

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **07/01/2020** and ending **06/30/2021**

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

C Name of organization **CHURCH HEALTH CENTER OF MEMPHIS INC**
 Doing business as **Church Health**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1350 Concourse Avenue Suite 142
 City or town, state or province, country, and ZIP or foreign postal code
Memphis, TN 38104

D Employer identification number
58-1716113

E Telephone number
901-272-7170

F Name and address of principal officer: **Jennie N Robbins**
1350 Concourse Ave Suite 142, Memphis, TN 38104

G Gross receipts \$ **28,426,237**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ **www.churchhealth.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986**

M State of legal domicile: **TN**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Most significant activities include healthcare for the working uninsured and wellness, disease prevention and management, and education outreach.</u>		
	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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	305
	6	Total number of volunteers (estimate if necessary)	6	784
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 17,347,591	Current Year 21,062,120
	9	Program service revenue (Part VIII, line 2g)	5,606,425	6,518,312
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	859,752	572,824
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,345	246,763
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,862,113	28,400,019
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,217,290	15,122,858
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,326,767		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,411,077	10,227,994
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23,628,367	25,350,852
	19	Revenue less expenses. Subtract line 18 from line 12	233,746	3,049,167
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 57,297,078	End of Year 65,393,100
	21	Total liabilities (Part X, line 26)	10,828,898	7,986,157
	22	Net assets or fund balances. Subtract line 21 from line 20	46,468,180	57,406,943

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: *Jennie N Robbins* Date: **4/4/2022**

Jennie N Robbins, Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No