



2020 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant :

Organization / Agency Information

1) Organization/Agency Name: InterFaith Health Clinic		
2) Physical Address: 315 Gill Ave.		City/State/Zip Knoxville, TN 37917
3) Mailing Address: 315 Gill Ave.		City/State/Zip Knoxville, TN 37917
4) CEO or Director: Melissa H. Knight		Title: Executive Director
5) Phone: 865-546-7330	6) Fax: 865-546-6643	7) Email: melissa@interfaithhealthclinic.org
8) Contact Person: Kelly Mainor		Title: Assistant Director, Development & PR
9) Phone: 865-243-3038	10) Fax: 865-546-6643	11) Email: kmainor@interfaithhealthclinic.org
12) Web Site Address: www.interfaithhealthclinic.org		13) Tax ID: 58-1947641

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

14) Program/Project Name: Health Care for the Low-Income Uninsured During the COVID-19 Pandemic			15) Amount of Grant Requested: \$24,398
16) Total Organization Budget: \$2,122,500	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 84.8%	18) Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 6.9%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 15.2%
20) Purpose of Grant Request (one sentence): With support from the Gimbel Foundation, we could provide 100 low-income, uninsured individuals with a medical home, where they could receive affordable health care (including COVID-19 screening and treatment, if needed) as well as access to wellness and specialty care services, in order to keep them healthy enough to keep working, keep caring for their families, and keep contributing to our community.			
21) Program Start Date (Month and Year): January 1, 2021		22) Program End Date (Month and Year): December 31, 2021	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) InterFaith has received no previous funding from the Gimbel Foundation.			

Signatures

24) Board President / Chair: (Print name and Title) Russ Wilson, Corporate Board President	Signature: 	Date: 8-28-20
25) Executive Director/President: (Print name and Title) Melissa Knight, Executive Director 8-28-20	Signature: 	Date: 8-28-20

2020 S.L. Gimbel Foundation Fund APPLICATION

Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins, Times New Roman**. Use the format below (I to IV). Type the question. Type your complete answers to the question directly below the question. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission and purpose of your organization?

The mission of the InterFaith Health Clinic is to provide accessible, affordable, and quality health care services for the low-income, working uninsured and underserved of Knoxville and the surrounding counties. Our services include primary healthcare, dental services, and mental health counseling. We also have an on-site medications dispensary and regularly offer specialty clinics such as diabetic counseling, dermatology clinics, and minor surgery clinics. By providing a wide variety of services at a price our patients can afford, we offer our patients a means of receiving the health care that is necessary to remain healthy. The holistic health of our patients lets them stay on the job or in school and remain active participants in society, which also contributes to their overall health and sense of self.

Our goal at InterFaith is to fill the gap between government-subsidized insurance programs, such as TennCare and the Affordable Care Act, and private health insurance, which our patients cannot afford. We make a concerted effort not to duplicate other services being provided in the community. Instead, we work closely with area health departments and other clinics to make sure our patient guidelines line up with theirs so that services aren't being duplicated and patients aren't falling through the cracks.

The overwhelming majority of our patients have incomes, but they either do not receive medical benefits from their employers or they cannot afford the coverage offered. We provide an affordable option. InterFaith is not a free clinic. Instead, patients are charged according to a sliding-fee scale that is based on household size and income. Most of our patients fall at the 10% level of this sliding-fee scale and pay only \$15 for an average visit to the clinic. Each visit costs the clinic much more, however, so that difference must be covered through donations from individuals, local hospitals, businesses, civic groups, and charitable foundations like the Gimbel Foundation.

InterFaith Health Clinic was founded in 1991 by members of the religious, health care, and business communities to provide an affordable health care option for low-income people who were working without health insurance. When religious leaders from the Jewish and Christian communities saw the growing need for an affordable health care option for the low-income, working uninsured, the clinic was established in 1991. Over the past 29 years, InterFaith has worked diligently to "fill in the gaps" in the health care system by providing care for those who make too much money to qualify for government assistance but who cannot afford private coverage.

B) How long has the organization been providing programs and services to the community?

InterFaith has been providing medical homes and coordinating specialty care services for low income, uninsured patients in Knoxville for 29 years. This March will mark the clinic's 30th anniversary.

C) What are some of your past organizational accomplishments (last three years)?

Since the clinic's inception nearly 30 years ago, InterFaith has served over 24,000 individual patients through the provision of over 400,000 health care encounters. In other words, 24,000 people have received physical health care at InterFaith that has helped them pursue their health mentally, financially, socially, and spiritually as well. Whether it's treatment for a common sinus infection, open heart surgery, or more recently, helping patients survive COVID-19, InterFaith Health Clinic is proud to have been able to provide not just health – but *hope* – to more than 24,000 at-risk individuals over the last three decades.

While primary care will always be at the heart of InterFaith's health care ministry, the last five years have seen InterFaith branch out into more preventive health and wellness initiatives. Through a partnership with the Humana Foundation, InterFaith now operates a Healthy Lifestyle Classroom, where low-income patients take classes in nutrition, disease management, exercise, and healthy cooking skills, to better equip them to manage their health and improve their quality of life. Since our Healthy Lifestyle Classroom opened in late 2017, we have reached over 1,000 individuals (the overwhelming majority of whom were uninsured) with free or low-cost wellness programming.

In addition, InterFaith is currently involved in a multi-year grant partnership with the Humana Foundation to conduct a pilot project aimed at reducing food insecurity and social isolation in low-income populations. Because food and lifestyle are inextricably linked to physical health, our pilot project, which centers on delivering fresh, healthy “meal kits” to food insecure individuals, contributes to the holistic health of our patients. While we are currently in year two of a three-year pilot project, we are excited that our pilot program has already delivered over 30,000 fresh, nutritious meals to low-income households. Moreover, 23% of program participants have indicated they are no longer food insecure after joining the program. Our work in the area of food insecurity has helped fuel our clinic's passion for not just treating the patient's immediate medical condition, but also equipping them with the tools and knowledge necessary to make lifestyle changes that impact their health over the long-term.

Aside from InterFaith's work with the Humana Foundation, another recent accomplishment involves our dental clinic. InterFaith currently has a small dental clinic with four operatories that is fully equipped and staffed to perform general dentistry services. Last fiscal year, we were fortunate to be able to expand our staff with a full-time dentist, hygienist, and dental assistant, which allowed us to see a 58% increase in dental services. Thanks to an expanded staff, we are currently experiencing a surge in dental procedures, including providing dentures and partials to low-income senior adults through our participation in the SMILE On 60+ collaborative senior dental initiative. The services provided in our dental department often have impacts far beyond merely improving someone's smile; patients have reported better clinical outcomes as they are able to eat more nutritiously, and also improved financial status as they are able to obtain better jobs as a result of having their teeth fixed. We're currently exploring cost effective options to expand our dental clinic outside the clinic's walls, including possible partnerships with other area nonprofits, area dentists, and dental schools.

More important than all of these initiatives, though, are the 8,500 patients whose health we have supported in recent years. From providing maintenance medications for hypertensive patients to coordinating chemotherapy for a cancer patient, InterFaith stands behind the comprehensive health of our patients. While we are proud of our recent partnerships and strides toward reducing food insecurity and improving oral health, we are equally as proud of each patient who is able to keep working, continue caring for his family, and keep contributing to the community because of the comprehensive health care he or she received at InterFaith Health Clinic.

D) What are your key programs and activities?

InterFaith Health Clinic has a single program that involves providing quality, low-cost, direct health care services to the low-income working uninsured. As part of this single program, InterFaith currently conducts four health care activities on-site at our clinic: primary medical care, dental care, mental health counseling, and access to prescription medications.

- Primary care – Primary care includes both acute/episodic care and chronic disease management. Because many of our patients went without health care for years before coming to InterFaith, many of the health problems treated at the clinic are complicated and often chronic health issues that have developed over an extended period of inadequate health care. Many of our encounters, however, involve episodic conditions that do not require long-term treatment. Fortunately, thanks to partnerships with all three area hospital systems and a network of over 400 local specialists, InterFaith is equipped to manage both.
- Dental care – As previously discussed, InterFaith provides general dentistry services (including hygiene and dentures) that help relieve patients of pain and improve their overall oral health. Rather than merely pulling teeth, our philosophy is to help save teeth by encouraging good oral health, regular hygiene visits, and prevention. InterFaith’s dental clinic performed 764 hygiene clinics and took on 128 new patients last fiscal year and is on track this year to surpass those volumes.
- Mental health counseling – In keeping with InterFaith’s commitment to holistic health care, we offer mental/behavioral health and social services to our patients. InterFaith’s mental health and social services department is staffed by one full-time L.C.S.W., who, prior to Covid-19, divided his time between roughly 50% counseling and 50% social services. With the Covid-19 pandemic, however, we’ve seen a tremendous increase in the need for counseling services. Our LCSW is already focusing nearly all of his time in counseling, and we expect this to continue throughout the pandemic. Already, mental health visits are up by 50%, and we expect this to continue to be an area of great need in the coming weeks.
- Access to prescription medications – While the clinic does provide access to medications, InterFaith does not have a pharmacy. Rather, we are classified as a physician-dispensed site. Our medicine dispensary is currently staffed by one full-time pharmacy tech, as well as volunteer pharmacists and pharmacy students. Relying on donated medications from a myriad of pharmaceutical companies, InterFaith distributed \$1.7 million in brand-name, prescription medications (no narcotics) last fiscal year. In a day and age in which prescription drugs are used as health maintenance and prevention tools, InterFaith recognizes the fact that medications are often an integral part of a patient’s treatment plan. Because many of our patients work low-wage jobs that cause them to struggle with the costs of basic healthcare, costly prescription medications are unaffordable without health insurance. With patients paying only \$20 for a three-month supply (equating to \$6.66 per month), potentially lifesaving prescription drugs that were once unaffordable are now a regular part of our patients’ treatment plans. Prior to becoming a patient at InterFaith, one patient was paying a retail cost of \$871 per month for necessary prescription medications. After enrolling as an

InterFaith patient, the patient now receives the same medications for only \$67 per month, a savings of \$804 each month.

In addition to the four main activities listed above, InterFaith also provides wellness programming through our Healthy Lifestyle Classroom, a robust Hepatitis C treatment program than has seen over 20 patients cured of the disease, vision care, and coordination of several thousand specialty care referrals each year through our network of volunteer specialists.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

InterFaith Health Clinic exists to provide accessible, affordable, and quality health care services to the low-income, working uninsured and underserved. We provide direct health care services to individuals who do not have health insurance benefits. Our patients are those who make too much to qualify for government health insurance programs but who make too little to afford private health insurance coverage. In other words, our patients are those who “fall through the cracks” of today’s health care system.

Due to the state of Tennessee’s robust health care program for children, most of InterFaith’s patients are over the age of 18. Similarly, because most seniors have Medicare, we do not serve as many senior patients. Most of InterFaith’s patients are within the ages of 19-64.

Within our patient population, we serve many racial and ethnic minorities, people with disabilities, individuals suffering from chronic disease, and victims of domestic violence. However, the primary population InterFaith serves is the low-income working uninsured and underserved. It should be noted that, since COVID-19, we have relaxed our financial guidelines to include individuals who may have lost their jobs because of COVID. This has resulted in many new patients coming to the clinic for health care.

InterFaith Health Clinic has no geographic boundaries, so we have the potential to serve patients from anywhere in the state of Tennessee. However, 84% of our patients come from Knox County and the 8 contiguous counties.

Over 90% of InterFaith’s patient population makes minimum wage, and most work in service-sector industries like restaurants, personal services, or trades where health insurance is not offered.

II. Project Information:

A) Statement of Need

1. Specify the community need(s) you want to address and are seeking funds for.

Through this grant project, InterFaith Health Clinic is seeking to address our community’s need for affordable health care for low-income individuals during the COVID-19 pandemic. Although InterFaith’s mission for the past 29 years has been to provide medical homes to the working uninsured, providing a stable and affordable health care home to our community’s blue-collar workforce is more important now than ever before. Many community COVID-19 testing sites exist; however, InterFaith Health Clinic is the only clinic in Knoxville dedicated solely to the low-income uninsured that provides access to comprehensive health care services five days and some evenings each week. In addition to access to COVID-19 testing, uninsured

patients in our community need access to a medical home where they can get help when they are sick but also where they get the resources they need to stay healthy in the first place.

B) Project Description

1. Describe your project. How does your project meet the community need?

InterFaith's proposed project, *Health Care for the Low-Income, Uninsured During the COVID-19 Pandemic*, involves providing 100 new patients with a medical home. In other words, if this project is funded, InterFaith could provide 100 NEW patients with access to affordable and comprehensive health care services during a time when access to health care is needed more than ever before.

Due to temporarily relaxing our eligibility guidelines and more sick patients in need of care, InterFaith expects to take on 500-600 new patients in the coming year. Many of these patients will come to us for the first time with COVID-19 symptoms, while others will be referred to us for treatment from local hospitals or health departments after they test positive for COVID-19. Still others will come to InterFaith unrelated to COVID-19, but simply those who need a health care home during these uncertain times. With diminished financial resources and no additional staff, we are aggressively pursuing new funding opportunities to meet this urgent need so that we do not have to turn anyone in need of care away.

At his first visit, a new patient at InterFaith would have a full physical, EKG, and a complete panel of bloodwork. Additionally, our clinicians would work with the patient to obtain any needed chronic disease medications through a patient assistance program, where they could get an entire year's worth of medication for just a \$20 handling fee. After the initial visit, InterFaith would continue to provide ongoing care – including specialty care, necessary diagnostics, hospitalizations, etc. Thanks to leveraged funds from other sources and three decades' worth of valuable in-kind partnerships, InterFaith is able to provide a medical home to a new patient for a one-year period for just \$250 per patient.

In other words, for a \$24,398 investment, The Gimbel Foundation could ensure that 100 low-income individuals have a reliable, affordable health care home they can turn to during our country's most serious health crisis in recent history.

2. What is unique and innovative about this project?

Health Care for the Low-Income, Uninsured During the COVID-19 Pandemic is unique because it involves a variety of community partners – from both the nonprofit and for-profit sectors – coming together to achieve a common goal: providing a health care home for vulnerable members of our community during the pandemic. We are able to provide a health care home for such a low cost (only \$250 per patient for an entire year) only because so many partners have committed donated supplies and services, which helps keep overhead costs extremely low.

Additionally, this project is unique in that it goes far beyond just putting a “Band-Aid” on the problem; instead, this project provides an ongoing resource for patients to access both when they are sick and also when they are well, in order to avoid getting sick.

C) Project Goal, Objectives, Activities and Expected Outcomes

- 1. Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, “number served, or acres improved”). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

- 2. State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
- 3. State One Objective. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization’s activities toward achieving the goal. Specify the activities you will undertake to meet the objective and number of participants for each activity.**
- 4. State One Outcome are the individual, organizational or community-level changes that can reasonably occur during the grant period as a result of the proposed activities or services. What are the key anticipated outcomes of the project and impact on participants? State in quantifiable and verifiable terms.**
- 5. Evaluation: How will progress towards the objective (per above) be tracked and outcome measured?
Provide specific information on how many individuals will be evaluated (should be the same number as in the objective), how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.**

Use the following format for your objectives, respective activities and expected outcomes:

STATE THE GOAL, OBJECTIVES, AND OUTCOMES

GOAL: *Provide all low-income, uninsured individuals in and around Knox County with a health care home where they can receive consistent access to comprehensive health care services.*

OBJECTIVE: *To provide 100 new low-income, uninsured patients with a medical home at InterFaith Health Clinic for a one-year period beginning on January 1, 2021.*

ACTIVITIES:

- 1) Screen enrollment paperwork for 100 new patients and enroll them at the clinic as a new patient*
- 2) Conduct initial physical exam for 100 new patients*
- 3) Provide access to needed medications for 100 new patients based on acute and chronic illnesses*
- 4) Screen 100 new patients for both dental and mental health services*
- 5) Provide ongoing follow-up as needed for a one-year period for these 100 new patients*

OUTCOME: *As a result of having a stable health care home, we expect 100 new patients to experience improved health and overall quality of life. Specifically, we expect to see an improvement*

in health indicators such as blood pressure, Hemoglobin A1-c levels, etc. Tangentially, we expect improved health outcomes to lead to improved mental and emotional wellness, as well as financial security for these 100 patients. The provision of 100 new medical homes will also result in community-wide economic impacts, as healthy workers are more reliable and productive, which contributes to a stronger economy.

EVALUATION: *Using our electronic health record system, Athena, InterFaith will generate encounter reports to track whether 100 new health care homes have been provided in the one-year period. Additionally, InterFaith will use reports from our clinical providers, patient charts, and patient testimonial to observe improvement in patient's health and quality of life during the grant term.*

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate. The start date and end date should be the same dates on the cover page.

January 1, 2021: begin accepting new patient applications

January 2021: review new patient applications for eligibility and schedule new patient appointments for patients who are eligible

January – December 2021: continue to review new patient applications for eligibility and schedule new patient appointments; conduct health care encounters for 100 new patients (including medical, dental, and mental health visits)

June 2021: using reports from our electronic health record system, evaluate our progress toward our stated goal and objectives; adjust activities as necessary to keep us on track to meet our objective of providing 100 new low-income individuals with a health care home

December 31, 2021: grant program concludes, prepare report for The Gimbel Foundation

Because InterFaith Health Clinic is currently accepting new patients, the infrastructure to carry out this grant project is already in place. Due to the current strain on our resources caused by COVID-19, however, our ability to care for hundreds of new patients is limited. It is never our desire to turn anyone in need away. Thus, we respectfully request partnership with The Gimbel Foundation to ensure that the most vulnerable members of our community – the low-income, uninsured – have access to health care they can afford during this pandemic.

E) Target Population

1. Who will this grant serve?

As described in section 1E, this grant will serve InterFaith Health Clinic's target population – the low-income uninsured. The majority of the individuals served will be adults, and most will work in service-sector industries like the restaurant industry, salons, or tourism. None of the patients served will have health insurance benefits, meaning that they lack access to consistent, quality, and affordable health care. Some of these individuals will have been impacted with a job loss or reduction in hours due to COVID-19. Although InterFaith's mission is to serve the low-income *working* uninsured, we have temporarily relaxed our financial guidelines to include individuals who have been laid off or lost their jobs due to COVID. Nevertheless, most of the

individuals served by the grant will have some form of income; most will be minimum wage workers who struggle to make ends meet.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

One hundred low-income individuals will be impacted by receiving a health care home as a result of this project. Although our demographic data may be somewhat different during the pandemic, we estimate the breakdown to be as follows:

85 adults ages 19-64
5 youth ages 18 and under
10 seniors ages 65+

F) Projects in the Community

1. How does this project relate to other existing projects in the community?

Access to affordable health care is one of the top health priorities in Knox County and is currently being prioritized by the Knox County Health Department. Because of InterFaith's 29-year track record of caring for the uninsured, our model is often viewed as the gold standard of providing health care for the uninsured. As such, InterFaith has helped start several similar clinics in neighboring communities and continues to serve in an advisory role to these younger clinics with parallel missions.

While access to health care for indigent populations is covered by local health departments, and access to health care for the homeless is addressed by ministries to the homeless, InterFaith is the only clinic in Knoxville that offers comprehensive care strictly to the uninsured five days a week. As such, InterFaith has a wide network of support throughout the community.

2. Who are your community partners (if any)?

Strategic and enduring partnerships are the cornerstone of InterFaith's nearly 30-year track record of providing health care to the underserved in Knoxville. InterFaith has longstanding arrangements with over 400 volunteer specialists (representing every specialty care area in Knoxville) and all 3 major hospital systems in Knoxville to provide medical care, diagnostics, surgeries, and hospitalizations to our patients, according to InterFaith's sliding fee scale. In addition, InterFaith works in tandem with the Knox County Health Department and other area health care nonprofits to ensure our services are meeting the community's most pressing needs. The City of Knoxville and Knox County also support InterFaith Health Clinic's mission and support the clinic through annual community grants, and InterFaith works with the State of Tennessee Department of Health as a safety net provider. Community organizations such as the Akima Club, Sertoma Club, LMU School of nursing, TVA Federal Credit Union, the Rotary Club, and other civic groups partner with InterFaith to provide volunteer support. InterFaith knows we can provide better health care when we have an array of resources at our disposal, and we are fortunate to have such a diverse group of community partners.

3. Who else in the community is providing this service or has a similar project?

As previously mentioned, InterFaith Health Clinic is the only clinic dedicated strictly for the low-income uninsured that offers comprehensive health care five days and some evenings each

week. Knoxville is home to a handful of walk-in clinics for uninsured patients, but most are not open every day, and none offer access to dental care, mental health counseling, and specialty care like InterFaith does. In fact, InterFaith works with these smaller clinics and will often take on a patient who they do not have the specialty care resources to appropriately treat.

In addition, local retail pharmacies like Walgreens and CVS now offer clinics inside many of their stores. In Knoxville, the average fee at a walk-in clinic for someone without health insurance is \$120. Few of InterFaith's low-income patients can afford to pay that much for a single health care visit, and trips to the emergency room for non-emergent conditions are costly for both the patient and the community as a whole. To provide a more affordable alternative and to ensure that sick patients don't forgo care due to cost, InterFaith operates an urgent care clinic on a walk-in basis one or two evenings each week from 5 pm - 8 pm. InterFaith's walk-in clinics operate at the clinic and are staffed by the clinic's providers, making the walk-in clinics an extension of the clinic itself. One goal of the walk-in clinics, in fact, is to funnel patients into a primary care medical home by meeting their immediate acute care needs at a cost they can afford. Some of the 100 patients served by this grant project, in fact, would likely be patients that present at one of our walk-in clinics.

4. How are you utilizing volunteers?

InterFaith uses volunteers in a variety of creative and impactful ways. Our primary use of volunteers involves the 400+ specialists that have agreed to treat our patients in their private offices but charge according to InterFaith's sliding fee scale. These volunteers, although they rarely come on-site to the clinic, have an indispensable role in helping InterFaith provide truly comprehensive healthcare. While we could never provide neurological testing or cardiac rehab at our modest facility, thanks to partnerships with these volunteers, every specialty care area available in Knoxville is represented in InterFaith's volunteer network.

Other than volunteer doctors and dentists, InterFaith benefits from the volunteer services of retired pharmacists, who help in our medication dispensary. Masters-level social work students from the University of Tennessee volunteer their time providing counseling services, under the supervision of InterFaith's staff licensed clinical social worker. Other non-clinical volunteers help with administrative tasks such as scanning charts, filing, letter writing, and other office tasks. Groups of student volunteers from Lincoln Memorial University, Johnson Bible College, and the University of Tennessee regularly assist with fundraisers. Finally, InterFaith has been adopted by several community organizations, most recently a team from Scripps Networks and another group from WATE Channel 6, who have volunteer to paint, landscape, and do maintenance at our facility. InterFaith's strategic use of volunteers helps us keep operating costs low so that we can focus more resources to delivering health care.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Because this project involves the provision of health care homes, grant funds will be used primarily to pay for staff salaries of InterFaith's front office staff, nurses, and clinical providers (including nurse practitioners, physicians, dentists, hygienists, licensed clinical social workers, pharmacy technicians, etc.) as broken down incrementally in the budget below. Employee benefits, software, postage, and other overhead costs are being absorbed by InterFaith and other funding sources (included in-kind donated services); we are requesting that the Gimbel

Foundation help provide salary support so that we have the human resources to take on 100 new patients. We are fortunate to receive some donated medical equipment and supplies, and we own our building. The primary costs associated with providing affordable health care visits, therefore, are related to staffing. We have also requested that the Gimbel Foundation assist with the charges associated with conducting bloodwork and EKGs on new patients, which are routine procedures at new patient appointments at InterFaith.

III. Project Future

A) Sustainability

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

InterFaith Health Clinic believes that implementing *Health Care for the Low-Income Uninsured During the COVID-19 Pandemic* will have a life changing impact on its 100 participants, and ultimately, our whole community. Because InterFaith feels this project will have such a profound impact on those served, funding will be aggressively pursued.

Foundations funding health initiatives during the pandemic have already been identified and receiving funding from The Gimbel Foundation toward this effort will undoubtedly help leverage additional funding. InterFaith has been quite successful in obtaining new grant funding to meet resource needs (like purchasing personal protective equipment, cleaning supplies, and COVID-19 test kits) during the pandemic; now, we are seeking funding to care for the influx of new patients coming to our clinic for care.

InterFaith Health clinic is a recipient of United Way funding and holds four major special events annually. Our fundraising efforts – especially those centered around special events - have become increasingly difficult during the pandemic, however. We were forced to cancel our largest fundraiser of the year in April, which accounts for \$100,000 of our annual operating budget. To compensate, InterFaith is embracing virtual events and strategies to raise money online. We have already hosted one virtual event, which netted \$36,000, and we are planning our second virtual fundraiser for October. With the staying power that COVID-19 has demonstrated, we have embraced the reality that we are going to have to pivot in order to sustain our services.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

InterFaith Health Clinic's board of directors is comprised of 27 members of the community from the business, health care, and religious sectors. The board of directors plays two key roles for our organization:

Guidance – both in visioning process and policy-setting

Oversight – both in quality of services and fiscal responsibility

InterFaith's board does not micromanage the organization. Rather, they leave the day to day operations to the executive director and hold her accountable for fulfilling the clinic's mission, remaining financially viable, and remaining in good standing in the community.

InterFaith's board of directors is very supporting of the clinic's fundraising efforts, and nearly all of its members make regular financial contributions to the clinic.

2. What committees exist within your board of directors?

Currently, InterFaith's board has the following committees: executive (comprised of officers), finance, nominating, health care services, provider committees (medical, dental, and mental health), human resources, and vision. The committees work in tandem with the full board and InterFaith staff to accomplish specific objectives relative to strategic goals being pursued at the time.

3. How does the board of directors make decisions?

The full board of directors gathers information from the appropriate committees and senior staff. While a recommendation can come from the floor during a meeting, that rarely occurs; most decisions are vetted through the appropriate committee. After the committee reviews proposals, concerns, or the events in the community at large, they vote whether to support a recommendation proposed to them or they may craft their own recommendation. If the recommendation is approved by the committee, it is taken to the full board. At that time, the board has the opportunity to discuss the recommendation, modify if necessary, and vote to accept or reject.

The full board of directors meets six times a year. However, the executive committee meets the during the months the full board does not meet. They have the power to act in place of the board whenever the full board is not in session in all areas other than amending the by-laws. Appropriate senior staff attends committee meetings and board meetings for the purpose of both presenting information and answering questions.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

InterFaith Health Clinic is fortunate to have an extremely knowledgeable and experienced staff with the credentials and proficiency to manage this project. The two individuals on InterFaith's staff who would be most influential in carrying out the program are the clinic's executive director, Melissa Knight, and the clinic's practice manager, Amy Smith. Having served as the clinic's executive director for 26 years, Mrs. Knight is intimately acquainted with the needs of the low-income uninsured and InterFaith's capacity to meet their health care needs. Having managed similar efforts in the past, Mrs. Knight has the experience necessary to manage a program from conception to completion. In addition, Amy Smith is a nurse turned practice manager with 15+ years of experience in clinical management, so she is well acquainted with the accepting new patients into a clinical setting. The combined knowledge, experience, and commitment of both Mrs. Knight and Mrs. Smith will ensure that this project will be successfully implemented.

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V. Project Budget and Narrative (Do not delete these instructions on your completed form and use this form).

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost**
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
- 4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Screen enrollment paperwork for 100 new patients & enroll them as a new patient	<i>Screen 150 people to determine 100 who qualify</i> -Gimbel: (100 people x 30 minutes x \$12/hour) -InterFaith: (50 who did not qualify + supplies + computer programs for the full 150)	\$300		\$600	\$900
Physical exam for 100 new patients	-Gimbel: (100 people x 45 minutes x \$50/hour per provider) -Gimbel: (100 people x \$30 bloodwork) -Gimbel (100 people x \$5 EKG supplies & \$10 to have it overread by cardiologist) -InterFaith: (nursing staff, front office staff,	\$2,500	\$15,000	\$8,250	\$25,570

	<p>electronic record, misc. supplies) -Other funders: (specialty referrals – assuming 15% will need specialty care, and we are assigning that at \$1,000 per episode)</p>				
Provide access to medications	<p>-Gimbel: (99 x 45 minutes for initial enrollment in PAP and 15 each quarter after x \$15/hour -Gimbel: (99 x \$3 enrollment in PAP program) -InterFaith: (99 x \$2 postage & employee benefits)</p>	\$198	\$36,828	\$2,498	\$39,524
Screen 100 for Mental Health & Dental services by nurse	<p><i>Assumes 15 minutes/screening</i> -Gimbel: (100 x 30 minutes x \$15 per hour) -InterFaith: CE on appropriate screening, processing referrals, employee benefits, software (100 x \$2)</p>	\$200		\$750	\$950
<p>Provide ongoing care: -Assume 30 need mental health/avg. 6 visits -Assume 50 want hygiene services -Assume 25 need at least 1 filling -Assume 15 need a 2nd filling -Assume 25 need 2 more medical visits</p>	<p>-Gimbel: (30 x 6 x \$30/hour) -Gimbel: (50 x \$30/hour) -Gimbel: (25 x 30min x \$75/hour plus \$10 supplies) -Gimbel: (15 x 30min x \$75/hour plus \$10 supplies) -Gimbel: (25 x 2 visits x 30 min. x \$50 hour for provider)</p>	\$11,500		\$12,300	\$23,800

-Assume 50 need 1 more medical visit -Assume 50 need additional bloodwork	-Gimbel: (50 x 2 visits x 30 min. x \$50 hour for provider) -Gimbel: (50 x \$20 lab fees) -InterFaith (supplies, electronic record, PPE, employee benefits, social services)				
TOTALS:		\$14,698	\$51,828	\$24,398	\$90,924

B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Screen enrollment paperwork for 100 new patients & enroll them as new patients – Before health care can be provided for 100 new patients, these patients must first be identified and enrolled as patients. To enroll 100 new patients, we are estimating that we will need to screen around 150 patients to get 100 that are eligible. Screening patients involves distributing and reviewing application forms, financial information, etc. for potential patients and is conducted by our front office staff, practice manager, and occasionally our clinicians. We are requesting that the Gimbel Foundation contribute \$600 toward this effort: 100 people x 30 minutes x \$12/hour = \$600. InterFaith would fund the cost of screening the 50 who did not qualify + supplies + computer programs for the full 150 people.
2. Physical exam for 100 new patients – This represents our first clinical encounter with each new patient, and it involves providing a full physical, bloodwork, additional screenings, etc. These clinical visits would involve our staff nurses and medical providers; however, for this grant, we are only requesting that the Gimbel Foundation fund our medical providers’ time as well as well as the cost of bloodwork and conducting an EKG, for a total line item request of \$8,250. InterFaith will shoulder the cost of our nursing staff, front office staff, electronic record usage, and miscellaneous medical supplies. Gimbel: (100 people x 45 minutes x \$50/hour per provider) + (100 people x \$30 bloodwork) + (100 people x \$5 EKG supplies & \$10 to have it overread by cardiologist) = \$8,250
3. Provide access to medications – Research into our patient population has shown that 99% of new patients coming to InterFaith have complicated, chronic health conditions (such as diabetes or hypertension) that require maintenance medications to control. Providing new patients with access to these medications affordably is critical to achieving an improvement in their health. We respectfully request that the Gimbel Foundation would provide \$2,498 to allow

us to facilitate prescription medications for 99 of the new patients funded by this grant. -
Gimbel: $(99 \times 45 \text{ minutes for initial enrollment in PAP and } 15 \text{ minutes each quarter after} \times$
 $\$15/\text{hour}) + (99 \times \$3 \text{ enrollment in PAP program}) = \$2,498.$

4. Screen 100 for Mental Health & Dental services by nurse – Part of a new patient’s first visit includes a screening for mental health or dental needs. InterFaith is fortunate to be able to offer both of those services on-site, alongside medical care. For the purpose of this budget, we are estimating that each screening takes approximately 15 minutes of the nurse’s time. As such, we respectfully request that the Gimbel Foundation would provide \$750 toward this effort.
Gimbel: $(100 \times 30 \text{ minutes} \times \$15 \text{ per hour}) = \$750$

5. Provide ongoing care – This line item represents the bulk of the grant request, simply because it involves multiple visits over a period of 12 months. Based on trends we’ve observed with our patients, we have attempted to project a “schedule” of how many patients will require additional visits in each of our disciplines. Although our actual numbers will likely deviate from these projections, we estimate that we will need around \$12,300 from the Gimbel Foundation to provide ongoing care (medical, dental, and mental health, as well as prescription medications) to these 100 new patients over the course of a one-year period. We are only able to provide comprehensive care for such a low cost due to a variety of partnerships and donated services that help us keep our overhead costs low. InterFaith will cover all additional visits for patients who require more visits than those listed in the budget above.

2020 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
City of Knoxville, Tennessee	\$30,000
Knox County, Tennessee	\$56,000
University Health System (hospital)	\$50,000
Covenant Health (hospital)	\$30,000
Claude & Elizabeth Robinson Charitable Trust	\$4,000
Trinity Health Foundation of East Tennessee	\$25,000
Tennessee Charitable Care Network	\$3,103
Invest in Others Foundation	\$5,000

**All of these funds have been secured/received since the beginning of InterFaith's fiscal year on July 1, 2020*

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
The Aslan Foundation	\$35,000	Not announced
The Thompson Charitable Foundation	\$27,166	Not announced
The Learning Through Giving Foundation	\$5,755	November 20
CARES Act funding	\$30,992	Late August
Mortgage Investors Group	\$2,083	Not announced
Pierre Fauchard Academy	\$9,639	November 20

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$309,000	18%	Service Fees	432,000	22%
Fundraising/Special Events	\$185,000	7%	Hospital support	\$110,000	6%
Corp/Foundation Grants	\$577,000	25%	United Way	\$182,500	9%
Government Grants	\$186,000	12%	Rental Income	\$12,000	1%

Notes:

In FY20, InterFaith was fortunate to receive contributions from 865 individual donors totaling \$2,623,534. Support from grants and four annual special events continue to comprise the majority of our income, and services fees from patients also help offset our expenses. The United Way of Greater Knoxville, local governments, and the state of Tennessee also support our health care ministry.

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: InterFaith Health Clinic

Most Current Fiscal Year (Dates): From July 1, 2019 To: June 30, 2020 (*the figures below, however, are from our most recently submitted 990 from our 2018-2019 fiscal year)

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$3,524,194	\$2,988,120	\$243,715	\$292,359

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	84.8%	6.9%	8.3%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current</u> Total Budget used for Administration 6%	Column C, Management & general expenses per 990 above 6.9%	Differential 0.9%
---	--	--------------------------

If the differential is above (+) or below (-) **10%**, provide an explanation:

These figures are from our most recently submitted 990, from our 2018-2019 fiscal year. We aim for 6% or less each year. We are proud to say that in our 29-year history, we have rarely deviated from this percentage.

S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$942,637	\$5,814	\$396,096	2.4

*figures as of 7-31-20. \$305,000 of the \$396,096 of our current liabilities is our Paycheck Protection Program/SBA CARES Act loan, which we hope soon becomes a grant that we do not have to repay.

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end \$39,813	Excess or (Deficit) Prior fiscal year end (\$23,944)
---	---

Notes:

The excess of \$39,813 is as of fiscal year end 6-30-20. This number is from our board reports, which are on a cash basis. The deficit of \$23,944 is directly from our 990 for the fiscal year ending 6-30-19, so year-end adjustments had been made.

VIII. EMAIL the Following to Gimbel@iegives.org

Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	A copy of your current 501(c)(3) letter from the IRS
Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	A copy of your most recent year-end financial statements (audited if available; double-sided)
Part IX only of the 990 form, Statement of Functional Expenses (one page). Please make sure that the Form 990 you submit is no more than two (2) years old.	A copy of your most recent 990 (double-sided) Please make sure that the Form 990 you submit is no more than two (2) years old.
For past grantees, a copy of your most recent final report.	A list of your Board members and their affiliations

SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
Income	20	20	
Individual Contributions	-	-	-
Corporate Contributions	-	-	-
Foundation Grants	-	-	-
Government Contributions	-	-	-
Other Earned Income	-	-	-
Other Unearned Income	-	-	-
Interest & Dividend Income	-	-	-
Total Income	-	-	-
Expenditures			
Personnel			
Salary CEO	-	-	-
Staff Salary (total)	-	-	-
Payroll Taxes	-	-	-
Insurance - Workers' Comp	-	-	-
Insurance - Health	-	-	-
Payroll Services	-	-	-
Retirement	-	-	-
Total Personnel	-	-	-
General Program/Administrative			
Bank/Investment Fee	-	-	-
Publications	-	-	-
Conferences & Meetings	-	-	-
Mileage	-	-	-
Audit & Accounting	-	-	-
Program Consultants	-	-	-
Insurance Expense	-	-	-
Telephone Expense - Land Lines	-	-	-
DSL & Internet	-	-	-
Website	-	-	-
Office Supplies	-	-	-
Postage & Delivery	-	-	-
Printing & Copying	-	-	-
Miscellaneous	-	-	-
Total General Program/Administrative	-	-	-
Total Expenditures	-	-	-
Revenue Less Expense	-	-	-

SAMPLE Project Budget and Budget Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Personnel: Project Coordinator	10 hours/week x \$20/hour x 40 weeks = \$8,000			\$ 8,000	\$ 8,000
Meetings	10 meetings x \$200/meeting for food and drinks = \$2,000		\$1,000	\$ 1,000	\$ 2,000
Training and Education: Honoraria for trainers	10 trainers x \$200/trainer = \$2,000			\$ 2,000	\$ 2,000
Materials and Supplies	\$40/student x 40 students = \$1,600	\$ 600		\$ 1,000	\$ 1,600
Workbooks	\$30 each x 40 students = \$1,200	\$ 200		\$ 1,000	\$ 1,200
Facility Cost	\$300/meeting x 10 meetings = \$3,000			\$ 3,000	\$ 3,000
Grant awards		\$5,000	\$5,000	\$10,000	\$20,000
Youth Recognition Event: Food	\$10/person x 100 people = \$1,000			\$ 1,000	\$ 1,000
TOTALS:		\$5,800	\$ 6,000	\$27,000	\$38,800

Budget Narrative:

1. Personnel: Project Coordinator

Coordinate all activities of the Youth Program such as setting meeting schedules, contacting students, preparing materials for meetings, scheduling trainers, etc.

10hrs/week x \$20/hr. x 40 weeks = \$8,000

2. Meetings: 10 meetings x \$200/meeting for food, drinks, snacks. There are 40 students per meeting. Cost per student is \$5 x 40 students = \$2,000

3. Training and Education: Honoraria for 10 trainers/presenters x \$200/trainer = \$2,000.

4. Materials & Supplies - paper, binders, pens, etc. for meetings, activities, events.

40 students x \$40 per student = \$1,600.

5. Workbooks: Leadership training workbooks costs \$30 each x 40 students = \$1,200

6. Facility cost – Room cost at a nonprofit agency is \$100/hour x 3 hours per meeting x 10 meetings = \$3,000

7. Grantmaking – Grant awards to nonprofit youth agencies. Maximum \$2500/agency x 8 = \$20,000

8. Youth Recognition Event – end of the year event for students and grantees.

100 attendees x \$10/person = \$1,000

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

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

InterFaith Health Clinic
 Budget
 FY 2020 - 2021

	Budget FY 2021
<u>INCOME</u>	
Misc Contributions	220,000
Relationship Building	
United Way	170,000
Rental Income	12,000
Hospital Contributions	120,000
Congregational Giving	40,000
Grants	620,000
Humana Grant	120,000
Special Events	
Casino Royale	100,000
Doctors vs Lawyers	105,000
25th Anniversary	-
Sweets for the Sweet	52,000
Trivia Night	60,000
Other Events	10,000
Service Fees - Uninsured	462,000
Endowment	30,000
Other Income	1,500
TOTAL INCOME	2,122,500
<u>EXPENSES</u>	
Providers	533,713
Support Staff	259,695
Clinical Support/Mgmt	528,506
FICA	98,000
Health Insurance	135,000
Disability Insurance	15,000
Workers Comp	2,500
State Unemployment	1,000
Retirement	3,500
Maintenance/Bldg	50,000
Maintenance/Equip	30,000
Travel	5,000
Postage	8,500
Printing	11,000
Telephone	29,000
Supplies/Office	7,000
Continuing Education	4,500
Professional Services	30,000
Development/Public Relations	4,000
Special Events	56,000
Maintenance/Supplies	4,000
Insurance/Bldg	6,000
Insurance/Malpractice	25,000
Utilities	30,000
Dues/Subscriptions	10,000
Audit	24,000
Supplies/Pharmacy	7,000
Supplies/Medical	20,000
Supplies/Dental	40,000
Supplies/Lab	20,000
Supplies Opthamology	5,000
Supplies/X-Ray	4,000
Miscellaneous	30,000
Transfer to Board Designated	12,000
Capital Expenditures	40,000
TOTAL EXPENSES	2,088,914
SURPLUS (DEFICIT)	33,586

InterFaith Health Clinic
Budget
FY 2020 - 2021

	FY 2020 Actuals	Budget FY 2021	% Difference
INCOME			
Misc Contributions	275,440	220,000	-20%
United Way	188,155	170,000	-10%
Rental Income	12,000	12,000	0%
Hospital Contributions	110,000	120,000	9%
Congregational Giving	40,973	40,000	-2%
Grants	647,163	620,000	-4%
Humana Grant	128,000	120,000	-6%
Special Events			
Casino Royale	30,653	100,000	226%
Doctors vs Lawyers	26,242	105,000	300%
25th Anniversary	32,300	-	-100%
Sweets for the Sweet	44,643	52,000	16%
Trivia Night	56,980	60,000	5%
Other Events	5,000	10,000	100%
Service Fees - Uninsured	296,672	312,000	5%
Service Fees - Grant	150,000	150,000	0%
Endowment	-	30,000	
Other Income	4,341	1,500	-65%
TOTAL INCOME	2,048,562	2,122,500	
EXPENSES			
Providers	495,236	533,713	8%
Support Staff	245,433	259,695	6%
Clinical Support/Mgmt	520,194	528,506	2%
FICA	94,877	98,000	3%
Health Insurance	143,187	135,000	-6%
Disability Insurance	13,278	15,000	13%
Workers Comp	1,783	2,500	40%
State Unemployment	256	1,000	291%
Retirement	2,790	3,500	25%
Maintenance/Bldg	51,537	50,000	-3%
Maintenance/Equip	30,164	30,000	-1%
Travel	1,450	5,000	245%
Postage	7,455	8,500	14%
Printing	8,473	11,000	30%
Telephone	27,046	29,000	7%
Supplies/Office	7,599	7,000	-8%
Continuing Education	1,075	4,500	319%
Professional Services	28,134	30,000	7%
Development/Public Relations	3,021	4,000	32%
Special Events	24,200	56,000	131%
Maintenance/Supplies	3,850	4,000	4%
Insurance/Bldg	2,352	6,000	155%
Insurance/Malpractice	25,743	25,000	-3%
Utilities	26,951	30,000	11%
Dues/Subscriptions	10,579	10,000	-5%
Audit	20,775	24,000	16%
Supplies/Pharmacy	7,534	7,000	-7%
Supplies/Medical	35,114	20,000	-43%
Supplies/Dental	96,958	40,000	-59%
Supplies/Lab	12,441	20,000	61%
Supplies Opthamology	3,802	5,000	32%
Supplies/X-Ray	3,755	4,000	7%
Miscellaneous	31,652	30,000	-5%
Transfer to Board Designated	12,000	12,000	0%
Capital Expenditures	8,055	40,000	397%
TOTAL EXPENSES	2,008,749	2,088,914	
SURPLUS (DEFICIT)	39,813	33,586	

**Due to the unusual circumstances surrounding COVID-19 some of our expenses and revenue saw a larger variance than expected.*

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,311,469.	943,275.	166,824.	201,370.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	91,409.	44,130.	47,279.	
12 Advertising and promotion	65,739.			65,739.
13 Office expenses	138,305.	122,193.	7,480.	8,632.
14 Information technology				
15 Royalties				
16 Occupancy	107,311.	97,377.	4,612.	5,322.
17 Travel	5,294.	4,069.	1,150.	75.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,893.	42,403.	7,656.	8,834.
23 Insurance	36,740.	29,576.	7,164.	
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 CONTRIBUTED SUPPLIES	1,682,967.	1,682,967.		
b DUES AND SUBSCRIPTIONS	9,216.	8,616.		600.
c BAD DEBT EXPENSE	4,931.	4,931.		
d				
e All other expenses	11,920.	8,583.	1,550.	1,787.
25 Total functional expenses. Add lines 1 through 24e	3,524,194.	2,988,120.	243,715.	292,359.
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)

CINCINNATI OH 45999-0038

In reply refer to: 0248144558
Feb. 06, 2019 LTR 4168C 0
58-1947641 000000 00
00008279
BODC: TE

INTERFAITH HEALTH CLINIC INC
315 GILL AVE
KNOXVILLE TN 37917

Employer ID number: 58-1947641
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Jan. 28, 2019, about your tax-exempt status.

We issued you a determination letter in July 1991, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248144558
Feb. 06, 2019 LTR 4168C 0
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00008280

INTERFAITH HEALTH CLINIC INC
315 GILL AVE
KNOXVILLE TN 37917

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

Consolidated Financial Statements

Interfaith Health Clinic, Inc.

*Years ended June 30, 2019 and 2018
with Independent Auditor's Report*

Interfaith Health Clinic, Inc.
Consolidated Financial Statements
Years ended June 30, 2019 and 2018

Contents

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Independent Auditor's Report

Board of Directors
Interfaith Health Clinic, Inc.

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Interfaith Health Clinic, Inc. (the Clinic) and its subsidiary, which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

Board of Directors
Interfaith Health Clinic, Inc.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Interfaith Health Clinic, Inc. and its subsidiary as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Coulter & Justus, P.C.

Knoxville, Tennessee
December 20, 2019

Interfaith Health Clinic, Inc.
Consolidated Statements of Financial Position

	June 30	
	2019	2018
Assets		
Current assets:		
Cash	\$ 588,908	\$ 244,914
Receivables for unconditional promises to give, less allowance uncollectible accounts of \$1,400 in 2019 and \$5,770 in 2018	396,786	473,893
Accounts receivable, less allowance for uncollectible accounts of \$0 for 2019 and \$30,000 for 2018	5,815	7,427
Inventory, less reserve for expiration of \$20,000 for 2019 and \$12,000 for 2018	106,744	131,057
Prepaid expenses and other current assets	12,147	21,255
Total current assets	1,110,400	878,546
Property and equipment:		
Land	167,509	167,509
Buildings and improvements	1,216,472	1,191,538
Equipment	537,548	511,277
	1,921,529	1,870,324
Less accumulated depreciation	1,369,557	1,310,664
Net property and equipment	551,972	559,660
Restricted cash and cash equivalents	130,050	-
Long-term receivables for unconditional promises to give	16,400	166,600
Beneficial interest in assets held by others	64,429	62,870
Total assets	\$ 1,873,251	\$ 1,667,676

Interfaith Health Clinic, Inc.

Consolidated Statements of Financial Position (continued)

	June 30	
	2019	2018
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 14,393	\$ 32,975
Accrued salaries and related expenses	67,975	71,433
Grant payable	250,000	-
Total current liabilities	<u>332,368</u>	104,408
Net assets:		
Net assets without donor restrictions	1,103,056	1,047,430
Net assets with donor restrictions	437,827	515,838
Total net assets	<u>1,540,883</u>	<u>1,563,268</u>
Total liabilities and net assets	<u><u>\$ 1,873,251</u></u>	<u><u>\$ 1,667,676</u></u>

See accompanying Notes to Consolidated Financial Statements.

Interfaith Health Clinic, Inc.

Consolidated Statements of Activities

	Year ended June 30	
	2019	2018
Changes in net assets without donor restrictions		
Revenues:		
Contributions and grants	\$ 1,233,287	\$ 1,203,854
Net patient service revenue	267,267	267,282
Contributed services and supplies	1,798,010	1,624,165
Investment income	943	1,530
Other income	67,005	37,439
Total revenues without donor restrictions	<u>3,366,512</u>	3,134,270
Net assets released from restrictions:		
Satisfaction of program and time restrictions	<u>325,061</u>	335,757
Total revenues and support without donor restrictions	<u>3,691,573</u>	3,470,027
Expenses:		
Program services	3,103,270	3,142,258
Management and general	243,715	223,138
Fundraising	292,359	288,076
Total expenses	<u>3,639,344</u>	3,653,472
Unrealized gain interest in assets held by others	<u>3,397</u>	3,398
Increase (decrease) in net assets without donor restrictions	<u>55,626</u>	(180,047)
Changes in net assets with donor restrictions:		
Contributions	247,050	205,821
Net assets released from restrictions:		
Satisfaction of program and time restrictions	<u>(325,061)</u>	(335,757)
Decrease in net assets with donor restrictions	<u>(78,011)</u>	(129,936)
Decrease in total net assets	<u>(22,385)</u>	(309,983)
Net assets at beginning of year	<u>1,563,268</u>	1,873,251
Net assets at end of year	<u>\$ 1,540,883</u>	<u>\$ 1,563,268</u>

See accompanying Notes to Consolidated Financial Statements.

InterFaith Health Clinic, Inc.

Consolidated Statement of Functional Expenses

Year ended June 30, 2019

	Program	Management		
	Services	and	Fundraising	Total
	General			
	Services	General	Fundraising	Total
Salaries, wages and benefits	\$ 943,275	\$ 166,824	\$ 201,370	\$ 1,311,469
Contributed services and supplies	1,798,117	-	-	1,798,117
Postage	5,768	1,041	1,202	8,011
Printing	9,084	1,640	1,893	12,617
Telephone	18,809	3,396	3,918	26,123
Supplies - Office	7,771	1,403	1,619	10,793
Supplies - Program	66,666	-	-	66,666
Conferences/training/travel	4,069	1,150	75	5,294
Professional services	44,130	47,279	-	91,409
Public relations	-	-	65,739	65,739
Insurance	29,576	7,164	-	36,740
Maintenance	71,833	-	-	71,833
Utilities	19,001	3,431	3,958	26,390
Dues and subscriptions	8,616	-	600	9,216
Property taxes	6,543	1,181	1,364	9,088
Rental	14,095	-	-	14,095
Bad debt expense	4,931	-	-	4,931
Depreciation	42,403	7,656	8,834	58,893
Miscellaneous	8,583	1,550	1,787	11,920
Total	\$ 3,103,270	\$ 243,715	\$ 292,359	\$ 3,639,344

See accompanying Notes to Consolidated Financial Statements.

InterFaith Health Clinic, Inc.

Consolidated Statement of Functional Expenses

Year ended June 30, 2018

	Program Services	Management and General	Fundraising	Total
Salaries, wages and benefits	\$ 1,036,947	\$ 154,539	\$ 208,469	\$ 1,399,955
Contributed services and supplies	1,744,989	-	-	1,744,989
Postage	6,915	1,028	1,402	9,345
Printing	8,922	1,326	1,809	12,057
Telephone	18,488	2,748	3,748	24,984
Supplies - Office	6,193	921	1,256	8,370
Supplies - Program	72,389	-	-	72,389
Conferences/training/travel	560	-	-	560
Professional services	35,807	43,627	-	79,434
Public relations	-	-	48,939	48,939
Insurance	20,887	7,082	-	27,969
Maintenance	77,099	-	-	77,099
Utilities	19,422	2,887	3,937	26,246
Dues and subscriptions	13,440	-	500	13,940
Property taxes	6,326	940	1,282	8,548
Rental	14,787	-	-	14,787
Bad debt expense	5,000	-	5,770	10,770
Depreciation	45,930	6,827	9,310	62,067
Miscellaneous	8,157	1,213	1,654	11,024
Total	\$ 3,142,258	\$ 223,138	\$ 288,076	\$ 3,653,472

See accompanying Notes to Consolidated Financial Statements.

InterFaith Health Clinic, Inc.
Consolidated Statements of Cash Flows

	Year ended June 30	
	2019	2018
Operating activities		
Decrease in net assets	\$ (22,385)	\$ (309,983)
Adjustments to reconcile to net cash provided by (used in) operating activities:		
Depreciation	58,893	62,067
Provision for uncollectible accounts	4,931	10,770
Provision for expired inventory	8,000	7,000
Contribution of property and equipment	(24,934)	-
Restricted support	(130,050)	-
Change in beneficial interest in assets held by others	(1,559)	(3,398)
Changes in operating assets and liabilities:		
Receivables for unconditional promises to give	222,376	76,518
Accounts receivable	1,612	(4,079)
Inventory	16,313	112,848
Prepaid expenses and other assets	9,108	2,203
Accounts payable and accrued expenses	(18,582)	11,902
Accrued salaries and related expenses	(3,458)	10,462
Grant payable	250,000	-
Net cash provided by (used in) operating activities	370,265	(23,690)
Investing activities		
Purchases of property and equipment	(26,271)	(68,978)
Assets restricted for purchase of equipment	(15,000)	-
Assets restricted for establishing a permanent endowment	(115,050)	-
Net cash used in investing activities	(156,321)	(68,978)
Financing activities		
Contributions restricted for purchasing equipment	15,000	-
Contributions to establish permanent endowment	115,050	-
Net cash provided by financing activities	130,050	-
Net increase (decrease) in cash	343,994	(92,668)
Cash at beginning of year	244,914	337,582
Cash at end of year	\$ 588,908	\$ 244,914

See accompanying Notes to Consolidated Financial Statements.

Interfaith Health Clinic, Inc.
Notes to Consolidated Financial Statements
June 30, 2019

1. Operations and Significant Accounting Policies

Operations

Interfaith Health Clinic, Inc. is a not-for-profit corporation organized to provide primary healthcare services to the working poor and medically uninsured as well as other individuals in the Knox County, Tennessee area whose primary healthcare needs are not met by other community services.

Interfaith Health Clinic Inc. is the sole corporate member of the Interfaith Health Clinic Foundation (the Foundation). The Foundation has had limited activity in recent years, primarily related to endowment contributions and beneficial interest in assets by others.

The accompanying consolidated financial statements include the accounts of Interfaith Health Clinic, Inc. and Interfaith Health Clinic Foundation. These entities are collectively referred to herein as (the Clinic) unless otherwise noted. All significant intercompany accounts and transactions have been eliminated.

Basis of Accounting and Presentation

The consolidated financial statements of the Clinic are prepared in accordance with accounting principles generally accepted in the United States of America and provide for the accrual basis of accounting. The consolidated financial statements have been prepared to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of net assets and transactions into two classes as follows:

Net Assets without Donor Restrictions: Net assets available for use in general operations and not subject to donor or grantor restrictions. The governing board has designated, from net assets without donor restrictions, net assets for a board-designated endowment.

Net Assets with Donor Restrictions: Net assets subject to donor or grantor restrictions. Some donor-restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Cash and Cash Equivalents

The Clinic considers highly liquid investments with maturities of three months or less when purchased to be cash equivalents. Restricted cash and cash equivalents includes \$15,000 donated for the purchase of dental equipment and \$115,050 contributed to establish an endowment (*Note 5*).

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

1. Operations and Significant Accounting Policies (continued)

Inventory

Inventory consists of donated pharmaceuticals, recorded at estimated market value based on the date of donation. A reserve for expiration has also been established by management. Expiration losses, when realized in prior years, have been within the range of the Clinic's expectations; however, in 2018 the Company experienced expiration losses in excess of 2017 estimated reserve. The majority of this loss is related to a single product contributed to the Clinic that expired prior to finding eligible patients who could benefit from its use. The effect of changes in the estimated reserve was to decrease net income in 2018 by \$46,000 from that which would have been reported had the revised estimate been used in the preceding period.

Property and Equipment

Property and equipment is stated on the basis of cost if purchased or fair value if the asset is donated. Repairs and maintenance costs are expensed as incurred, while significant asset purchases and improvements are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which range from three to ten years for equipment and ten to twenty years for buildings and improvements.

Property and equipment donated with explicit donor stipulations regarding their use and contributions of cash or other assets that must be used to acquire property and equipment, are reported as restricted contributions. Absent explicit donor stipulations regarding how these assets are to be used or how long those assets must be maintained, the Clinic reports expiration of the donor's restrictions when the donated assets are placed in service.

Net Patient Service Revenue and Accounts Receivable

Patient service revenue is reported on the accrual basis in the period in which services are provided, at rates that reflect the amount expected to be collected. Accounts receivable are recorded at the net expected reimbursement, or are otherwise reduced to a net expected reimbursement, through the allowance for uncollectible accounts, which is estimated by management based on a review of aging and collections. Credit losses, when realized, have been within the range of the Clinic's expectations. During 2019, the Clinic wrote off all receivables for which an allowance had been provided. It is the Clinic's policy not to require collateral on accounts receivable.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

1. Operations and Significant Accounting Policies (continued)

Contributions and Unconditional Promises to Give

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as revenues and support with donor restrictions. When a donor restriction expires in a subsequent fiscal year, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. However, if a restriction is fulfilled in the same time period in which the contribution is received, the support is reported as net assets without donor restrictions.

Contributions, including unconditional promises to give, are recognized as revenue in the period received and are recorded at their estimated fair value. Unconditional promises to give that are to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts consider the risks associated with those promises to give as determined at the time the promises to give are made. Amortization of the discount is recorded as contribution revenue and recognized in accordance with donor-imposed restrictions, if any. Conditional promises to give are recognized as revenue in the period that the condition is met. An allowance is made for uncollectible promises to give based upon management's judgment, past collection experience and other relevant factors.

Contributions from board members and organizations that have employees serving on the Clinic's board were approximately \$105,000 in 2019 and \$88,000 in 2018.

Grant Revenue

Funding from grants is recognized as earned, at the time the Clinic provides the qualifying services, and when applicable, incurs qualifying costs pursuant to grant agreements.

During the year, the Clinic was awarded a multi-year grant from the Humana Foundation. The intent of this grant is to fund a program that would address access to nutritious food for the Clinic's patients and other underserved individuals in the community. Under the grant, the Clinic is responsible for enrolling its patients and other eligible individuals in the program, data collection and certain administrative functions; however, the majority of the funds received are to be passed through to another organization. During 2019, the Clinic received \$1,020,000 under this grant; however, as the Clinic was not granted variance power (power to redirect the use of transferred assets), these funds were treated as agency transactions rather than a contribution. As of June 30, 2019, the first three quarterly goals had been achieved and accordingly the Clinic has remitted \$692,500 of the proceeds to a for profit entity that was also named in the grant and recorded \$77,500 as grant revenue for the services performed directly by the Clinic. The remaining \$250,000 is recorded as a grant payable until the fourth quarter goals have been achieved.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

1. Operations and Significant Accounting Policies (continued)

Charity Care Services

The Clinic's established policies define charity care as those services provided to patients who are unable to pay the established charges. Such patients are identified based on financial information obtained from the patient and considers generally recognized poverty income levels. Charges at established rates related to charity care are not included in the net patient service revenue. These charges were approximately \$1,642,000 and \$1,530,000 in 2019 and 2018, respectively. Costs associated with providing charity care were approximately \$1,351,000 and \$1,379,000 in 2019 and 2018, respectively. These costs were determined using a ratio of charity care charges to gross charges, which was then applied to total expenses. The cost of charity care does not include contributed services and supplies which are recorded separately as contributions or fundraising expenses.

Contributed Services and Supplies

Significant donated services and supplies contributed to the Clinic consist of work performed by volunteer medical and other professionals and pharmaceuticals provided by local area medical providers and other sources. Contributed services are recorded as revenues and expenses at their estimated fair market values if the services received create or enhance nonfinancial assets or if they require specialized skills that, if not performed by volunteers, would otherwise need to be purchased. Contributed services recognized as revenue and expenses were \$115,150 in 2019 and \$136,443 in 2018.

Functional Expenses

Expenses have been allocated between program and supporting services primarily on the basis of specific identification. Supporting services include management and general and fundraising expenses.

Income Taxes

The Internal Revenue Service has ruled the Health Clinic is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

1. Operations and Significant Accounting Policies (continued)

Recently Adopted Accounting Standard

In August 2016, the Financial Accounting Standards Board (FASB) issued new Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities*. The Clinic adopted ASU 2016-14 during 2019. ASU 2016-14 changes net asset classifications to present two classifications (net assets with donor restriction and net assets without donor restriction) rather than three classifications in the past (unrestricted, temporarily restricted, and permanently restricted). It also requires additional disclosures for functional expenses and the liquidity and availability of resources.

Liquidity and Availability of Resources

The Clinic has a policy to generally structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

As of June 30, 2019, the Clinic has approximately \$992,000 of financial assets. Those financial assets include approximately \$589,000 of cash and cash equivalents, accounts receivable of \$6,000 and unconditional promises to give of \$397,000 available to meet cash needs for general expenditures that will be available within one year of the statement of financial position date. None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. Unconditional promises to give of approximately \$297,000 are subject to implied time restrictions but are expected to be collected within one year. Other receivables are also expected to be collected within one year of the statement of financial position date.

As of June 30, 2019, the Clinic has approximately \$130,000 of cash and cash equivalents that are subject to donor restrictions that make them unavailable for general expenditure within one year of the statement of financial position date.

Recently Issued Accounting Standards

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers*, to supersede nearly all existing revenue recognition guidance under U.S. GAAP. The FASB subsequently issued other ASUs related to ASU 2014-09, which deferred the effective date and made certain clarifications to ASU 2014-09. This new standard and its subsequent amendments requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods and services. An entity also should disclose sufficient quantitative and qualitative information to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. ASU 2014-09, as amended, is effective for the Clinic for fiscal years beginning after December 15, 2018. The Clinic is currently evaluating the effect this new standard will have on its financial statements.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

1. Operations and Significant Accounting Policies (continued)

Recently Issued Accounting Standards (continued)

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities*. This new standard was issued to clarify and improve accounting guidance for determining whether transactions should be accounted for as contributions or as exchange transactions and whether a contribution is conditional, as well as provide for additional disclosures. ASU 2018-08, is effective for the Clinic for fiscal years beginning after December 15, 2018. The Clinic is currently evaluating the effect this new standard will have on its financial statements

Subsequent Events

In preparation of the accompanying consolidated financial statements, subsequent events that have occurred since June 30, 2019 have been evaluated through December 20, 2019 the date the financial statements were available for issuance.

2. Receivables for Unconditional Promises to Give

Receivables for unconditional promises to give that are due to be collected at June 30:

	<u>2019</u>	<u>2018</u>
Due in less than one year	\$396,786	\$473,893
Due in one to four years	16,400	166,600
Total contributions receivable	<u>\$413,186</u>	<u>\$640,493</u>

As of June 30, 2019, \$119,000 of the total unconditional promises to give was due from United Way and is expected to be received within one year. Approximately \$37,000 of contribution receivables as of June 30, 2019 were due from board members or organizations that have employees who serve on the Clinic's board and is expected to be received within one year.

3. Beneficial Interest in Assets Held by Others

A portion of the Clinic's endowment investments are held by the East Tennessee Foundation (ET Foundation), an external foundation. Assets permanently transferred to an external foundation in which the resource provider names itself as the beneficiary are reported as a beneficial interest in assets held by others and are valued at the fair value of the assets contributed. This value is periodically remeasured, with the changes in value recognized in the statements of activities.

As of June 30, 2019, the Clinic had contributed to ET Foundation \$39,695 for which it had granted variance power. The fair value of these assets held for the benefit of the Clinic was \$64,429 at June 30, 2019 and \$62,870 at June 30, 2018. The earnings are distributed to the Clinic based on ET Foundation's discretion or the applicable spending policy. Income from the investment is to be used for operations and therefore is reported as unrestricted.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

4. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of the following at June 30:

	2019	2018
Purchase of equipment	\$ 15,000	\$ –
Establish an endowment	115,050	–
Subject to the passage of time	297,654	505,715
Beneficial interest in assets held by others	10,123	10,123
Total net assets with donor restrictions	\$437,827	\$515,838

5. Endowments

The Clinic has both donor-restricted endowment funds and funds designated by the Board to function as endowments to be held indefinitely. Net assets associated with these funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The funds held at the ET Foundation (*Note 3*) were established to support the general operations of the Clinic. During 2019, the Clinic received \$115,050 to establish the Emmet P. “Buck” and Linda Vaughn Endowment (Vaughn Endowment) to support the Clinic’s dental services. As of June 30, 2019, these funds had been temporarily invested as the Clinic was in the process of selecting a permanent investment advisor and establishing an investment or spending policy. Subsequent to year-end the Clinic received an additional \$1,000,0000 contribution to the Vaughn Endowment.

The Clinic’s endowment net asset composition by type of fund as of June 30 is as follows:

	2019	2018
Donor-restricted:		
ET Foundation	\$ 10,123	\$ 10,123
Vaughn Endowment	115,050	–
Board-designated (held at ET Foundation)	54,306	52,747
Total	\$179,479	\$ 62,870

The change in board-designated endowments related to the change in market value of investments. No appropriations of endowment assets for expenditure were made in 2019 and 2018.

Interfaith Health Clinic, Inc.

Notes to Consolidated Financial Statements (continued)

6. Pension Plan

The Clinic has a 401(k) profit sharing plan (the Plan) for all eligible employees. Under the Plan, employees may contribute up to 100% of their annual compensation, subject to overall IRS limitations. The Plan allows for discretionary employer match and additional contributions. The Clinic did not make discretionary contributions for the years ended June 30, 2019 and 2018.

7. Professional and General Liability Insurance

The Clinic utilizes a professional and general liability insurance program which includes a program of basic coverage and is administered by an insurance carrier. The professional liability insurance coverage is through a claims-made policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

9717 Cogdill Road
Suite 201
Knoxville, TN 37932



COULTER & JUSTUS, P.C.

phone: (865) 637-4161
fax: (865) 524-2952
web: cj-pc.com

July 14, 2020

Interfaith Health Clinic, Inc.
315 Gill Avenue
Knoxville, TN 37917
Attention: Melissa Knight

Dear Melissa:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Nan C. Bobbett, CPA

Nan C. Bobbett, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Interfaith Health Clinic, Inc. 315 Gill Avenue Knoxville, TN 37917
Prepared by	Coulter & Justus, P.C. 9717 Cogdill Road, Suite 201 Knoxville, TN 37932
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

INTERFAITH HEALTH CLINIC, INC.

58-1947641

Name and title of officer

**MELISSA H KNIGHT
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,500,250.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COULTER & JUSTUS, P.C. to enter my PIN 47641
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

62145932536

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Nan C Bobbett, CPA Date ▶ 07/14/20

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERFAITH HEALTH CLINIC, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 315 GILL AVENUE City or town, state or province, country, and ZIP or foreign postal code KNOXVILLE, TN 37917	D Employer identification number 58-1947641 E Telephone number 865-546-7330
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 3,552,317.
J Website: ▶ HTTP://WWW.INTERFAITHHEALTHCLINIC.ORG/		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: TN
F Name and address of principal officer: MELISSA H. KNIGHT SAME AS C ABOVE		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE ACCESSIBLE, AFFORDABLE, AND QUALITY HEALTH CARE TO THE LOW-INCOME, WORKING		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	523
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,857,949.	3,117,511.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	267,282.	267,267.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,530.	2,781.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,887.	112,691.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,203,648.	3,500,250.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,399,955.	1,311,469.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 292,359.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,117,074.	2,212,725.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,517,029.	3,524,194.
19	Revenue less expenses. Subtract line 18 from line 12	-313,381.	-23,944.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,667,676.	1,873,251.
22	Net assets or fund balances. Subtract line 21 from line 20	104,408.	332,368.
22		1,563,268.	1,540,883.

Part II Signature Block

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

Sign Here	Signature of officer MELISSA H. KNIGHT, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name NAN C. BOBBETT, CPA	Preparer's signature NAN C. BOBBETT, CPA	Date 07/14/20	Check <input type="checkbox"/> if self-employed	PTIN P00119087
	Firm's name ▶ COULTER & JUSTUS, P.C.	Firm's EIN ▶ 62-1532536			
	Firm's address ▶ 9717 COGDILL ROAD, SUITE 201 KNOXVILLE, TN 37932		Phone no. 865-637-4161		

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 INTERFAITH HEALTH CLINIC WILL PROVIDE ACCESSIBLE, AFFORDABLE, QUALITY HEALTHCARE TO THE LOW INCOME, WORKING UNDERSERVED WITHIN THE CAPACITY OF THE CLINIC, PRIMARILY THROUGH THE CHARITABLE SUPPORT OF INDIVIDUALS AND THE RELIGIOUS, HEALTHCARE, AND BUSINESS COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 2,988,120. including grants of \$) (Revenue \$ 322,272.) PROVIDED 7,230 PATIENT VISITS CONSISTING OF PRIMARY CARE, GENERAL DENTISTRY, COUNSELING, SOME SPECIALTY CARE, AND ACCESS TO AFFORDABLE MEDICATIONS. THE BREAK-DOWN OF THESE VISITS ARE AS FOLLOWS: 4,777 MEDICAL VISITS; 1,307 DENTAL VISITS; 699 MENTAL HEALTH VISITS, AND 447 DISPENSARY VISITS.

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

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

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

4e Total program service expenses 2,988,120.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 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.		
	1a 23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **MELISSA H. KNIGHT - 865-546-7330**
315 GILL AVENUE, KNOXVILLE, TN 37917

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREG BROYLES BOARD MEMBER	1.00	X					0.	0.	0.	
(2) WESLEY DEAN, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(3) KEN BIELAK BOARD PRESIDENT	4.00	X		X			0.	0.	0.	
(4) BRETTANY MIRTS BOARD MEMBER	1.00	X					0.	0.	0.	
(5) DAVID GEKIN, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(6) DONALD HENSON, DDS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) ANDY HAMPSON BOARD TREASURER	2.00	X		X			0.	0.	0.	
(8) SUZANNE LAINE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MELANIE BURGESS BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(10) LEANNE KERSEY, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SCOTT SEAMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MARY ANN MODRIN, MSN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JO ZARGER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) RANEE GUARD BOARD MEMBER	1.00	X					0.	0.	0.	
(15) NINA BOWLING-MILNER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ANDREW MCCREARY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) STEVE SEXTON BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUSS WILSON BOARD PRESIDENT-ELECT	4.00	X		X				0.	0.	0.
(19) JULIA MULANEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) CINDY PEARMAN, MD BOARD MEMBER	1.00	X						0.	0.	0.
(21) MEGAN MCGILL BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARK BROWNE, MD BOARD MEMBER	1.00	X						0.	0.	0.
(23) MELISSA KNIGHT EXECUTIVE DIRECTOR	40.00			X				61,015.	0.	5,070.
(24) RUTH BALDRIDGE MEDICAL DIRECTOR	40.00				X			117,000.	0.	0.
1b Sub-total								178,015.	0.	5,070.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								178,015.	0.	5,070.

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	186,933.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	126,672.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,803,906.				
	g Noncash contributions included in lines 1a-1f: \$		1,682,860.				
	h Total. Add lines 1a-1f		3,117,511.				
Program Service Revenue	2 a PATIENT FEES	Business Code 621400	267,267.	267,267.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		267,267.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,781.			2,781.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	12,000.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	12,000.				
	d Net rental income or (loss)		12,000.			12,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 186,933. of contributions reported on line 1c). See Part IV, line 18	a	97,753.				
b Less: direct expenses		52,067.					
c Net income or (loss) from fundraising events			45,686.			45,686.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISECLLANEOUS INCOME		900099	55,005.	55,005.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			55,005.			
12 Total revenue. See instructions			3,500,250.	322,272.	0.	60,467.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,311,469.	943,275.	166,824.	201,370.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	91,409.	44,130.	47,279.	
12 Advertising and promotion	65,739.			65,739.
13 Office expenses	138,305.	122,193.	7,480.	8,632.
14 Information technology				
15 Royalties				
16 Occupancy	107,311.	97,377.	4,612.	5,322.
17 Travel	5,294.	4,069.	1,150.	75.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,893.	42,403.	7,656.	8,834.
23 Insurance	36,740.	29,576.	7,164.	
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 CONTRIBUTED SUPPLIES	1,682,967.	1,682,967.		
b DUES AND SUBSCRIPTIONS	9,216.	8,616.		600.
c BAD DEBT EXPENSE	4,931.	4,931.		
d				
e All other expenses	11,920.	8,583.	1,550.	1,787.
25 Total functional expenses. Add lines 1 through 24e	3,524,194.	2,988,120.	243,715.	292,359.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	125,069.	1	598,599.
	2 Savings and temporary cash investments	119,845.	2	120,359.
	3 Pledges and grants receivable, net	640,493.	3	413,186.
	4 Accounts receivable, net	7,427.	4	5,815.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	131,057.	8	106,744.
	9 Prepaid expenses and deferred charges	21,255.	9	12,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,921,529.		
	b Less: accumulated depreciation	10b 1,369,557.	559,660.	10c 551,972.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	62,870.	15	64,429.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,667,676.	16	1,873,251.	
Liabilities	17 Accounts payable and accrued expenses	104,408.	17	332,368.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	104,408.	26	332,368.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,047,430.	27	1,103,056.
	28 Temporarily restricted net assets	505,715.	28	437,827.
	29 Permanently restricted net assets	10,123.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,563,268.	33	1,540,883.
34 Total liabilities and net assets/fund balances	1,667,676.	34	1,873,251.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,500,250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,524,194.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,563,268.
5	Net unrealized gains (losses) on investments	5	1,559.
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 33, column (B))	10	1,540,883.

Part XII Financial Statements and Reporting

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1695405.	2232747.	2561837.	2897397.	5386697.	14774083.
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	1695405.	2232747.	2561837.	2897397.	5386697.	14774083.
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.						14774083.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1695405.	2232747.	2561837.	2897397.	5386697.	14774083.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,726.	12,982.	11,702.	13,530.	14,741.	64,681.
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						14838764.
12 Gross receipts from related activities, etc. (see instructions)					12	1,236,432.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.48 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

INTERFAITH HEALTH CLINIC, INC.

Employer identification number

58-1947641

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization INTERFAITH HEALTH CLINIC, INC.	Employer identification number 58-1947641
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PILOT OIL CORPORATION P. O. BOX 10146 KNOXVILLE, TN 37939-0146	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BIELAK MD, KENNETH M AND GAYLA S. HARRIS MD 617 SCOTSWOOD CIRCLE KNOXVILLE, TN 37919	\$ 113,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DELTA DENTAL OF TENNESSEE 240 VENTURE CIRCLE NASHVILLE, TN 37228	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HARRIS FOUNDATION, INC. P.O. BOX 8278 FAYETTEVILLE, AR 72703	\$ 80,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE; P.O. BOX 326 KNOXVILLE, TN 37921	\$ 183,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STATE OF TENNESSEE 14TH FLR TN TOWER 312 ROSA L PARKS AVE NASHVILLE, TN 37243	\$ 105,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERFAITH HEALTH CLINIC, INC.	Employer identification number 58-1947641
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNIVERSITY HEALTH SYSTEMS AP DEPT; P.O. BOX 32849 KNOXVILLE, TN 37930-2849	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HUMANA FOUNDATION 500 WEST MAIN STREET LOUISVILLE, KY 40202	\$ 77,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GAYLA S HARRIS & KENNETH M BIELAK CHARITABLE TRUST 617 SCOTSWOOD CIRCLE KNOXVILLE, TN 37919	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERFAITH HEALTH CLINIC, INC.	Employer identification number 58-1947641
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization INTERFAITH HEALTH CLINIC, INC.	Employer identification number 58-1947641
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2018

Open to Public Inspection

Name of the organization: INTERFAITH HEALTH CLINIC, INC. Employer identification number: 58-1947641

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Table for conservation contribution details (2a-2d). 3-9. Questions about monitoring, expenses, and reporting.

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.

Form with 2 main questions (1a, 1b) and 2 sub-questions (2a, 2b) regarding reporting of art and historical treasures. Includes dollar amount fields.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	62,870.	59,472.	54,435.	55,934.	55,754.
b Contributions					
c Net investment earnings, gains, and losses	1,559.	3,398.	5,037.	-1,499.	180.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	64,429.	62,870.	59,472.	54,435.	55,934.

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

- a Board designated or quasi-endowment 84.30 %
- b Permanent endowment 15.70 %
- c Temporarily restricted endowment .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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		265,340.		265,340.
b Buildings		1,118,641.	1,067,445.	51,196.
c Leasehold improvements				
d Equipment		537,548.	302,112.	235,436.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				551,972.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	3,616,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,559.	
b	Donated services and use of facilities	2b	115,150.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	116,709.
3	Subtract line 2e from line 1		3	3,500,250.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,500,250.

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	3,639,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	115,150.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	115,150.
3	Subtract line 2e from line 1		3	3,524,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,524,194.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INCOME FROM THE ENDOWMENT FUNDS ARE TO BE USED IN THE OPERATIONS OF INTERFAITH HEALTH CLINIC, INC. AND ARE ADMINISTERED BY THE INTERFAITH FOUNDATION.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CASINO ROYALE (event type)	TRIVIA NIGHT - DOCTORS V (event type)	2 (total number)	
Revenue	1 Gross receipts	99,566.	78,248.	106,872.	284,686.
	2 Less: Contributions	80,816.	29,175.	76,942.	186,933.
	3 Gross income (line 1 minus line 2)	18,750.	49,073.	29,930.	97,753.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	12,809.	13,830.	10,605.	37,244.
	8 Entertainment				
	9 Other direct expenses	6,821.	1,158.	6,844.	14,823.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				52,067.
11 Net income summary. Subtract line 10 from line 3, column (d)				45,686.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **INTERFAITH HEALTH CLINIC, INC.** Employer identification number **58-1947641**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X		1,682,860.	COST OF DONATED PROP
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

INTERFAITH HEALTH CLINIC, INC.

Employer identification number

58-1947641

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

UNDERSERVED WITHIN THE CAPACITY OF THE CLINIC REGARDLESS OF RACE, SEX,
CREED, AGE, RELIGION, OR NATIONAL ORIGIN. SUCH SERVICES CONSIST OF
PRIMARY MEDICAL, GENERAL DENTISTRY, COUNSELING, AND SOME SPECIALTY
CARE.

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

THE FORM 990 IS EMAILED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL
BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY WAS ADOPTED ON APRIL 8, 2012. THE CONFLICT
OF INTEREST POLICY WAS DISCUSSED IN PERSON WITH EACH BOARD MEMBER. THE
BOARD WILL REGULARLY MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY. THEY ARE REQUIRED TO DISCLOSE ANY CIRCUMSTANCE THAT COULD GIVE RISE
TO A CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT OF INTEREST AS SOON
AS BECOMING AWARE OF SUCH SITUATION.

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

THE BOARD VOTED ON ALL COMPENSATION AS PART OF THEIR ANNUAL BUDGET PROCESS,
WHICH INCLUDES A REVIEW OF ALL POTENTIAL RAISES AND COMPARISON OF
COMPARABLE COMPENSATION DATA.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE
AVAILABLE UPON REQUEST.

Name of the organization INTERFAITH HEALTH CLINIC, INC.	Employer identification number 58-1947641
--	--

FORM 990, PART XII, LINE 2C:

ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE COMMITTEE AND RESPONSIBILITIES HAVE NOT CHANGED FROM PRIOR YEAR.

**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

2018

**Open to Public
Inspection**

Name of the organization **INTERFAITH HEALTH CLINIC, INC.** Employer identification number **58-1947641**

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
INTERFAITH HEALTH CLINIC FOUNDATION 315 GILL AVENUE KNOXVILLE, TN 37917	PROVIDE FINANCIAL SUPPORT FOR THE INTERFAITH HEALTHCARE CLINIC, INC.	TENNESSEE	1,559.	64,429.	INTERFAITH HEALTH CLINIC, INC.

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	No

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

Schedule R (Form 990) 2018

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 organization 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	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. INTERFAITH HEALTH CLINIC, INC.	Employer identification number (EIN) or 58-1947641
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 315 GILL AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37917	

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

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

MELISSA H. KNIGHT

- The books are in the care of ▶ **315 GILL AVENUE - KNOXVILLE, TN 37917**
Telephone No. ▶ **865-546-7330** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

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

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

**InterFaith Health Clinic
2020-2021 Corporate Board**

Sal	First Name	Last Name	Title	Company	Address	City	State	Zip	Telephone
Dr.	Ken	Bielak	Past President	UT Family Physicians	617 Scotswood	Knoxville	TN	37919	865-603-0177
Mrs.	Nina	Bowling-Milner			6520 Sherwood Dr.	Knoxville	TN	37919	865-599-1041
Dr.	Mark	Browne			100 Fort Sanders W. Blvd.	Knoxville	TN	37909	865-374-1000
Dr.	Greg	Broyles		Ears, Nose, Throat Consultants of East TN	9430 Park West Blvd, Ste 330	Knoxville	TN	37923	865-693-6065
Mrs.	Melanie	Burgess		Tennessee Valley Eye Center	140 Capital Drive	Knoxville	TN	37922	865-251-0338
Mr.	Joe	Connell							
Dr.	Wesley R.	Dean	Member at Large	Summitt Medical Group	201 East Emory Rd P.O. Box 635	Powell	TN	37849	865-938-3627
Mr.	Jim	Decker							
Mrs.	Valerie	Garner			265 Foothills Drive	Seymour	TN	37865	865-679-9907
Dr.	David	Gerkin			2300 Lakemoor Dr.	Knoxville	TN	37920	865-609-0002
Mr.	Andy	Hampson	Treasurer	Home Federal Bank, Trust Dept.	515 Market Street	Knoxville	TN	37902	865-544-3912
Dr.	Donald	Henson	Member at Large		6230 Highland Place Way Suite 202	Knoxville	TN	37919	865-588-0578
Rev.	Ben	Lewis		Pastorial Care	UT Medical Center 1924 Alcoa Highway	Knoxville	TN	37920	865-305-8499
Rev.	Ben	Lewis		UT Hospital	1924 Alcoa Hwy.	Knoxville	TN	37920	865-305-84899
Mr.	Dru	Malcolm							
Mr.	Andrew	McCreary			2408 Honey Grove Lane	Knoxville	TN	37923	865-769-2140
Mrs.	Megan	McGill			1142 Heatherfield Lane	Knoxville	TN	37909	865-305-9000
Mrs.	Brettany	Mirts			2628 Houser Rd.	Knoxville	TN	37919	684-1030x125
Dr.	Mary Anne	Modrcin,PhD, MSN,RN			421 N. Park 40 Blvd	Knoxville	TN	37923	865-693-1570
Mrs.	Julia	Mullaney	Secretary	Softwave Engineering Institute	531 S. Gay Street, Apt. 1402	Knoxville	TN	37902	865-567-2096
Dr.	Cindy	Pearman, MD		West Hills Rehab Facility	1701 Emerson Park	Knoxville	TN	37922	865-588-7661
Ms.	Lori	Ramsey,LCSW			5310 Ball Camp Pike-Office	Knoxville	TN	37921	865-207-7648
Ms.	Tracy	Richter							
Mrs.	Missy	Standifer							
Mrs.	Ranee	Taylor-Guard	President-Elect	Chief operating officer -COO at Summit Medical Group					
Dr.	Brad	White, DDS			1912 Pinnacle Pointe Way	Knoxville	TN	37922	865-696-4175
Mr.	Russ	Wilson	President	UBS	First TN Plaza 800 S. Gay St.	Knoxville	TN	37929	865-329-1247