

FORM **990-EZ**Department of Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt**  
**From Income Tax**

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

OMB No. 1545-1150

**2019**

Open To Public Inspection

<b>A</b> For the <u>2019</u> calendar year, or tax year beginning <u>01/01/2019</u> , and ending <u>12/31/2019</u>	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of Organization <u>SURVIVOR FITNESS FOUNDATION</u>
	Number and Street (or P.O. box, if mail is not delivered to street address) <u>1418 PENROSE TERRACE LN</u>
	City or town, state or country, and Zip + 4 <u>KNOXVILLE, TN 37923-3166</u>
	<b>D</b> Employer ID number <u>46-1934408</u>
<b>E</b> Telephone number <u>6157087430</u>	
<b>F</b> Group Exemption Number <u>&amp;nbsp;</u>	
<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other:	
<b>I</b> Website: <u>survivorfitness.org</u>	
<b>J</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527	
<input type="checkbox"/> Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**Check if the organization used Schedule O to respond to any question in this Part I. ☐

<b>1</b>	Contributions, gifts, grants, and similar amounts received.	\$	110863
<b>2</b>	Program service revenue including government fees and contracts	\$	7695
<b>3</b>	Membership dues and assessments	\$	0
<b>4</b>	Investment income	\$	0
<b>5a</b>	Gross amount from sale of assets other than inventory	\$	0
<b>5b</b>	Less: cost or other basis and sales expenses	\$	0
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
<b>6b</b>	Gross income from fundraising events	\$	30527
<b>6c</b>	Less: direct expenses from gaming and fundraising events	\$	12273
<b>6d</b>	Net income or (loss) from gaming and fundraising events	\$	18254
<b>7a</b>	Gross sales of inventory, less returns and allowances	\$	0
<b>7b</b>	Less: cost of goods sold	\$	0
<b>7c</b>	Gross profit or (loss) from sales of inventory	\$	0
<b>8</b>	Other revenue	\$	0
<b>9</b>	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	136812
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	\$	0
<b>11</b>	Benefits paid to or for members	\$	0
<b>12</b>	Salaries, other compensation, and employee benefits	\$	0
<b>13</b>	Professional fees and other payments to independent contractors		51685
<b>14</b>	Occupancy, rent, utilities, and maintenance	\$	3386
<b>15</b>	Printing, publications, postage, and shipping	\$	6555
<b>16</b>		\$	23698
<b>17</b>	<b>Total expenses</b> Add lines 10 through 16	\$	85324
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	51488
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	21382
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	\$	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	72870

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

<b>22</b>	Cash, savings, and investments	\$	21382	\$
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<b>23</b>	Land and buildings	\$	0	\$	0
<b>24</b>	Other assets (describe in Schedule O)	\$	0	\$	0
<b>25</b>	<b>Total assets</b>	\$	21382	\$	72870
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O)	\$	0	\$	0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	\$	21382	\$	72870

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. ☐

**What is the organizations primary exempt purpose?**

Survivor Fitness provides one on one personal training and nutritional guidance to adult cancer survivors post-treatment.

**32. Total program service expenses** (add lines 28a through 31a) \$ 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Meg Grunke, Executive Directore	30	\$ 30000	\$ 0	\$ 0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V. ☐

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$	0
<b>37b</b>	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9	\$	
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities	\$	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0		
<b>40b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>40c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
<b>40d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
<b>40e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed: TN		
<b>42a</b>	The organization books are in care of Sydney Essell, Telephone no. 6153375177 Located at 376 Pennystone Circle, Franklin , TN, 37067		
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country:		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	\$	0
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44b</b>	44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44d</b>	44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>46</b>	At any time during the calendar year, did the organization maintain an office outside the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part V.

		<input type="checkbox"/>
		Yes No
<b>47</b>	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part 1	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>49b</b>	If "Yes" to 49a, was the related organization a section 527 organization?	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>50</b>	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None".	
	-- none --	
<b>50f</b>	Total number of other employees paid over \$100,000	0
<b>51</b>	Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None".	
	-- none --	
<b>51b</b>	Total number of other independent contractors each receiving over \$100,000	0
<b>52</b>	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A.	<input type="checkbox"/> <input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		✓

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		✓

- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		✓

- b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		✓

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

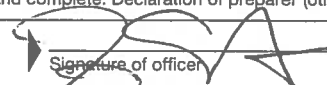
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer 	Date <u>7/14/2020</u>
	John Aaron Grunke Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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



## 2019 990EZ: SCHEDULE A PUBLIC CHARITY STATUS AND PUBLIC SUPPORT

## Part I

## Reason for Public Charity Status (All organizations must complete this part)

General	Part I	Part II	Part III	Part IV	Part V	Part VI	Schedule A	Schedule B	Schedule G
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This filing record cannot be edited again unless your submission is rejected by the IRS.

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

- ☐ 1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 
- ☐ 2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).
- 
- ☐ 3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 
- ☐ 4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, state:
- Hospital's Name

City

Alabama ▼
- 
- ☐ 5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 
- ☐ 6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 
- ☐ 7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 
- ☐ 8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 
- ☐ 9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- College / University Name

City

Alabama ▼
- 
- ☐ 10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 513(c)(2). (Complete Part III)
- 
- ☐ 11. An organization organized and operated exclusively to test for public safety. (See section 509(a)(4))
- 
- ☐ 12. An organization organized or operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that best describes the organization.

that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- ☐ a) Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the s organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You complete Part IV, Sections A and B.
- ☐ b) Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control management of the supporting organization vested in the same persons that control or manage the supported organization(s). You complete Part IV, Sections A and C.
- ☐ c) Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its sup organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- ☐ d) Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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

0

f) Enter the number of supported organizations

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described in line 1-10 above)	(IV) Is the organization listed in your governing document?	(V) Amount of monetary support	(VI) An other :
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Add Supporting Organization

Part II

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

SECTION A. PUBLIC SUPPORT

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<input type="checkbox"/>
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<input type="checkbox"/>
3. The value of services or facilities furnished by a governmental unit to the organization without charge.	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<input type="checkbox"/>
4. Total. (Sum of lines 1 through 3)	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<input type="checkbox"/>
5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of the amount shown on line 11, column (f).	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<input type="checkbox"/>

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
6. Public support. (Subtract line 5 from line 4)						<input type="checkbox"/>

## SECTION B. TOTAL SUPPORT

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
7. Amounts from line 4.	0	0	0	0	0	<input type="checkbox"/>
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	<input type="checkbox"/>
9. Net income from unrelated business activities, whether or not the business is regularly carried on.	0	0	0	0	0	<input type="checkbox"/>
10. Other income. Do not include gain or loss from the sale of capital assets. (Explain below)	0	0	0	0	0	<input type="checkbox"/>
11. Total support. (Sum of lines 7 through 10)				0		

0

12. Gross receipts from related activities, etc.



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) or check this box and stop here.

## SECTION C. COMPUTATION OF PUBLIC SUPPORT PERCENTAGE

0.00

14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

0.00

15. Public support percentage from 2015 Schedule A, Part II, line 14.



16a. 33 and 1/3% support test — 2019. If the organization did not check the box on line 13, and line 14 is 33 and 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.



16b. 33 and 1/3% support test — 2018. If the organization did not check the box on line 13 or 16a, and line 15 is 33 and 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.



17a. 10%-facts-and-circumstances test — 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain below how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.



17b. 10%-facts-and-circumstances test — 2018. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain below how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.



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

**Part III****Support Schedule for Organizations Described in Section 509(a)(2)****SECTION A. PUBLIC SUPPORT**

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").	27324	5814	6683	39498	110863	
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	0	0	0	5697	7695	
3. Gross receipts from activities that are not an unrelated trade or business or business under section 513.	0	0	0	0	0	
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	
5. The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	
6. Total. (Sum of lines 1 through 5)	27324	5814	6683	45195	118558	
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons.	0	0	0	0	0	
7b. 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.	0	0	0	0	0	
7c. Sum of lines 7a and 7b.	0	0	0	0	0	
8. Public support. (Subtract line 7c from line 6)	203574					

**SECTION B. TOTAL SUPPORT**

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
9. Amounts from line 6.	27324	5814	6683	45195	118558	
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0	0	
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	
10c. Sum of lines 10a and 10b.	0	0	0	0	0	



	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0	0
12. Other income. Do not include gain or loss from the sale of capital assets. (Explain below)	0	0	0	0	0
13. Total support. (Sum of lines 9, 10c, 11, and 12)	27324	5814	6683	45195	118558
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

100 15. Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

100 16. Public support percentage from 2015 Schedule A, Part III, line 15.

## SECTION D. COMPUTATION OF INVESTMENT INCOME PERCENTAGE

0.00 17. Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

0.00 18. Investment income percentage from 2015 Schedule A, Part III, line 17.

☐ 19a. 33 and 1/3% support test — 2019. If the organization did not check the box on line 14, and line 15 is 33 and 1/3% or more, check this box. The organization qualifies as a publicly supported organization.

☐ 19b. 33 and 1/3% support test — 2018. If the organization did not check the box on line 14 or 19a, and line 16 is 33 and 1/3% or more, check this box. The organization qualifies as a publicly supported organization.

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

## Part IV

### Supporting Organizations

## SECTION A. ALL SUPPORTING ORGANIZATIONS

☐ Yes ☐ No 1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe below how the supported organizations are designated. If designated by class or purpose, describe the designation, historic and continuing relationship, explain.

☐ Yes ☐ No 2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain below how the organization determined that the supported organization was described in section 509(a)(1) or (2).

☐ Yes ☐ No 3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) below.

<input type="radio"/> Yes <input type="radio"/> No	3b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe below when and how the organization made the determination.
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," answer below (b) and (c) below.
<input type="radio"/> Yes <input type="radio"/> No	4b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe below how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
<input type="radio"/> Yes <input type="radio"/> No	4c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain below what controls the organization used to ensure that all support to the supported organization was used exclusively for section 170(c)(2)(B) purposes.
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer below (b) and (c) below (if applicable). Also, provide detail below, 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).
<input type="radio"/> Yes <input type="radio"/> No	5b. 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?
<input type="radio"/> Yes <input type="radio"/> No	5c. Substitutions only. Was the substitution the result of an event beyond the organization's control?
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to any individual other than (i) its supported organizations, (ii) individuals that are a part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail below.
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)))? If "Yes," provide detail below.
<input type="radio"/> Yes <input type="radio"/> No	9b. 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? If "Yes," provide detail below.
<input type="radio"/> Yes <input type="radio"/> No	9c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, any entity in which the supporting organization also had an interest? If "Yes," provide detail below.
<hr/>	
<input type="radio"/> Yes <input type="radio"/> No	10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (relating to certain Type II organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b.
<input type="radio"/> Yes <input type="radio"/> No	10b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine if the organization had excess business holdings.)
<hr/>	
11. Has the organization accepted a gift or contribution from any of the following persons?	
<input type="radio"/> Yes <input type="radio"/> No	a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the

body of a supported organization?

☐ Yes ☐ No

b. A family member of a person described in (a) above?

☐ Yes ☐ No

c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail below.

#### 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 remove at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe below how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization has 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.

☐ Yes ☐ No

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain below how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### SECTION C. TYPE II SUPPORTING ORGANIZATION

☐ 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 organization's most recent Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in accordance with the date of notification, to the extent not previously provided?

#### SECTION D. TYPE III SUPPORTING ORGANIZATIONS

☐ Yes ☐ No

1. Did the organization provide to each of its supported organization, 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 organization's most recent Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in accordance with the date of notification, to the extent not previously provided?

☐ Yes ☐ No

2. Were any of the organization's officers, directors, or trustees either (i) appointed or selected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain below how the organization maintained a continuous working relationship with the supported organization(s).

☐ Yes ☐ No

3. By reason of 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 below the role the organization's supported organizations played in this regard.

#### 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.

☐

1a. The organization satisfied the Activities Test. Complete line 2 below.

☐

1b. The organization is the parent of each of its supported organizations. Complete line 3 below.

☐

1c. The organization supported a governmental entity. Describe below how you supported a government entity.

2. Activities Test. Answer (a) and (b) below.

☐ Yes ☐ No

2a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then identify below those supported organizations

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.

☐ Yes ☐ No

2b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If "Yes," explain below 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.

☐ Yes ☐ No

3a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of supported organizations? Provide details below.

☐ Yes ☐ No

3b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of supported organizations? If "Yes," explain below the role played by the organization in this regard.

## Part V

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

#### SECTION A. ADJUSTED NET INCOME

(A) Prior Year

(B) Current Year  
(optional)

0

0

1. Net short-term capital gain.

0

0

2. Recoveries of prior-year distributions.

0

0

3. Other gross income.

0

0

4. Sum of lines 1 through 3.

0

0

5. Depreciation and depletion.

0

0

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.

0

0

7. Other expenses.

0

0

8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

#### SECTION B. MINIMUM ASSET AMOUNT

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) Prior Year

(B) Current Year (optional)

0

0

1a. Average monthly value of securities.

(A) Prior Year

(B) Current Year (optional)

0

0

1b. Average monthly cash balances.

0

0

1c. Fair market value of other non-exempt-use assets.

0

0

1d. Total. (Sum of lines 1a, 1b, and 1c)

0

0

1e. Discount claimed for blockage or other factors (explain in detail in Part VI)

0

0

2. Acquisition indebtedness applicable to non-exempt-use assets.

0

0

3. Subtract line 2 from line 1d.

0

0

4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see ins

0

0

5. Net value of non-exempt-use assets (subtract line 4 from line 3)

0

0

6. Multiply line 5 by .035.

0

0

7. Recoveries of prior-year distributions.

0

0

8. Minimum Asset Amount (sum of lines 6 and 7)

## SECTION C. DISTRIBUTABLE AMOUNT

Current Year

0

1. Adjusted net income for prior year. (from Section A, line 8, Column A)

0

2. Enter 85% of line 1.

0

3. Minimum asset amount for prior year. (from Section B, line 8, Column A)

0

4. Enter greater of line 2 or line 3.

0

5. Income tax imposed in prior year.

0

6. Distributable Amount. (Subtract line 5 from line 4, unless subject to emergency temporary reduction)



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

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## 2019 990EZ: SCHEDULE B SCHEDULE OF CONTRIBUTORS

## General Information

General	Part I	Part II	Part III	Part IV	Part V	Part VI	Schedule A	Schedule B	Schedule G
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This filing record cannot be edited again unless your submission is rejected by the IRS.

## Filers of Form 990-EZ

- ☒ 501(c) (  ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

## 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  $(33 + (1/3))\%$  test of the regulations under sections 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, 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 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, 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 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 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).

Part I  
Contributors

## SECTION A. PUBLIC SUPPORT

	(b) Name	(b) Address	(c) Total contributions	(d) Type of con
1.	<div>Dallas Hutchison</div> <div><input type="checkbox"/> Is contributor a business?</div>	<div>24691 Kings Canyon Square</div> <div>Aldie</div> <div>VA</div> <div>20105</div>	7500	<input type="checkbox"/> Is Person <input type="checkbox"/> Is Payroll <input type="checkbox"/> Is Noncash
2.	<div>United Way of Greater Knoxville</div> <div><input type="checkbox"/> Is contributor a business?</div>	<div>1301 Hannah Ave.</div> <div>Knoxville</div> <div>TN</div> <div>37921</div>	6000	<input type="checkbox"/> Is Person <input type="checkbox"/> Is Payroll <input type="checkbox"/> Is Noncash
3.	<div>Stowers Machinery</div> <div><input type="checkbox"/> Is contributor a business?</div>	<div>P.O. Box 14802</div> <div>Knoxville</div> <div>TN</div> <div>37921</div>	5000	<input type="checkbox"/> Is Person <input type="checkbox"/> Is Payroll <input type="checkbox"/> Is Noncash
4.	<div>Bob Petrone</div> <div><input type="checkbox"/> Is contributor a business?</div>	<div>1015 Scenic Dr.</div> <div>Knoxville</div> <div>TN</div> <div>37919</div>	5000	<input type="checkbox"/> Is Person <input type="checkbox"/> Is Payroll <input type="checkbox"/> Is Noncash
5.	<div>Mercy Multiplied America, Inc.</div> <div><input type="checkbox"/> Is contributor a business?</div>	<div>P.O. Box 111060</div> <div>Nashville</div> <div>TN</div> <div>37222</div>	5000	<input type="checkbox"/> Is Person <input type="checkbox"/> Is Payroll <input type="checkbox"/> Is Noncash

Add Contributor

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## 2019 990EZ: SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990-EZ

General	Part I	Part II	Part III	Part IV	Part V	Part VI	Schedule A	Schedule B	Schedule G
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## SCHEDULE O

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

Below are the fields from your 990-EZ which indicated further explanation would be needed in Schedule O:

- Part 1.16. Other expenses (describe in Schedule O)

The other expenses listed in part 1 were used to develop a comprehensive nutrition guide to give to our patients and for marketing our program This guide will be given to all covers multiple types of cancer Part of the funds were used to market our program to Oncologists and other key decision makers in hospitals Travel and lunches were part of operate in Knoxville TN and Nashville TN

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2019 990EZ: SCHEDULE G

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES

Part II

Fundraising Events

General	Part I	Part II	Part III	Part IV	Part V	Part VI	Schedule A	Schedule B	Schedule G
---------	--------	---------	----------	---------	--------	---------	------------	------------	------------

This filing record cannot be edited again unless your submission is rejected by the IRS.

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

REVENUE

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) thr
	Knoxville Fitness Event	Survivor Soiree		
1. Gross Receipts	6230	21620	2677	30527
2. Less: Contributions	0	0	0	0
3. Gross income (line 1 minus line 2)	6230	21620	2677	30527

DIRECT EXPENSES

4. Cash prizes	0	0	0	0
5. Noncash prizes	0	0	0	0
6. Rent/facility costs	503	3460	590	4553
7. Food and beverages	53	5468	54	5575
8. Entertainment	0	0	0	0
9. Other direct expenses	156	1879	110	2145
10. Direct expense summary. Add lines 4 through 9 in column (d)				12273
11. Net income summary. Subtract line 10 from line 3, column (d)				18254

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.

REVENUE

	(a) Bingo	(b) Pull tabs / instant bingo / progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
1. Gross Revenue	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>

DIRECT EXPENSES

	(a) Bingo	(b) Pull tabs / instant bingo / progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
2. Cash prizes	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>
3. Noncash prizes	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>
4. Rent / facility costs	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>
5. Other direct expenses	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>
6. Volunteer labor	<div><div><input type="radio"/> Yes <input type="radio"/> No</div></div>	<div><div><input type="radio"/> Yes <input type="radio"/> No</div></div>	<div><div><input type="radio"/> Yes <input type="radio"/> No</div></div>	
	<div>0</div>	<div>0</div>	<div>0</div>	
7. Direct expense summary. Add lines 2 through 5 in column (d)				<div>0</div>
8. Net income summary. Subtract line 7 from line 1, column (d)				<div>0</div>

9. Enter the state(s) in which the organization conducts gaming activities:

Alabama

Alaska

Arizona

Arkansas

California

☐ Yes 9a. Is the organization licensed to conduct gaming activities in each of these states?

9b. If "No," explain:

☐ Yes 10a. Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

10b. If "Yes," explain:

☐ **Yes** 11. Does the organization conduct gaming activities with nonmembers?

☐ **Yes** 12. Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

13. Indicate the percentage of gaming activity conducted in:

0

13a. The organization's facility

0

13b. An outside facility

14. Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Street address

City

Alabama

Zip

☐ Is this a business?

☐ **Yes** 15a. Does the organization have a contract with a third party from whom the organization receives gaming revenue?

0

15b. If "Yes," to 15a., enter the amount of gaming revenue received by the organization

0

and the amount of gaming revenue retained by the third party.

15c. If "Yes," to 15a., enter name and address of the third party:

Name

Street address

City

Alabama

Zip

☐ Is this a business?

16. Gaming manager information: ☐ Is this a business?

Name

0

Gaming manager compensation

Description of services provided

☐ **Director / officer** ☐ **Employee** ☐ **Independent contractor**

17. Mandatory distributions:

☐ **Yes** 17a. Is the organization required under state law to make charitable contributions from the gaming proceeds to retain the state gaming license?

0

17b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year:

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