUSES ON RURAL AND MEDICALLY UNDERSERVED POPULATIONS IN STUDENT ACADEMIC PROGRAMS AND IN ALUMNI OUTCOMES. THE COMMITMENT TO RURAL HEALTH IS EVIDENT IN THE ADMISSIONS PROCESS, WITH 22% OF OUR STUDENTS COMING FROM RURAL COMMUNITIES OF LESS THAN 10,000 AND 47% FROM COMMUNITIES OF LESS THAN 30,000. DIVERSITY OUTCOMES ALSO DEMONSTRATE THIS COMMITMENT. ACROSS THE FOUR CAMPUSES, VCOM IS A LEADER FOR BLACK AND HISPANIC STUDENTS ENROLLED. PRESENTLY 62% OF VCOM GRADUATES NOW WORK IN MEDICALLY UNDERSERVED COMMUNITIES AFTER RESIDENCY AND 64% PRACTICE IN A TARGET AREA IN AN APPALACHIAN OR DELTA COUNTY OR CITY. VCOM'S PROVEN PHILOSOPHY OF TARGETING RECRUITMENT OF STUDENTS MOST LIKELY TO RETURN TO THE REGIONS OF OUR MISSION PROVIDES THE OPPORTUNITY FOR THOSE FROM RURAL AND MEDICALLY UNDERSERVED COMMUNITIES TO BECOME PHYSICIANS IN THOSE AREAS. THE COMPASS THAT GUIDES SUCCESS IS THE STRENGTH OF THIS MISSION AND A VISION FOR HEALTHIER APPALACHIAN AND DELTA REGIONS. IT POINTS TO A FUTURE WHERE EVERY PERSON HAS ACCESS TO GOOD MEDICAL CARE AND GOOD HEALTH, REGARDLESS OF THE SIZE OF THE COMMUNITY WHERE THEY LIVE, THEIR DIVERSE BACKGROUNDS OR THEIR SOCIOECONOMIC STATUS.VCOM'S INITIAL VISION WAS TO PROVIDE HEALTHCARE FOR SOUTHWEST VIRGINIA AND OTHER MEDICALLY UNDERSERVED REGIONS AND THE GREATER APPALACHIAN REGION AND TO PROMOTE JOINT BIOMEDICAL RESEARCH WITH VIRGINIA TECH. UNDER A PUBLIC/PRIVATE PARTNERSHIP BETWEEN VCOM AND VIRGINIA TECH, THE COLLEGE OPENED ITS DOORS TO THE FIRST STUDENTS IN BLACKSBURG, VIRGINIA, IN THE FALL OF 2003 AND GRADUATED ITS FIRST CLASS IN 2007. THE VIRGINIA CAMPUS HAS NOW GRADUATED 2,721 PHYSICIANS.IN 2010, VCOM FOUNDED THE SECOND CAMPUS IN COLLABORATION WITH SPARTANBURG REGIONAL HEALTH SYSTEM TO ADDRESS THE HEALTHCARE SHORTAGES IN THE UPSTATE REGION OF SOUTH CAROLINA. THE FIRST STUDENTS BEGAN THEIR MEDICAL EDUCATION AT VCOM-CAROLINAS IN THE FALL OF 2011, AND THE CAMPUS GRADUATED ITS FIRST CLASS IN 2015. THE COLLEGE HAS THE MOST STUDENTS IN CAROLINAS ENROLLED IN FAMILY MEDICINE RESIDENCIES. THE CAMPUS HAS GRADUATED OVER 1,243 PHYSICIANS.AUBURN UNIVERSITY ADMINISTRATION LEARNED OF THE SUCCESS OF THE VCOM/VT COLLABORATION AND THROUGH A PUBLIC/PRIVATE COLLABORATION, OPENED A VCOM CAMPUS AT AUBURN UNIVERSITY. VCOM-AUBURN'S INAUGURAL CLASS BEGAN IN 2015 AND GRADUATED IN MAY 2019. VCOM AUBURN HAS OVER 610 GRADUATES TO DATE, WITH A LARGE NUMBER COMMITTED TO PRACTICING WITHIN THE STATE WHEN RESIDENCY IS COMPLETED. VCOM AND THE UNIVERSITY OF LOUISIANA MONROE (ULM) FORMED A PUBLIC/PRIVATE PARTNERSHIP AND OPENED ITS FOURTH CAMPUS TO STUDENTS IN 2020. THE LOUISIANA CAMPUS CURRENTLY HAS 462 STUDENTS IN ITS THREE CLASSES. THIS CAMPUS IS WORKING TO ADDRESS THE PHYSICIAN SHORTAGE IN LOUISIANA, WHICH RANKS 39TH IN THE U.S. FOR PER CAPITA PRIMARY CARE PHYSICIANS. 81% OF THE STATE HAS BEEN DESIGNATED A HEALTH PROFESSIONAL SHORTAGE AREA BY THE LOUISIANA DEPARTMENT OF HEALTH, LEAVING ROOM FOR FUTURE VCOM GRADUATES TO MAKE A REAL DIFFERENCE FOR THE HEALTH OF ITS CITIZENS.

Form 990, Part III, Line 4b:

RESEARCH:PART OF VCOM'S MISSION IS TO ADVANCE SCIENTIFIC KNOWLEDGE THROUGH MEDICAL RESEARCH. VCOM STRIVES TO FOSTER A CULTURE OF FACULTY GROWTH AND INSTITUTIONAL EXCELLENCE THROUGH SUPPORT FOR FACULTY RESEARCH, INNOVATION AND SCHOLARLY WORK TO IMPROVE HUMAN HEALTH.MEDICAL RESEARCH PROVIDES THE FOUNDATION FOR DISCOVERIES THAT WILL BENEFIT HUMAN AND ANIMAL POPULATIONS AROUND THE WORLD. IT CAN ANALYZE DISEASE TRENDS, RISK FACTORS, PROVIDE NEW TREATMENT OPTIONS, DEVELOP NEW MEDICINES, CREATE OR IMPROVE MEDICAL DEVICES, REDUCE HEALTH CARE COSTS AND PROVIDE NEW DIRECTIONS FOR PATIENT CARE. FOR THOSE SUFFERING FROM DISEASE, IN ONE WORD-RESEARCH PROVIDES HOPE. NEVER BEFORE HAS THIS BEEN MORE EVIDENT OR IN THE SPOTLIGHT GLOBALLY THAN IN 2020 AS THE WORLD FACED NEW UNKNOWNS SURROUNDING THE COVID-19 PANDEMIC.IN THE WAKE OF A GLOBAL PANDEMIC, THE NEED FOR NEW, INNOVATIVE MEDICAL ADVANCES IS MORE APPARENT THAN EVER AND VCOM'S RESEARCHERS ARE ON THE FRONTLINES. SINCE THE FEDERAL GOVERNMENT HAS RESPONDED BY DEDICATING MORE FUNDING FOR COVID-19 RESEARCH, VCOM HAS SEEN MANY NEW RESEARCH PROJECTS FUNDED FROM THESE EFFORTS, AND THE VCOM RESEARCH DIVISION IS PLEASED WITH THE SUCCESS OF ITS MEMBERS.DURING THE MOST RECENT YEAR, VCOM MADE IN EXCESS OF $1.1 MILLION OF SEED FUNDING AVAILABLE FOR ITS FACULTY AND PRODUCED MORE THAN 120 ACTIVE RESEARCH PROJECTS AT THE COLLEGE. THERE WERE 102 PEER-REVIEWED PUBLICATIONS GENERATED IN 2022, WITH MORE THAN 60 VCOM STUDENTS NAMED AS CONTRIBUTING AUTHORS, WITH OVER 200 STUDENTS BEING LISTED AS CO-AUTHORS ON POSTERS PRESENTED AT LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL CONFERENCES. ADDITIONALLY, OVER 200 STUDENTS WERE INVOLVED WITH RESEARCH PROJECTS DESPITE PANDEMIC LIMITATIONS. VCOM PROUDLY ENJOYED A SUCCESS RATE OF 27% WITH EXTRAMURAL APPLICATIONS.VCOM'S SUCCESSFUL PROGRAM TO ENCOURAGE STUDENT RESEARCH, THE D.O. WITH RESEARCH DISTINCTION PROGRAM, HAS COMPLETED ITS THIRD CYCLE AND CONTINUES TO GROW RAPIDLY. THIS PROGRAM PROVIDES RESOURCES AND TRAINING TO ENCOURAGE STUDENTS TO BECOME CLINICIAN-RESEARCHERS. STUDENTS ACCEPTED INTO THE PROGRAM COMPLETE A DESIGNATED CURRICULUM AND DESIGN AND CONDUCT A RESEARCH PROJECT WITH A FACULTY MENTOR. UPON COMPLETION, THE DO WITH RESEARCH DISTINCTION PROGRAM AWARDS STUDENTS WHO HAVE COMPLETED SIGNIFICANT RESEARCH WITH AN ADDITIONAL CERTIFICATION AT GRADUATION. SUCH OUTPUT INCLUDES SUBMITTING A MANUSCRIPT TO A PEER-REVIEWED JOURNAL. IN THE INAUGURAL YEAR 2020, TWO STUDENTS GRADUATED WITH THIS DISTINCTION. IN 2021, TWELVE STUDENTS RECEIVED THIS DISTINCTION, AND SIXTEEN IN 2022. THUS FAR, IN 2023, TEN STUDENTS HAVE RECEIVED THE DISTINCTION. CURRENTLY, 120 STUDENTS ARE ENROLLED IN THE PROGRAM, AND THERE ARE 60 FACULTY MENTORS INVOLVED.THE MOST RECENT ANNUAL VCOM RESEARCH RETREAT WAS HELD IN DECEMBER 2021. THIS EVENT HAS BECOME A CORNERSTONE FOR THE CONTINUOUS GROWTH OF THE VCOM RESEARCH ENVIRONMENT. IT PROVIDES AN IDEAL SETTING FOR FACULTY TO BECOME BETTER ACQUAINTED WITH THE UNIQUE RESEARCH CAPACITIES, RESOURCES AND OPPORTUNITIES ACROSS THE VCOM FOUR-CAMPUS SYSTEM.KEY PRIORITIES FOR THE 2021 RETREAT INCLUDED BUILDING NEW INTERDISCIPLINARY NETWORKS AND ENHANCING COLLABORATIONS AMONG SCIENTISTS AND CLINICIANS AT VCOM'S AUBURN, CAROLINAS, LOUISIANA AND VIRGINIA CAMPUS LOCATIONS, CLINICAL PARTNERS, AND COLLEAGUES AT ASSOCIATED HIGHER EDUCATION INSTITUTIONS. FOLLOWING A RETURN TO IN-PERSON RESEARCH AND ACADEMIC ACTIVITIES AFTER A HIATUS DURING 2020, THE GOAL OF THE 2021 RETREAT WAS TO BRING GREAT MINDS TOGETHER ACROSS VCOM'S GEOGRAPHIC REACH, TO INSPIRE INNOVATIVE NEW RESEARCH VENTURES, AND TO LAY THE GROUNDWORK THAT WILL SUPPORT AND SUSTAIN THESE CROSS-CAMPUS PARTNERSHIPS MOVING FORWARD.OVER THE NEXT FOUR YEARS, EACH RETREAT WILL BE HOSTED ON ONE OF THE VCOM CAMPUSES TO GIVE FACULTY THE CHANCE TO VISIT THE OTHER CAMPUSES AND STIMULATE POTENTIAL COLLABORATIONS. THE NEXT RETREAT WILL BE HELD AT THE CAROLINAS CAMPUS IN SPARTANBURG, SC, THIS NOVEMBER.

Form 990, Part III, Line 4c:

OUTREACH:AN IMPORTANT PART OF VCOM'S PURPOSE AND MISSION IS ENSURING THAT ITS STUDENTS ARE "GLOBALLY-MINDED [AND] COMMUNITY-FOCUSED." VCOM'S GOAL OF SERVING THE UNDERSERVED DRAWS STUDENTS FROM ALL ACROSS THE UNITED STATES. OUR STUDENTS ARE COMMITTED TO BECOMING PHYSICIANS THAT SERVE THOSE MOST IN NEED. THIS IS PERHAPS MOST VISIBLE IN OUR ONGOING OUTREACH EFFORTS, BOTH IN THE APPALACHIAN AND DELTA REGIONS, AS WELL AS INTERNATIONALLY. THE OUTREACH PROGRAMS BUILT INTO THE CURRICULUM PROVIDE STUDENTS WITH REWARDING SERVICE EXPERIENCES IN SURROUNDING COMMUNITIES AND BEYOND.THESE PROGRAMS ARE DESIGNED TO ADDRESS HEALTHCARE DISPARITIES INCLUDING THOSE RELATED TO RURAL LOCATIONS, MINORITY POPULATIONS, POVERTY AND ACCESS TO PRIMARY CARE. AN EMPHASIS ON THE TEACHING OF PREVENTIVE CARE THROUGH OUTREACH EXPERIENCES ALLOWS VCOM FACULTY AND STUDENTS TO NOT ONLY TREAT PATIENTS, BUT ALSO GUIDE STUDENTS IN IMPROVING THE OVERALL HEALTH OF RURAL AND UNDERSERVED POPULATIONS, REINFORCING THE VCOM MISSION. TO SUPPORT THE STUDENTS' EFFORT TO FULFILL THE MISSION, VCOM WORKS YEAR-ROUND TO DEVELOP PARTNERSHIPS, RESEARCH ENDEAVORS, CLINICAL OPPORTUNITIES AND FACILITY IMPROVEMENTS TO ENSURE STUDENTS AND ALUMNI CAN FOLLOW WHERE THEY ARE LED.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN G ROCOVICH JR ESQ CHAIRMAN/TREASURER	1.00 3.00	X		X				0	0	0
SUE ELLEN ROCOVICH PHD DO DIRECTOR/SECRETARY	1.00	X		X				0	0	0
NICK BRUNO PHD DIRECTOR	1.00	X						0	0	0
ELIZABETH MCCLANAHAN JD DIRECTOR	1.00	X						0	0	0
RAYMOND SMOOT PHD DIRECTOR	1.00	X						0	0	0
ROY E HEATON DO DIRECTOR	5.00	X						6,882	0	17,645
THOMAS BROCK JR MBA DIRECTOR	1.00	X						0	0	0
JAMES JUSTICE II DIRECTOR	1.00	X						0	0	0
BRUCE HOLSTEIN DIRECTOR	1.00	X						0	0	0
JIMMY GIBBS DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL A WUBAH PHD DIRECTOR	1.00	X						0	0	0
RJ KIRK JD DIRECTOR	1.00	X						0	0	0
JAY GOGUE PHD DIRECTOR	1.00	X						0	0	0
JAMES H SANFORD DIRECTOR	1.00	X						0	0	0
W HANKS DIRECTOR	1.00	X						0	0	0
JAMES F WOLFE PHD DIRECTOR	1.00	X						0	0	0
DENNIS BARBOUR ASSISTANT SECRETARY	1.00 1.00			X				0	0	0
DIXIE TOOKE-RAWLINS DO PRESIDENT/PROVOST	40.00			X				604,723	0	52,445
JAN WILLCOX DO DEAN	40.00			X				344,127	0	41,844
MATTHEW CANNON DO DEAN	40.00			X				304,942	0	54,925

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEATH PARKER DO DEAN	40.00			X				196,248	0	33,621
MARK SANDERS DO JD DEAN	40.00			X				271,144	0	53,875
GUNNAR BROLINSON DO VICE PROVOST	40.00			X				317,940	0	52,925
CHARLES SWAHA CPA CHIEF FINANCIAL OFFICER	40.00			X				205,123	0	42,905
BILLY R PRICE CHIEF OF OPERATIONS	40.00			X				205,422	0	44,582
JOHN LUCAS DO SENIOR VICE PRESIDENT	40.00					X		326,334	0	55,675
MARTIN LEVINE DO VICE PROVOST	40.00					X		310,870	0	52,925
FREDERIC RAWLINS DO SENIOR ASSOCIATE DEAN	40.00					X		307,938	0	35,280
HAROLD GARNER PHD ASSOCIATE VICE PROVOST	40.00					X		296,120	0	52,925
THIMOTHY CORVIN MA VICE PRESIDENT	40.00					X		286,366	0	34,521

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH PALMOROZZI DO DEAN	40.00						X	225,436	0	31,570
RAY MORRISON DO ASSOCIATE VICE PRESIDENT/EMERITUS FOUNDING DEAN	40.00						X	285,455	0	54,487
TIMOTHY KOWALSKI DO VICE PROVOST FOR PUBLIC AFFAIRS	40.00						X	181,482	0	42,350
WILLIAM P KING MBA VICE PRESIDENT FOR RECRUITMENT	40.00						X	170,065	0	29,760

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2020 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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).*	10b		

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 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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**		

Section 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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
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.***	**3a**		
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.*	**3b**		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

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SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE	54-2052107

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		3,779
j	Total. Add lines 1c through 1i			3,779
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	NACUBO, CICV, AND NAICU LOBBYING EXPENSES: VCOM ENGAGED IN INDIRECT LOBBYING ACTIVITIES THROUGH MEMBERSHIP DUES PAID TO THE COUNCIL OF INDEPENDENT COLLEGES IN VIRGINIA (CICV), THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO), AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,262,220	22,487,224	21,453,524	18,559,491	15,509,795
b Contributions	4,565,645	177,744	1,192,956	2,269,283	2,167,525
c Net investment earnings, gains, and losses	-3,384,677	3,383,575	544,644	1,561,210	1,138,279
d Grants or scholarships	333,604	149,340	103,900	48,560	56,310
e Other expenditures for facilities and programs	1,446,476	636,983	600,000	885,000	185,000
f Administrative expenses				2,900	14,798
g End of year balance	24,663,108	25,262,220	22,487,224	21,453,524	18,559,491

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 94.710 %
- b Permanent endowment ▶ 5.290 %
- c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,359,920		2,359,920
b Buildings		6,342,688	2,365,442	3,977,246
c Leasehold improvements		3,197,323	2,982,012	215,311
d Equipment		35,025,461	15,512,895	19,512,566
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				26,065,043

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,290,551	C
(3) Other		
(A) MUTUAL FUNDS	9,577,024	F
(B) EQUITY SECURITIES	48,334,425	F
(C) FIXED INCOME	28,576,059	F
(D) ROUNDING	1	C
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	87,778,060	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	16,047,987
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	16,047,987

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	27,625
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	27,625

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-2052107

Name: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	VCOM ENDOWMENT SPENDING IS LIMITED TO SCHOLARSHIPS, RESEARCH AND UNBUDGETED PROJECTS THAT MAY BE APPROVED BY THE BOARD FROM TIME TO TIME. VCOM ENDOWMENT SPENDING IS NOT TO BE USED FOR ROUTINE OPERATIONS OF THE INSTITUTION. A REPORT WILL BE PROVIDED TO THE BOARD AS TO TH E USE OF VCOM ENDOWMENT RETURNS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COLLEGE, THE TRUST, APCA, AND VIASTAR HAVE ANALYZED FILING POSITIONS IN ALL OF THE FED ERAL AND STATE JURISDICTIONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, INCLUDING THE COLLEGE AND THE TRUST'S STATUS AS TAX-EXEMPT ENTITIES. THE ONLY PERIODS SUBJECT TO EX AMINATION FOR FEDERAL AND STATE TAX RETURNS ARE FOR TAXABLE YEARS ENDED JUNE 30, 2019 THRO UGH JUNE 30, 2022. THE COLLEGE, THE TRUST, APCA, AND VIASTAR BELIEVE THEIR INCOME TAX FILI NG POSITIONS, INCLUDING THE COLLEGE AND THE TRUST'S STATUSES AS TAX-EXEMPT ENTITIES, WILL BE SUSTAINED ON AUDIT AND DO NOT ANTICIPATE ANY ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE TO THEIR FINANCIAL POSITION. THEREFORE, NO RESERVES FOR UNCERTAIN TAX POSITIONS, N OR INTEREST AND PENALTIES, HAVE BEEN RECORDED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS	DESCRIPTION BOOK VALUE COST OR EQUITY INVESTMENT IN VC MEDICAL ENDOWMENT TRUST 628,096 EQU ITY INVESTMENT IN ACADEMIC PRIMARY CARE ASSOCIATES 585,387 EQUITY INVESTMENT IN VIASTAR, L LC 77,068 EQUITY TOTAL 1,290,551

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SCHEDULE E (Form 990)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

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

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE NONDISCRIMINATORY POLICY IS INCLUDED IN THE COLLEGE CATALOG/STUDENT HANDBOOK, BOTH OF THE COLLEGE'S FACULTY AND STAFF HANDBOOKS, AS WELL AS THE COLLEGE'S WEBSITE. THE COLLEGE ALSO PUBLICIZES ITS NONDISCRIMINATORY POLICY THROUGH THE MEDIA EACH CALENDAR YEAR.
SCHEDULE E, PART I, LINE 6	VCOM RECEIVES RESEARCH GRANTS SPONSORED BY U.S. AGENCIES AND DIRECT LOANS FUNDED BY THE U.S. DEPARTMENT OF EDUCATION.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			998,534
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			998,534

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL CLINIC SUPPORT	68,786	WIRE TRANSFER	0		
(2)			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL CLINIC SUPPORT	73,924	WIRE TRANSFER	0		
(3)			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL CLINIC SUPPORT	106,820	WIRE TRANSFER	0		
(4)			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL CLINIC SUPPORT	6,000	WIRE TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	BEFORE CONTRIBUTIONS ARE MADE TO FOREIGN ORGANIZATIONS, THE VCOM VICE PRESIDENT FOR INTERNATIONAL MISSIONS, ALONG WITH HIS TEAM OF DIRECTORS FOR INTERNATIONAL OUTREACH AND MISSIONS, CONSULT WITH THE FOREIGN ORGANIZATIONS CONFIRMING THAT THE FOREIGN ORGANIZATIONS ARE PROVIDING THE SERVICES AS AGREED AND ARE ACCOUNTABLE FOR THE DONATED FUNDS. THE VP FOR INTERNATIONAL MISSIONS REVIEWS AND APPROVES THE QUARTERLY CONTRIBUTIONS MADE TO THESE FOREIGN ORGANIZATIONS. COMMUNICATION BY EMAIL, PHONE AND VIDEO CONFERENCING IS CONTINUALLY OCCURRING BETWEEN THE VCOM MISSIONS DEPARTMENT AND THE LIAISONS IN FOREIGN COUNTRIES REGARDING THE OPERATIONS OF THESE SITES; AND IN PREPARATION OF THESE SITES FOR THE VCOM MEDICAL MISSION TRIPS. THE VP FOR INTERNATIONAL MISSIONS AND MISSION DIRECTORS GENERALLY MAKE 12 OR MORE, WEEK LONG, IN PERSON VISITS TO VCOM'S INTERNATIONAL MISSION SITES, MOST OFTEN TRAVELING WITH THE ANNUAL VISITS MADE BY VCOM MEDICAL MISSION TEAMS. THROUGH THESE VISITS, VCOM STAFF ARE ABLE TO CONSULT AND AFFIRM THAT THESE CONTRIBUTIONS ARE BEING PROPERLY USED IN SUPPORT OF THESE SITES. NO VISITS WERE CONDUCTED IN TAX YEAR 2021 DUE TO THE COVID PANDEMIC SURFACING IN EARLY 2020. VCOM IS HOPEFUL THESE WILL RESUME IN TAX YEAR 2022.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3 (1F):	AMOUNT REPORTED INCLUDES PAYMENTS TO FOREIGN VENDORS FOR MISSION TRIP EXPENSES AND A DOMESTIC ENTITY THAT SUPPORTS ONE OF THE MISSION SITES.

Additional Data

Software ID:

Software Version:

EIN: 54-2052107

Name: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTS TO RECIPIENTS	OPERATIONS OF CLINICS	255,530
NORTH AMERICA			INVESTMENTS		102,826

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		598,038
EAST ASIA AND THE PACIFIC			INVESTMENTS		38,534

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		231
SOUTH AMERICA			INVESTMENTS		3,375

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			INVESTMENTS		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GRANTS AND SCHOLARSHIPS TO STUDENTS	1811	115,820,868			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE COLLEGE MAINTAINS RECORDS TO ENSURE DIRECT LOANS ARE AWARDED TO ELIGIBLE STUDENTS IN COMPLIANCE WITH FEDERAL FINANCIAL AID REGULATIONS, EXTERNALLY FUNDED SCHOLARSHIPS PROPERLY RECOGNIZE DONOR RESTRICTIONS AND INTERNALLY FUNDED SCHOLARSHIPS ARE AWARDED ACCORDING TO COLLEGE CRITERIA.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-2052107

Name: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DIXIE TOOKE-RAWLINS DO PRESIDENT/PROVOST	(i)	604,723	0	0	34,800	17,645	657,168	0
	(ii)	0	0	0	0	0	0	0
1JAN WILLCOX DO DEAN	(i)	344,127	0	0	35,280	6,564	385,971	0
	(ii)	0	0	0	0	0	0	0
2JOHN LUCAS DO SENIOR VICE PRESIDENT	(i)	326,334	0	0	35,280	20,395	382,009	0
	(ii)	0	0	0	0	0	0	0
3GUNNAR BROLINSON DO VICE PROVOST	(i)	317,940	0	0	35,280	17,645	370,865	0
	(ii)	0	0	0	0	0	0	0
4MARTIN LEVINE DO VICE PROVOST	(i)	310,870	0	0	35,280	17,645	363,795	0
	(ii)	0	0	0	0	0	0	0
5MATTHEW CANNON DO DEAN	(i)	304,942	0	0	35,280	19,645	359,867	0
	(ii)	0	0	0	0	0	0	0
6HAROLD GARNER PHD ASSOCIATE VICE PROVOST	(i)	296,120	0	0	35,280	17,645	349,045	0
	(ii)	0	0	0	0	0	0	0
7FREDERIC RAWLINS DO SENIOR ASSOCIATE DEAN	(i)	307,938	0	0	35,280	0	343,218	0
	(ii)	0	0	0	0	0	0	0
8RAY MORRISON DO ASSOCIATE VICE PRESIDENT/EMERITUS FO	(i)	285,455	0	0	34,442	20,045	339,942	0
	(ii)	0	0	0	0	0	0	0
9MARK SANDERS DO JD DEAN	(i)	271,144	0	0	33,480	20,395	325,019	0
	(ii)	0	0	0	0	0	0	0
10THIMOTHY CORVIN MA VICE PRESIDENT	(i)	286,366	0	0	34,021	500	320,887	0
	(ii)	0	0	0	0	0	0	0
11 ELIZABETH PALMOROZZI DO DEAN	(i)	225,436	0	0	26,906	4,664	257,006	0
	(ii)	0	0	0	0	0	0	0
12BILLY R PRICE CHIEF OF OPERATIONS	(i)	205,422	0	0	24,962	19,620	250,004	0
	(ii)	0	0	0	0	0	0	0
13CHARLES SWAHA CPA CHIEF FINANCIAL OFFICER	(i)	205,123	0	0	25,260	17,645	248,028	0
	(ii)	0	0	0	0	0	0	0
14HEATH PARKER DO DEAN	(i)	196,248	0	0	22,680	10,941	229,869	0
	(ii)	0	0	0	0	0	0	0
15TIMOTHY KOWALSKI DO VICE PROVOST FOR PUBLIC AFFAIRS	(i)	181,482	0	0	22,230	20,120	223,832	0
	(ii)	0	0	0	0	0	0	0
16WILLIAM P KING MBA VICE PRESIDENT FOR RECRUITMENT	(i)	170,065	0	0	21,071	8,689	199,825	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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 the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	478	103,929	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	275,000	MARKET VALUE
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	1	
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493017012203

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number

54-2052107

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	MEDICAL OUTREACH EXPERIENCES ARE A KEY COMPONENT IN EDUCATING STUDENTS TO MEET THE HEALTHC ARE NEEDS IN CHALLENGING ENVIRONMENTS. THROUGH COMMUNITY OUTREACH, VCOM STUDENTS EXPERIENC E THE IMPACT OF PROVIDING CARE FOR PATIENTS WHO LIVE IN POOR SOCIOECONOMIC CONDITIONS. FRO M THE TIME THEY COMMENCE THEIR MEDICAL EDUCATION, VCOM STUDENTS GAIN SKILLS IN PATIENT-CEN TERED MEDICINE THROUGH OUTREACH ACTIVITIES IN THE COMMUNITIES AROUND THE CAMPUSES AS WELL AS REGIONALLY. BEGINNING IN THEIR FIRST YEAR, VCOM STUDENTS ARE ACTIVELY INVOLVED IN PUBLI C HEALTH, PARTICIPATING IN LOCAL HEALTH FAIRS, FREE SCREENING EVENTS, COMMUNITY HEALTH CLI NICS, PREVENTION EDUCATION PROGRAMS, MINI-MEDICAL SCHOOLS AT RURAL HIGH SCHOOLS AND OTHER LEARNING OPPORTUNITIES WITHIN THE COMMUNITY, ALL WHILE RECEIVING INSTRUCTION FROM EXPERIEN CED FACULTY AND STAFF. REGIONAL OUTREACH PROGRAMS FROM THE TIME THEY BEGIN THEIR MEDICAL E DUCATION, VCOM STUDENTS ARE ACTIVELY INVOLVED IN COMMUNITY SERVICE. THIS PAST YEAR, THE VC OM CAMPUSES WERE ONCE AGAIN ABLE TO PROVIDE COMMUNITY SERVICE ON A WIDESPREAD BASIS, AS RE STRICTIONS FOR PUBLIC GATHERINGS WERE LESSENED ACROSS THE COUNTRY. ACROSS THE FOUR CAMPUSE S, VCOM'S STUDENTS ANSWERED THE CALL OF THEIR LOCAL COMMUNITIES AND COULD BE SEEN SUPPORTI NG A VARIETY OF ORGANIZATIONS WITH FOOD AND SUPPLY DRIVES, OFFERING HEALTH SCREENINGS AND PROVIDING EDUCATIONAL MATERIALS TO THE PUBLIC. OUR NEWEST CAMPUS WAS NOT EXEMPT FROM GETTI NG INVOLVED EARLY AND PLAYING A CRITICAL ROLE. WHEN HURRICANE IDA AFFECTED AREAS OF SOUTHE RN LOUISIANA AND SENT EVACUEES NORTH TO MONROE, VCOM LOUISIANA STUDENTS, FACULTY AND STAFF ROSE TO THE OCCASION AND JOINED FRONT LINE EFFORTS TO PROVIDE SUPPORT FOR THOSE DISPLACED BY THE DISASTER. JOINED BY REGIONAL DISASTER RELIEF ORGANIZATIONS, CITY OFFICIALS AND ARE A COLLEGIATE NURSING STUDENTS, THEY COMPLETED TRIAGE FORMS, WROTE AND FILLED PRESCRIPTIONS , ASSISTED IN MEETING BASIC HYGIENE NEEDS, TAKING BLOOD PRESSURE AND OTHER VITALS, AND PRO VIDING MUCH NEEDED SUPPLIES TO THE HUNDREDS OF EVACUEES WHO TOOK SHELTER AT THE MONROE CIV IC CENTER. A SMALL SAMPLE OF JUST A FEW COMMON EVENTS HELD AT EACH CAMPUS IS DESCRIBED BEL OW. THESE ACTIVITIES REPRESENT ONLY A FRACTION OF THE OUTREACH ACTIVITIES THAT WERE HELD, WITH EACH CAMPUS HAVING A VARIETY OF EVENTS UNIQUE TO THEIR COMMUNITY. PLEASE ALSO VIEW OU R ANNUAL REPORT FOR A MORE COMPREHENSIVE PICTURE OF LOCAL OUTREACH ENGAGEMENTS. MINI-MED S CHOOLS - A CORNERSTONE OF VCOM'S MISSION IS TO TRAIN THE NEXT GENERATION OF PHYSICIANS. "M INI-MEDICAL SCHOOLS," WHICH ALLOW RURAL HIGH SCHOOL STUDENTS A VIEW BEHIND THE SCENES INTO THE LIVES OF MEDICAL STUDENTS, ARE A KEY COMPONENT. VCOM STUDENTS, AS PART OF THEIR APPAL ACHIAN OUTREACH AND INTERPROFESSIONAL EARLY CLINICAL EXPERIENCES (IECE) TRAINING, ASSIST F ACULTY IN CONDUCTING THE PROGRAM 14 FRIDAYS A YEAR. HIGH SCHOOL STUDENTS ROTATE THROUGH SI X STATIONS, EACH STAFFED BY VCOM STUDENTS AND DEDICATED TO A COMMON HEALTH PROBLEM. THE PR OGRAM IS DESIGNED TO ENCOURAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	HIGH SCHOOL STUDENTS TO CONSIDER HEALTHCARE AS A POTENTIAL CAREER OPTION. SUMMER ENRICHME NT EXPERIENCE (SEE) - EACH SUMMER, VCOM HOSTS SUMMER CAMPS FOR HIGH SCHOOL STUDENTS, FROM RURAL AREAS AND AT-RISK POPULATIONS, WITH ONE WEEK FOR BOYS AND THE OTHER FOR GIRLS. THE S UMMER ENRICHMENT EXPERIENCE (SEE) IS OFFERED TO RISING SOPHOMORES, JUNIORS AND SENIORS AND PROVIDES THEM WITH AN INTRODUCTION TO HUMAN ANATOMY AND MEDICAL SCIENCE. DESIGNED TO ENCO URAGE STUDENTS TO PURSUE CAREERS IN SCIENCE AND MEDICINE, THE SEE PROGRAM ALSO GIVES THEM AN APPRECIATION OF THE FUNDAMENTALS OF A HEALTHY LIFESTYLE. STEM OPPORTUNITIES FOR YOUTH - SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) ARE ESSENTIAL IN THE WORLD OF TODAY AND TOMORROW. TO PROMOTE INTEREST IN HEALTHCARE CAREERS AND SHARE THEIR EXPERIENCES WITH STUDE NTS FROM RURAL AND UNDERSERVED AREAS, VCOM STUDENTS AND FACULTY PROVIDE A NUMBER OF STEM P ROGRAMS TO LOCAL SCHOOLS. INTERNATIONAL OUTREACH PROGRAM INTERNATIONAL OUTREACH EFFORTS DI STINGUISH VCOM AS HAVING ONE OF THE NATION'S OUTSTANDING MEDICAL SCHOOL GLOBAL HEALTH PROG RAMS WHILE SUPPORTING THE VISION AND MISSION OF THE COLLEGE. VCOM PROVIDES EXPERIENCE FOR FUTURE PHYSICIANS TO PARTICIPATE IN ONE-WEEK LONG INTERNATIONAL MEDICAL OUTREACH TRIPS FOR SECOND-YEAR STUDENTS AND FACULTY PHYSICIANS, 12 TIMES ANNUALLY. STUDENTS IN THEIR THIRD A ND FOURTH YEARS ALSO HAVE AN OPPORTUNITY TO PURSUE INTERNATIONAL CLINICAL ROTATIONS. WITH THREE YEAR-ROUND MEDICAL CLINICS AND HOSPITAL AFFILIATIONS IN THE DOMINICAN REPUBLIC AND H ONDURAS, COUPLED WITH EDUCATIONAL AFFILIATIONS WITH THE APPALACHIAN SCHOOL OF PHARMACY, TH E NURSING PROGRAM AT BLUEFIELD UNIVERSITY (AND OTHER PARTNERS), THE VCOM INTERNATIONAL CLI NIC SITES PROVIDE A MOST UNIQUE EXPERIENCE. THESE EXPERIENCES FOCUS ON SUSTAINABLE PUBLIC HEALTH, COMMUNITY HEALTH AND INDIVIDUAL PATIENT CARE TO POPULATIONS IN NEED ALLOWING STUDE NTS TO BECOME GLOBALLY- MINDED, COMMUNITY-FOCUSED PHYSICIANS. RAPIDLY EXPANDING INTERNATIO NAL RESEARCH ALSO PROVIDES STUDENTS AND FACULTY OPPORTUNITIES TO USE APPLIED RESEARCH TO E NHANCE PREVENTION OF DISEASE AND PROMOTION OF BETTER HEALTHCARE PRACTICES. IN THE WAKE OF COVID-19, INTERNATIONAL OUTREACH TRIPS WERE TEMPORARILY HALTED DURING 2020 FOR THE SAFETY OF VCOM STUDENTS, FACULTY AND STAFF AS WELL AS THE COMMUNITIES SERVED. VCOM CONTINUED TO S UPPORT THE INTERNATIONAL CLINICS THROUGH STUDENT FUNDRAISERS, DONATIONS OF SUPPLIES AND BI -WEEKLY VIDEO CONFERENCE MEETINGS. TO FURTHER CONTINUE SERVING AND HELP PLAY A PART IN COM BATING THE GLOBAL PANDEMIC, VCOM STUDENTS CHANNELED ADDITIONAL OUTREACH EFFORTS TOWARDS TH E LOCAL COMMUNITY. OVER THE PAST YEAR, VCOM REGIONAL OUTREACH EFFORTS FOCUSED ON ORGANIZIN G AND IMPLEMENTING NUMEROUS DONATION DRIVES, DISASTER RELIEF AND COVID-19 VACCINE CLINICS HELD AT CHURCHES, SCHOOLS AND HEALTH CLINICS THOUGHOUT OUR SURROUNDING COMMUNITIES. THE VC OM INTERNATIONAL PROGRAM CONTINUES TO ADVANCE WHERE POSSIBLE WITH CURRENT COVID SAFETY RES TRICTIONS. SUPPORT TO INTERNAT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	IONAL CLINICS, RESEARCH, PUBLICATIONS, CURRICULUM DEVELOPMENT, STUDENT ORGANIZATION INTERN ATIONAL ACTIVITIES AND OTHER COMPONENTS HAS CONTINUED. STUDENT INTEREST IN INTERNATIONAL P ROGRAMS REMAINS HIGH BASED ON THE NUMBER OF APPLICATIONS FOR PROGRAMS. INTERNATIONAL CLINI CAL ROTATIONS WITH THIRD- AND FOURTH-YEAR STUDENTS HAVE RESUMED IN HONDURAS AND THE DOMINI CAN REPUBLIC. USNS COMFORT MEDICAL OUTREACH THE MOST SIGNIFICANT RECENT DEVELOPMENT INVOLV ING THE COLLEGE'S INTERNATIONAL OUTREACH PROGRAM WAS A MEMORANDUM OF UNDERSTANDING (MOU) B ETWEEN VCOM AND SOUTHCOM THAT WAS SIGNED IN FEBRUARY OF 2022. TRIPS BEGAN DURING THE FALL OF 2022, WITH VCOM FACULTY PHYSICIANS AND HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM (HPSP) M ILITARY STUDENTS PARTICIPATING IN CLINICAL ROTATIONS ON THE USNS COMFORT MEDICAL SHIP FOR ONE-WEEK ENGAGEMENTS IN HONDURAS AND THE DOMINICAN REPUBLIC. VCOM CLINIC PHYSICIANS AND IN COUNTRY MEDICAL PROVIDERS ASSIST WITH MEDICAL OUTREACH IN THE COUNTRIES WHEN THEY ARE ON S HORE. UP TO FOUR PHYSICIANS AND EIGHT VCOM THIRD- AND FOURTH-YEAR HPSP STUDENTS PER TRIP L IVE ON THE COMFORT AND PARTICIPATE WITH US MILITARY AND INCOUNTRY MEDICAL PROVIDERS ON TRI PS TO BOTH HONDURAS AND THE DOMINICAN REPUBLIC. ONLINE GLOBAL HEALTH COURSES AND RESEARCH THE COLLEGE AND OTHER COLLABORATORS ARE DEVELOPING AN ONLINE GLOBAL HEALTH CURRICULUM THAT PERTAINS TO INTERNATIONAL OUTREACH TRIPS, ROTATIONS, RESIDENCIES AND VCOM GRADUATE PROGRA MS. TOPICS WILL INCLUDE TROPICAL DISEASE AND TRAVEL MEDICINE TO PREPARE STUDENTS, FACULTY AND OTHER PARTICIPANTS FOR INTERNATIONAL ROTATIONS, ENGAGEMENTS AND EXPERIENCES.; MEDICAL SPANISH - AN ONLINE MEDICAL SPANISH COURSE TO PREPARE STUDENTS FOR INTERNATIONAL ROTATIONS AND TRIPS WAS COMPLETED. BILINGUAL STUDENTS IN THE HCMO CLUB WILL OFFER TUTORING TO COMPL EMENT THE ONLINE COMPONENTS; GLOBAL HEALTH CLINICAL SKILLS - ONLINE MODULES WILL PROVIDE E SSENTIAL INFORMATION AND VIDEO DEMONSTRATIONS OF CLINICAL EXAMS, UTILIZATION OF INTERPRETE RS, WRITING PRESCRIPTIONS, CULTURAL SENSITIVITY, AND OTHER RELATED TOPICS. DEVELOPMENT OF NEW CURRICULUM AND INSTRUCTION WERE AN EXCELLENT USE OF TIME DURING TRAVEL RESTRICTIONS DU E TO COVID; AND ADVANCE VCOM OUTREACH, RESEARCH AND EDUCATION. PLEASE VISIT THE EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE (VCOM) WEBSITE AT - WWW.VCOM.EDU FOR A MORE COMPREHENSIVE LOOK AT ALL OF OUR LATEST EDUCATIONAL, RESEARCH AND OUTREACH INITIATIVES THROUGH WHICH VC OM IS CHANGING THE WORLD, PLEASE SEE OUR 2022 ANNUAL REPORT AT: WWW.VCOM.EDU/NEWS-AND-EVEN TS/PUBLICATIONS/ANNUAL-REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	DESCRIPTION GRANTS EXPENSES REVENUE OTHER RESEARCH & PUBLIC SERVICES 9,725,701 3,603,461 TOTALS 9,725,701 3,603,461

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TWO BOARD MEMBERS, JOHN G. ROCOVICH AND SUE ELLEN ROCOVICH ARE SPOUSES, AND THE PRESIDENT, DR. DIXIE TOOKE-RAWLINS AND A VICE PROVOST, FREDERIC RAWLINS, ARE SPOUSES. MOREOVER, A BOARD MEMBER/OFFICER, JOHN G. ROCOVICH, AND ANOTHER OFFICER, DENNIS BARBOUR, ARE PARTNERS AT THE SAME LAW FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE BOARD IS COMPRISED OF 16 DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL DIRECTORS SHALL BE APPOINTED, FROM TIME TO TIME, BY THE SOLE MEMBER, THE HARVEY W. PETERS RESEARCH FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD REVIEWED A DRAFT OF THE FORM 990 DURING A BOARD MEETING ON 11/4/2022 AND SUBSEQUENTLY REVIEWED CHANGES PRIOR TO FILING. CHARLES SWAHA, CFO, AND DIXIE TOOKE-RAWLINS, PROVOST AND PRESIDENT, REVIEWED THE DRAFT OF THE FORM 990 IN ADVANCE OF THE BOARD MEETING AND DISCUSSED QUESTIONS AND PROPOSED MODIFICATIONS WITH THE TAX RETURN PREPARER, WHO SUBSEQUENTLY UPDATED THE FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE, SIGN AND DATE A CONFLICT OF INTEREST STATEMENT IDENTIFYING POSSIBLE CONFLICTS OF INTEREST. THE CFO INITIATES AN ANNUAL SURVEY EVERY SPRING FOR BOARD MEMBERS. THE FORMS ARE COLLECTED AND REVIEWED BY THE CFO FOR ANY POTENTIAL CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE (VCOM) INTENDS TO PERFORM A SALARY SURVEY EVERY THREE YEARS. A SALARY SURVEY WAS COMPLETED LAST FISCAL YEAR. HUMAN RESOURCES LEADERSHIP ANALYZES DATABASES WITH SALARY INFORMATION (E.G. VIRGINIA TECH AND OTHER PUBLIC UNIVERSITIES) AND REVIEWS SIMILAR SCHOOLS' FORM 990S IN GUIDESTAR. THEY ALSO PARTICIPATED IN A SURVEY CONDUCTED BY THE AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE. THE DELIVERABLE PRODUCED IS A REPORT BY POSITION WHICH INCLUDES A SALARY RECOMMENDATION WITH COMPARISON TO DATA FOUND DURING THE SURVEY. THE REPORT IS REVIEWED BY THE PROVOST AND PRESIDENT. THE BOARD REVIEWS SALARIES OF KEY EMPLOYEES. THE BOARD APPROVES AND REVIEWS SALARIES OF THE PRESIDENT AND PROVOST AND CAMPUS DEANS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REQUESTS WILL BE EVALUATED BY EXECUTIVE MANAGEMENT OF THE COLLEGE. REQUESTS FOR A VALID BUSINESS PURPOSE GENERALLY ARE HONORED. MOST FINANCIAL INFORMATION IS AVAILABLE IN THE FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1E:	LINE 1E REPRESENTS FEDERAL FINANCIAL AID RECEIVED FROM THE U.S. DEPARTMENT OF EDUCATION.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
54-2052107

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MARCO ISLAND VIRGINIA LLC 4415 ELECTRIC ROAD ROANOKE, VA 24018 26-4282653	MANAGEMENT	VA	0	0	VCOM
(2) DUPRE HOLDINGS LLC 2265 KRAFT DRIVE BLACKSBURG, VA 24060	MANAGEMENT	SC	0	3,084,211	VCOM
(3) SERPENTINE HOLDINGS LLC 2265 KRAFT DRIVE BLACKSBURG, VA 24060	MANAGEMENT	SC	0	1,362,108	VCOM
(4) MILL STREET HOLDINGS LLC 2265 KRAFT DRIVE BLACKSBURG, VA 24060	MANAGEMENT	SC	0	368,023	VCOM
(5) VCOM GRAND STRAND MEDICAL EDUCATION AND RESEARCH FOUNDATION LLC 4415 ELECTRIC ROAD ROANOKE, VA 24018	MANAGEMENT	VA	0	0	VCOM

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)HARVEY W PETERS RESEARCH FOUNDATION 500 S MINNESOTA AVENUE SIOUX FALLS, SD 57104 46-0459671	MANAGEMENT	SD	501 (C) (3)	PF	N/A		No
(2)HARVEY W PETERS (VIRGINIA) HOLDING CORP 4415 ELECTRIC ROAD BLACKSBURG, VA 24018 54-2052207	MANAGEMENT	VA	501 (C) (2)	N/A	SEE ATTACHED		No
(3)VC MEDICAL ENDOWMENT TRUST 500 S MINNESOTA AVENUE SIOUX FALLS, SD 57104 47-6343397	MANAGEMENT	SD	501 (C) (3)	LINE 12D, III-O	N/A		No
(4)BLUEFIELD UNIVERSITY 3000 COLLEGE AVE BLUEFIELD, VA 24605 54-0568200	SCHOOL	VA	501 (C) (3)	LINE 2	SEE ATTACHED		No
(5)APPALACHIAN COLLEGE OF PHARMACY 1060 DRAGON RD OAKWOOD, VA 24631 26-0069167	SCHOOL	VA	501 (C) (3)	LINE 2	SEE ATTACHED		No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)ACADEMIC PRIMARY CARE ASSOCIATES LLC 2265 KRAFT DRIVE BLACKSBURG, VA 24060 20-4851978	FOR PROFIT CL	VA	VCOM	C	2,597,442	741,631	100.000 %	Yes	
(2)VIASTAR LLC 2265 KRAFT DRIVE BLACKSBURG, VA 24060 81-1333324	SEE SUPPL. IN	VA	VCOM	C	43,389	106,764	100.000 %	Yes	

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART II, LINE 2	HARVEY W. PETERS RESEARCH FOUNDATION

Additional Data

Software ID:

Software Version:

EIN: 54-2052107

Name: EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ACADEMIC PRIMARY CARE ASSOCIATES LLC	O	1,501,264	FMV
ACADEMIC PRIMARY CARE ASSOCIATES LLC	P	67,198	FMV
ACADEMIC PRIMARY CARE ASSOCIATES LLC	J	189,684	FMV
ACADEMIC PRIMARY CARE ASSOCIATES LLC	B	1,047,320	FMV
HARVEY W PETERS (VA) HOLDING CORPORATION	K	3,237,041	FMV
VIASTAR LLC	O	3,295	FMV
VIASTAR LLC	P	1,906	FMV
VIASTAR LLC	Q	1,000	FMV