



BOARD OF DIRECTORS MEETING

3:30 P.M. on Tuesday, December 11, 2018

Palmetto Electric Community Room

MISSION STATEMENT

Our primary mission is to understand and serve the health and wellness needs of the medically underserved population and their households, living and/or working on Hilton Head and Daufuskie Islands.

VISION STATEMENT

*May we have eyes to see those who are rendered invisible and excluded,
open arms and hearts to reach out and include them,
healing hands to touch their lives with love,
and in the process heal ourselves.*

AGENDA

1. Apologies for Absence
2. Approval of October 9, 2018 Meeting Minutes & Summary Report for Off-site Meeting
3. 2019 Meeting Dates:
 - Tuesday, February 12 – HHI Library
 - Tuesday, April 9 – HHI Library
 - Tuesday, June 11 – HHI Library
 - Tuesday, August 13 – Palmetto Electric Community Room
 - Tuesday, October 8 – Palmetto Electric Community Room
 - Tuesday, December 10 – Palmetto Electric Community Room
4. Management and Standing Committee Reports
 - Executive Director Report (Ray Cox)
 - Development (Ginger Allen)
 - Marketing (Ric Gorman)
 - Finance (Joe Scodari)
 - Governance and Planning (Michael Hall)
 - Executive Committee (Andi Argast)
 - Dental Clinic (Robert Lindsey)
 - Medical Executive (Steven Siegelbaum)
 - Technology (Anderson / Buckingham)
5. New Business
6. Adjournment
7. Executive Session



**Minutes of the Regular Meeting of
The VIM Board of Directors
Hilton Head Island Library - Community Room
October 9, 2018**

Present:

Ned Allen, John Anderson, Tom Brettingen, Joseph Buckingham, Jim Collett, Ric Gorman, Frederick Hack, Michael Hall, Jim Hicks, Robert Lindsey, Honorary Board Member Mary Ellen McConnell, Linda Meir, Paul Moeri, Mike Pasquale, Marion Payne, Marc Puntereri, Charles Sampson, Joe Scodari, Steve Siegelbaum, Lynn Jennings Taylor, Julie Tome and Andi Argast

Present: Ex-Officio

Ginger Allen, Raymond Cox, Susan Jones, Demetra Ladson

Absent:

Honorary Board Member Kay Bangs, Morris Campbell, Dedria Cruden, Randy Light, Robert Sable

Index of Motions and Board Vote

172 Motion to approve August 14, 2018, Board Regular Meeting Minutes

Board Vote 172

- **Resolution motion:** Motion to approve the August 14, 2018, Board Regular Meeting Minutes
- Moved by Steve Siegelbaum, seconded by Joe Scodari
- Resolution passes: unanimous

Opening Comments:

Board Chair, Jim Collett, opened the meeting at 14:45 and thanked all attendees for their participation in the day-long offsite meeting that preceded this regular Board meeting. Joe Scodari read the Mission Statement, and Mary Ellen McConnell followed by reading the Vision Statement.

Jim distributed a description of the newly formed VIM Technology Committee commissioned to oversee and, as necessary, to revamp the clinic's IT infrastructure. Board members John Anderson and Joe Buckingham will lead this effort.

Management and Standing Committee Reports:

With the exception of a brief update from Linda Meir, Gala Co-chair, no Management and Standing Committee reports were provided at this meeting since extensive discussion took place previously at the offsite session. Linda advised the Board that the Gala is sold out and promises to be an outstanding event to mark VIM's 25th Anniversary. She also mentioned \$3,500 of uncovered expenses relating to the auction and encouraged Board members to consider contributingany amount....to help decrease / eliminate this shortfall.

There being no new business, the meeting was adjourned at 14:55.

Reviewed and Approved By
Jim Collett, Chair

Respectfully Submitted By:
Andrea J. Argast, Secretary
October 12, 2018



Summary Report of the VIM Board of Directors Off-Site Planning Session
“Converting Strategies into Action: Identifying and Setting Implementation Priorities”
Hilton Head Island Library - Community Room
October 9, 2018 9:15 a.m. - 3:15 p.m.

Truly excellent Boards share similar characteristics regardless of Mission and Vision. Their members are engaged, informed and committed clear thinkers who appreciate that today’s decisions may well have long term impact. While focus is naturally on the immediate organization served, the potential to make a powerful difference in the broader community is often present and, as such, gaining widespread support and involvement exists and is worthy of exploration and pursuit.

The attached agenda for this off-site meeting was designed to ensure that we, the Board of Volunteers in Medicine – HHI continue to aim high, to do whatever it takes to remain an excellent Board. The proposed Strategic Plan served as the backdrop as well as the primary focus for the day’s activities. Input from the Board was deemed essential before moving forward to a vote at the Board meeting in December, 2018. The session structure very intentionally provided time for presentations and discussion where questions could be asked and answered, suggestions made and concerns addressed.

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Participants:

VIM BOD

Ned Allen, John Anderson, Tom Brettingen, Joseph Buckingham, Jim Collett, Dedria Cruden, Ric Gorman, Frederick Hack, Michael Hall, Jim Hicks, Robert Lindsey, Honorary Board Member Mary Ellen McConnell, Linda Meir, Paul Moeri, Mike Pasquale, Marion Payne, Marc Puntereri, Charles Sampson, Joe Scodari, Steve Siegelbaum, Lynn Jennings Taylor, Julie Tome and Andi Argast

VIM Staff

Ginger Allen, Raymond Cox, Susan Jones, Demetra Ladson, Stan Stolarcyk

VIM BOD Absent

Honorary Board Member Kay Bangs, Morris Campbell, Randy Light, Robert Sable

Welcome and Opening Remarks Jim Collett, Board Chair

As always, Jim’s enthusiasm and passion for Volunteers in Medicine were abundantly clear. He began his welcome by expressing his personal thanks for the amazing \$50,000 donation given to the clinic by the Latino community. This remarkable amount represented the proceeds from the annual Food Festival at Shelter Cove.

While building relationships is an important intangible component to this type of meeting, tangible results are very real as evidenced by the output from the 2017 event. Jim highlighted the following:

- 1) Increased the number of Board meetings to 6 annually
- 2) Created a Technology Committee with an electronic records and data security focus
- 3) Restructured the Development Committee (continued emphasis on fundraising) and created a subset Marketing Committee with the purpose...as the name suggests.... of marketing VIM
- 4) Created a job description for Board of Directors
- 5) Added the Dental Director as a permanent Board member
- 6) Created a more structured Board recruitment process (additional info to come on the utilization of a Board Matrix, a form to be used to identify strengths and gaps in Board demographics)

“State of the Clinic” Raymond Cox, MD, Executive Director (Please see report included in the Board Retreat Package rec’d via email)

Dr. Cox commented that the “State of the Clinic” from a revenue and profit perspective is *strong!* With the sad loss of Dr. Jack at the end of 2017, it was difficult to predict how his passing would affect the clinic’s financial outlook. The manner in which donors (former as well as new) were determined to honor his memory and, in so doing, to ultimately help to sustain Dr. Jack’s priceless legacy was a reassuring outpouring of love and respect.

As he does at regular Board meetings, Dr. Cox shared a patient story, this time of a mother and son who were in need of medical attention and turned to VIM for help. The scenario he described highlights much of what we do each and every day. The clinic’s ability to intervene, to be with patients in time of crisis, is well documented and can never be taken for granted. Patients rarely do.

Dr. Cox introduced Demetra Ladson, recently hired Medical Records Manager. Her position will be covered for three years through a special fund designated for this purpose. Although in this role for only seventy days, her positive impact on Quality Improvement is already evident. She along with John Anderson and Joe Buckingham, new Board members with a high level of IT expertise are tackling a variety of issues, specifically several pertaining to HIPAA (i.e. password security) that have been a source of concern. Focus on IT infrastructure is ongoing and intense, permeating many levels of clinic operations. Proposed clinical metrics, another aspect of QI, were also introduced (and will be considered more fully in the afternoon session). Dr. Cox specifically pointed out that our mammogram program (patient coverage, adherence to appointment schedule) is above the national average. Considerable emphasis has been directed toward achieving fiscal sustainability.....an all-out effort to establish approaches that are more long term / ongoing. This could lessen the intensity (and dependency) surrounding the annual, repetitive search for funds required to support the budget. Development is key to this action plan.

The total budget line for fiscal year 2019 is **\$1,770,400**. This is a challenge made more so by several factors including: 1) the lack of funding from Hilton Head Hospital; 2) the elimination of the \$15 patient fee; 3) the loss of the Avon & Komen mammogram funding; 4) costs associated with IT infrastructure enhancements (a critical project). However, on a positive note, there are also very encouraging signs on the financial horizon. These include: 1) VIM as the beneficiary of several large grants; 2) the anticipated \$700,000 annual appeal goal seems to be a realistic one; 3) measurable strides underway in VIM’s Marketing efforts; 4) financially successful fundraising events; and last but definitely not least 5) a capable, energetic team prepared to support the “cause”.

Ice Breaker Marion Payne, Facilitator

Building relationships strengthens a team, enhancing its ability to work together for the common good. This year’s “ice breaker”, once again facilitated by Marion Payne, very effectively met this objective. She instructed participants to create a vanity plate.....something that represented who we are as individuals, what’s important in our lives, in twelve or fewer letters. Each of us had the opportunity to then briefly explain the meaning behind our personal vanity plate. Multiply those explanations by thirty or so and by the end of the exercise, the “ice” was truly broken!

Defining A VIM Board Member Role Mike Hall, Governance & Planning Chair (Please see the Director Job Description included in the Board Retreat package rec’d via email)

One of the “to – do’s” emanating from the 2017 retreat was the need for a Director job description that would replace the Expectations and Responsibilities document included in the handbook as of 2014. According to Mike, the one term that most succinctly captures expectations is *engagement*, actively serving as a fully involved Board member in order to move Volunteers in Medicine forward. Directors must be Ambassadors and Advocates with three major pillars of responsibility (regardless of specific committee assignments). They are 1) Policy Making; 2) Philanthropy; and 3) Fiduciary. Understanding and adhering to these job description components are integral to the Director’s role, exercising sensitivity to established boundaries between the Board and

Clinic operations, ensuring the delivery of high caliber patient care and monitoring financial management....all under the umbrella of Board oversight.

Volunteers – Our Critical Resource Stan Stolarcyk, Director of Volunteers (Please see presentation overview included in the Board Retreat package rec'd via email)

By definition, volunteers are the heart and soul of Volunteers in Medicine. Day in and day out to the tune of 1,000 donated hours each week, they make it happen. And they do this under the direction and management of Stan Stolarcyk and his part time assistants, Dottie Byers and Jacque Montgomery. Their customer set includes both Volunteers and Patients. In his role as Director, Stan oversees Recruitment, Orientation (mandatory for a number of reasons including the reinforcing the importance of confidentiality), Placement and Training, Creating and updating job descriptions, Department meetings, Communication, Scheduling and Staffing and Recognition. Although detail of the responsibilities listed above was provided in Stan's presentation, for the sake of emphasis.....concerning what every Director should know and be able to comfortably communicate ...the following fundamental information was extracted:

Patient (Volume) Stats – using August 2018 (31 sessions) as an example

- Clinic patients seen.....1579
- Dental patients seen.....360
- Mental Health patients seen.....134
- Total # of patients seen.....2073

Eligibility - the screening process

- To be eligible for clinic services.....a patient must live or work on HHI or Daufuskie or be a dependent of someone who does
- Must earn less than 200% of federal poverty level (*Note: At a minimum, 70% of patients are employed, majority under 18 are in school*)
- Does not have *usable* insurance
- Is able to provide documentation of the above
- Is rescreened annually
- If unsure about eligibility, we err on the side of compassion

Volunteer Stats.....Significant in #'s, Unparalleled in Dedication

- 120 Physicians
- 125 Nurses
- 26 Dentists, 6 Dental Assistants
- 40 Specialized personnel (12 Counselors, 1 Podiatrist, 1 Chiropractor, 2 Physical Therapists, 18 Pharmacy Associates, 7 Lab techs)
- 24 Med Students
- 15 Cadets
- 250 Non-Professional or lay volunteers
- Each shift requires 20 – 60 lay volunteers (depending on the # of physicians, nurses, dentists and support personnel on duty)

Recruitment – How do we ensure an ongoing supply of volunteers?

- Volunteer referrals are an excellent resource; direct interested individuals to Stan
- In addition, formal avenues include the Lowcountry Volunteer Connections, Community newsletters, Events, VIM's Website, In person inquiries, Island Packet

- Knowledgeable Directors can be very effective recruiters
- Volunteer assignments are based on skills and availability; schedules are flexible and designed to be compatible with the volunteer's calendar...a recruiting plus

Volunteer Recognition - Simple by other standards, perfect for VIM

- Low keyed at the request of the volunteers in order to minimize expenses (and instead direct \$'s to patient care)
- Annual "We appreciate you bringing your own lunch" event; service pins awarded

Communication - How is it possible to keep everyone informed?

- Constant Contact manages VIM's 3,500 email contacts; provides an opportunity for staff to effectively communicate, on a real time basis, with volunteers and vice versa; contains links to weekly newsletters

Patients – VIM's culture guides approach to care

- All belong to our Circle of Caring first envisioned by Dr. Jack
- Courtesy, kindness, respect and dignity embedded in all that we do

Strategic Framework Overview - Joe Scodari, Board Vice Chair (Please see 2018 Strategic Planning Effort included in the Board Retreat Package)

Volunteers in Medicine.....The Staff and Board of Directors are grateful to Joe for his outstanding leadership on this project. He has provided the following perspectives on the strategic planning process and its outcomes:

- The clinic has typically updated strategic plans approximately every 5 years
- This year's effort is focused on the period from 2019 through 2023, and took place during the 25th anniversary of the clinic
- Process involved a working group of volunteers, employees, board members and also included input from outside the clinic
- The foundation of the plan is the Mission and Vision that was established many years before
- Four "Strategic Imperatives" were identified during the process; these are defined as the initiatives that must occur to support the mission and vision of the clinic; in brief, these initiatives/priorities are as follows:
 - Deliver high quality care to our patient population
 - Recruit a large team of highly talented medical professional and lay person volunteers, and a small team of dedicated compensated employees
 - Secure the revenue necessary to operate the clinic each year, manage expenses in line with charitable organization benchmarks, and carefully manage the clinic's endowment
 - Effectively market and communicate VIM to the entire stakeholder community in order to build awareness and support fundraising.
- Each of these strategic imperatives is supported by a short list of key actions to accomplish them
- The plan is summarized in a one page "Strategic Framework" and is supported by two pages that identify the Clinical "Key Performance Indicators" and Financial "Key Performance Indicators" and when finalized will be available to all stakeholders.

Key learnings during the process were as follows:

- The original vision of Dr. Jack McConnell is as strong today as it was when he conceived it; it lives on in the volunteers and employees that serve the clinic today
- The metrics used to define quality care are derived from the standards of care identified by the relevant specialty medical communities in the U.S. and globally
- Through “required reading” recommended by the clinic’s financial lead, executive director, and head of development, the working group came to understand that the best charitable organizations in the country are often judged by the degree to which they deliver on what is called their “Organizational Value Proposition”. That is, the return on the investment made by the contributors and grantors to the organizations they support
 - Because VIM delivers its value largely through the efforts of a large cadre of volunteer physicians, nurses, and other lay professionals, the payback on each dollar contributed to the organization is extraordinary - \$2.63 for each dollar contributed.
- The entire community served by VIM benefits from this return, not just the patients treated by the clinic
- We have extraordinary group of people that serve the clinic — volunteers, employees, and contributors alike!

Technology Update - Demetra Ladson, Medical Records / e-MDs Support Manager (Please see presentation overview included in the Board Retreat Package)

The Board welcomed Demetra Ladson, the newest staff member, whose energy and positive attitude are apparent. In her short tenure, she has already formulated goals and established a plan to deliver much needed efficiencies to her area of responsibility. She discussed steps underway to increase Physician / Nurse usage (and comfort level) in e-MDs through on going, daily training sessions and all-day user support. More providers are using e-MDs and this will eventually improve accuracy and help decrease charting and scanning time. Demetra also mentioned the new vital machines capable of integrating data into the computer network plus her objective to upgrade EMR software coding capability that would allow for more accurate notation of specific diagnosis. Modifications in the medical records room and a separate workspace for scanning are already proving to be positive improvements.

ROI for Non-Profits - Susan Jones, Accounting Manager (Please see presentation overview included in the Board Retreat Package)

Volunteers in Medicine is as relevant today as it was yesterday and will be in the foreseeable future. It is, therefore, our responsibility to provide the facts that prove our “importance”, the *value of our services*. As Susan’s presentation indicated, the population of the Bluffton / HHI area is approximately 55,000 and of this number, 14,000 are low-income and uninsured. 68% of the low-income, uninsured population is part of our “active patient” base. In that sense, VIM has established itself successfully as a trusted provider. (Dr. Cox’s earlier presentation indicates that our location places the clinic very much in the midst of an identified area of poverty.)

Susan outlined the principle(s) of the book “ROI (Return on Investments) for Non-Profits. It involves a paradigm shift not only in terminology but more importantly in methodology....what is required of a non-profit to be financially successful in today’s world. Donors are investors, gifts are investments, outputs are outcomes. Impact replaces emotion. Although we know that clinic services are priceless, we need to be able to prove how we contribute to community life, to show how we make a tangible difference.

It is a relatively new phenomenon for Volunteers in Medicine to be capable of attaching a credible, fact-based price tag on its services. However, since we are now better able to capture specific supporting data, our value on several fronts can be unequivocally stated and should be generously communicated. ***The Total Value of Services Provided is over six million dollars! Hospital Costs Avoided = \$6,862,925, Hospital Costs Avoided Per Patient = \$1,904!!*** (Based on data that assumes potential hospital ER visits of the uninsured are approximately 5,000 annually.) Particularly in light of the zero funding of VIM by Hilton Head Hospital (Tenant), we have a story that needs to and will be told. Our ability to sustain and thrive, to be successful, is dependent upon it.

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Breakout Session – The Board divided into four groups with the facilitator of each reporting back to the full Board on its assigned discussion statement. The outputs are outlined below:

Group # 1 (Drs. Cox and Siegelbaum) Assessing and improving the quality of care provided in our patient centered model

The following was provided by the facilitators:

- The clinical and financial metrics developed to date are the result of collaborative work involving multiple clinic departments and Board representatives and have been produced with assistance from USC.
- There are certain KPI's (Key Performance Indicators) that will take time. Although the need may have been identified, accurate collection and implementation is an evolving process. However, vetting of clinical and financial data sets is continuous as is information exchange with other free and charitable clinics.
- There is agreement concerning the clinical metrics presented (see Dr. Cox's report in the pre-meeting package) with one slight modification.....Dental caries diagnosed will now read "Dental caries diagnosed *and addressed*"
- Environmental scans from the state are in a pending status.
- The Quality Committee has been expanded to include representation from the pharmacy and nursing staff. Others will be added as deemed necessary.
- The discussion group recommended the Medical Executive Committee participants be sufficiently diverse to ensure adequate representation of / from the Quality function.

In full Board discussion, a suggestion was put forward regarding the possible increase of medical professionals serving on the BOD. Governance and Planning will review.

Group # 2 (Mike Hall) Strategies for attracting and retaining the necessary mix of volunteers and employees

Discussion highlights:

- VIM's 600 plus volunteers are a built-in army of recruiters. To be effective, they must be equipped with basic information.....talking points (e.g. no government funding, community supported, # of patient visits, breadth of services provided).....ready to share as the situation requires. Their passion for our mission and vision is powerful and probably without equal (even when compared to more sophisticated, more costly recruiting efforts or materials).
- Board members can also serve as excellent VIM Ambassadors and in so doing help to source professional and lay volunteers and potentially to identify future BOD's. They too must have access to VIM fundamentals.
- There has to be tie-in with the local Chamber and Realtor Association(s). Need to pursue how best this can be accomplished. Even something as simple as a small brochure or pamphlet for inclusion in a new resident packet (if indeed the Chamber distributes one)....."important

places and faces on the island” that you should be aware of..... e.g. Volunteers in Medicine...would be a helpful communication vehicle.

- Concerning employees.....Employer competitiveness is evaluated on a few levels. Salary obviously, amount of paid as well as unpaid time off and, of course, the availability of medical benefits. An external salary review is currently underway. At some point, sooner rather than later, we need to review and ultimately address the medical benefits component. Yes, our FT employees have an allowance to help offset the monthly cost but there is no plan, no insurance umbrella as such. The fact that we are an organization dedicated to health and well-being but are without a defined program for our employees is ironic at best.

At the group level and in the full board discussion that followed, the concept of partnering with other free and charitable clinics (~1200) or with other reliable non-profits....widening the pool of potential insureds.....is worthy of pursuit. It is hoped that Ned Allen, as a VIM Director and also an Alliance Director, could be an effective advocate on this subject.

Group #3 (Ginger Allen, Susan Jones) Fiscal sustainability and / or in-kind services

Ginger provided the following discussion highlights:

- Discussed importance of linking clinical KPI's to financial metrics so that we can better illustrate community impact. This is particularly important as we seek new funding partnerships. Health information manager will be collecting quantitative data specific to the ten chosen KPI's which will in turn be linked to financial savings for the community.
- Sustained revenue sources...implementing CARS donation program. VIM Institute selected this car donation program which is the largest of its kind. VIM HHI will be leading the pilot program for the car donation program which has huge potential as annual revenue source with very minimal expense of effort to the clinic.
- Planned Giving initiative – we certainly have a Planned Giving program in place as we do receive bequests; however, little to no response on mailings. Planned Giving is a sensitive topic and group opinion that should be done on more face to face efforts as opposed to mass appeal.
- Capital Campaign on the horizon and will be addressed as an organization.
- Companies who Care initiative will continue – VIM is only non-profit that directly affects local businesses' bottom line with improved worker health and productivity, decreased absenteeism and general workforce readiness.
- Discussed need to identify grant researcher as seeking new sources of funding from foundations whose priorities align with Volunteers in Medicine's mission.

Group #4 (Ric Gorman) Enhance Fundraising efforts through aggressive Marketing of the VIM Brand

Ric provided the following summary which he describes as very relevant to goals for the newly formed Marketing Committee:

- We have begun building a new image campaign for VIM, which is based upon powerful testimonials
 - Primarily from patients, and one or two volunteer and Companies that Care stories

- A rebuild of the VIM website is underway
 - Target delivery date is first week of November
 - This medium will be a primary focus as we move forward
- An effort to get selected stories to the main stream press is underway, and should play a key role in the future
 - The suggestion was made to work on a story like “what if VIM did not exist on Hilton Head”
- Best Practices as a resource is being used with
 - Other VIM affiliates
 - Make A Wish (which uses “patient stories” to drive donations)
- Key partnerships in the community need to be fostered (need a working group to lead these efforts)
 - Community Foundation of the Low Country
 - United Way
 - Both of these have serious grant potential as we learn more about how to target specific fund requests per these organizations grant processes
- Working Groups need to be formed to focus on key revenue targets, with these three identified specifically;
 - The Hospital (hold them accountable for how much VIM saves them)
 - The Chamber of Commerce (pursue their open endorsement of VIM as essential to employers on HHI, especially in a worker crisis as currently exists), pursue being named as the Chamber’s local non-profit organization of the year
 - Governmental support-Beaufort County/Town of HH (pursue funding because VIM is a vital component to easing the worker crisis)
- A working group needs to be formed inclusive of VIM Hilton Head and VIM Bluffton to establish common goals and a comradery, non-competitive relationship
- The quantitative data that Susan is producing related to the key clinical performance indicators (KPI) can provide marketing and Development with tangible data to facilitate better targeting of new potential grants.

In Conclusion

Volunteers in Medicine has never wavered in its commitment to provide high-caliber patient care to the uninsured and underinsured. The challenges experienced over the last twenty-five years have changed a bit and some may even have gotten more sophisticated. We will always be concerned with operating expenses and cash flow, but we need never worry about the dedication of the team.....that’s a given. We are troubled about how to repair an aging facility, a leaking roof, flooring that needs to be replaced, how best to “market” the clinic and reach all those who need us most, how to fix old computers or find funds to replace the ones that don’t respond, but again, we have proven time and time again that we have what it takes to overcome any number of obstacles that may surface. We have been, after all, commissioned to carry the torch Dr. Jack first lit a quarter century ago!

Special thanks to Kayla Westerbaan whose can-do attitude and administrative support are much appreciated by all who have been involved in this offsite meeting!

Report Respectfully Submitted By: Andrea J. Argast 10/20/2018



Volunteers in Medicine

Board of Directors

Executive Director Report

December 11, 2018

"It was a very good year"

-Sinatra

The format for this report will be a departure from previous submissions as we are ending our 25th anniversary year. Instead, we will review monthly highlights and make a few comments regarding our future.

January

We began our year by eliminating patient fees. This process went very smoothly thanks to our volunteers and staff. Patient donations exceeded our expectations and continue to track favorable to budget.

February

On February 6, our beloved founder Dr. Jack McConnell passed away peacefully and mercifully. He was 93 years old. Having planned his own memorial service, his wishes were carried out flawlessly by Mary Ellen, his family and his many friends and admirers.

On the 24th, we partnered with the Native Island Business and Community Activity Association (NIBCAA) to sponsor an oyster roast at the Cherry Hill school. Over 70 people attended this very successful event.

Also, thanks to the efforts of Joe Scodari, we received a \$50k matching grant from Johnson and Johnson.

March

On March 5, we held our Volunteer Appreciation Luncheon at St. Andrews By-The-Sea. Over 200 volunteers attended. Several received 10 and 20 year pins.

Progressive Technology submitted their first active surveillance report. It revealed that 70% of our workstations and laptops are out of warranty, which increases their security risk. A plan was implemented to begin replacement of these workstations.

The William P Stevens Golf Tournament at Wexford was a success, despite the rain.

Our Annual Physicians meeting was held on March 21 and was very well-attended. We spent significant time discussing how we can improve documentation and quality measurement.

April

Thanks to generous donations from several physicians, led by Dr. Luther Strayer, we were able to replace our expired X-ray equipment. Later in the year, part of the Wexford Impact grant was used to cover the remaining cost of this equipment.

We received \$49k from Blue Cross/Blue Shield Foundation as a result of our membership in the South Carolina Free Clinic Association.

On April 9, the First Tee honored Dr. Jack and others for their outstanding contributions to our community

On April 20, the Hilton Head Barbershoppers sponsored a benefit for both VIM's at Hilton Head Presbyterian Church

On April 27, we sponsored a concert by Robert Pilon at Coligny Theater that was a successful "friendraiser".

May

In early May, the VIM Institute sponsored an Annual Conference in Alexandria, Virginia. This was an excellent opportunity to share ideas and problem solve. On May 8, Jim and Marcia Collett sponsored a former Board member reception at their home.

Dr. David Etemadi, a former physician volunteer, bequeathed \$100k to VIM.

June

The FY'19 budget was passed unanimously at the June 12 Board meeting. While we anticipate challenges from loss of patient fees and loss of hospital support, we recognize our responsibility to improve the privacy and security of our medical records environment. It should also be noted that FY'18 was the third year in a row that we did not need the 4.5% draw-down from the endowment to cover operations.

Board member Bill Heberton passed away in June, with memorial service held on June 16. In his honor, his wife and children gifted us with a \$50k grant to offset the cost of labs for preventive health services.

July

On July 24, we convened the first Technology committee meeting, charged by the Board with oversight of the IT environment. Demetra Ladson, our new Medical Records Support manager, began her full-time employment on 7/30. This position is being supported for 3 years by the Lamb Foundation.

August

On the 8th, 22 residents from the Cypress visited the clinic for a tour, guided by Ginger and Nancy. They were genuinely surprised by the scope of services provided, even though many had supported the clinic for years.

The first draft of the Strategic Plan which included clinical and financial metrics was presented to the committee of Board members, staff and volunteers assigned to develop our 5-year plan. This effort is led by Joe Scodari, who has done a masterful job of keeping the committee on task and organized. We received a 4-star Charity Navigator rating for the 5th year in a row, an accomplishment achieved by fewer than 10% of all non-profits.

September

Bill Miles and Hannah Horne from the Chamber of Commerce visited for a tour on the 4th. We discussed how the Chamber might be helpful in telling our story to the businesses and newcomers to the island. Alan and Jessie McCollough were honored as the first donor of our Fund the Clinic for a Day program. They received a plaque and were announced on the reception area TV screen. The week of the 24th was Latinos Unidos week to honor their contributions to VIM over the past 7 years. The Latino Community Festival was held in Shelter Cove Park on the 30th and was a huge success, bringing a \$51k donation from this event. The highlight of September were the generous grants received from the Breedlove Foundation (\$126k), the Imlay Foundation (\$100k) and the Wexford Foundation Impact grant (\$47,200) to cover the costs of radiology and dental equipment. The lowlight of the month is that a mandatory evacuation order ahead of Hurricane Florence caused us to cancel clinic for 4 days.

October

Dr. Al Panu, USCB Chancellor toured the clinic on the 4th. We discussed a partnership to assist with student experiential learning that will help bolster our patient education and health promotion programs and assist with clinical data evaluation. On the 9th, the Board held the 2nd annual off-site Board Retreat. While there were 3 staff presentations given in the morning, most of the day was spent reviewing the draft strategic plan. A robust discussion with much valuable input ensued. After this input is incorporated, the Plan will be presented at the December Board meeting for approval. A new awning was installed over the walkway between the clinic and McConnell buildings, thanks to a generous donation from Joan Wilson. On the 10th, Michael Anthony's sponsored a "sommelier showdown" to benefit VIM, raising over \$7k. And a good time was had by all. The Island Recreation Center has agreed to partner with our Wellness program by providing 20 discounted memberships for use of exercise and cooking classes, exercise equipment and the indoor walking track. We were awarded the Best Non-Profit on the island by the Hilton Head Monthly for the second year in a row.

November

We received a \$70k bequest from the William P Stevens estate. The family has also agreed to continue to sponsor our annual golf event, to be held at Berkeley Hall on March 11, 2019. Of course, the highlight of the month was the annual VIM gala on the 17th at the Sonesta. The event was unequivocally the best Gala we have ever had, with over 460 festive guests, netting over \$200k for our clinic. The Fund-A-Need program alone grossed \$81k. Thanks to the leadership of Linda Meir and Grace Thomas, as well as Dedria Cruden, Dottie Byers and over 100 volunteers for such a delightful event. Of course, this would not have been possible without the staff support provided by Ginger, Nancy and Kayla. Susan, Ginger and I had a phone conference with Tom Ralser, the author of ROI for Nonprofits. He was intrigued with our work and may be available to assist with our Capital Campaign.

December

Our first telepsychiatry consult session with MUSC occurred, finally, on Thursday 12/6. As we speak, Lynne Hutchinson, a nurse practitioner volunteer and faculty member at USCB, is presenting a poster presentation about VIM at the Institute for Healthcare Improvement national conference in Orlando.

As you can see, it has been a “fun-filled, action-packed” and highly productive year. As I complete my Board member one-on-one meetings, I am encouraged by the level of engagement, enthusiasm and talent of each Board member. The Board leadership team of Jim, Joe, Andi and committee chairs have been highly effective. I am excited by the commitment to purpose, learning, caring and teamwork demonstrated by our staff. The volunteers remain the foundation of our Circle of Caring. We will be focused the implementation of the key action items in the strategic plan with emphasis on quality improvement reporting and privacy and security of our medical records environment. Ric has already begun to lead the way in telling our story more effectively through the work of the marketing committee. We have begun the work of increasing our business sponsorships and have mapped out a planned giving campaign. I have no doubt that we will continue to exceed our goals look forward to an even more successful 2019.

Respectfully Submitted,

Raymond L Cox, MD,MBA



Development Committee Report December 2018

1. Recap of 2018 Circle of Caring gala

The 25th Anniversary Circle of Caring gala was a tremendous success—it was our most financially successful gala ever, the logistics of the evening were smooth, and the program and spirit in the room were infused with the special VIM culture of caring. Co-chairs Linda Meir and Grace Thomas deserve great credit for their vision, attention to detail, and leadership. Some highlights:

- Although results aren't final, it appears as if we netted about \$230,000 on a gross of \$316,000. This is well over \$100,000 over prior year in both categories
- Debriefs indicate attendees particularly liked the smooth check-in and check-out, Deas Guyz, décor including flowers and display of auction items, program, especially Sterlin Colvin, complementary drinks, having programs delivered in advance, the programs themselves
- Some things to address for next year include having a larger foyer for the cocktail hour, improving the sound system, better keeping to the program by getting people seated on time and shortening the time of the Live Auction, finding a more prominent place for the raffle and getting more attractive items, better use of technology to solve some administrative problems with the auction items, improving the food and the food and beverage service, and addressing backups with the valet service

2. 2019 gala location and date

The 2019 Circle of Caring gala will be held on Saturday, November 23 at the Westin. We already have a performance commitment from Deas Guyz. New gala co-chairs are being approached and hopefully will be in place soon. Kick-off meeting will be scheduled for January.

3. Plans for 2019 Golf Classic

The VIM Annual William P. Stevens Jr. Pro-Am Classic will be held on March 11 at Berkeley Hall. A planning committee is being held later in December.

4. Millennium Club plans

There will be a Millennium Club reception at the Atlantic Room at the Sea Pines Beach Club on February 10 from 4 to 6. Once more, the Sea Pines Resort Company is

underwriting much of the cost of this event. Invitations will be going out at the end of the month.

5. Chamber of Commerce Organization of Year nomination

Charles Sampson has nominated VIM as Chamber of Commerce Organization of the year and supporting nominations are needed. We would like nominations from other island businesses, volunteers, patients, and partners. A full-court press is underway to get approximately 50 supporting nominations by the December 14 deadline.

6. Adopt a Donor

We will be relaunching a program in which members of the board of directors reach out to all donors contributing \$1000 or more to VIM. The development department will assign donors to board members and provide them with a script for the phone call. During the phone call, there will be a few questions in the script that will give us more information about the donor's connection to VIM and their special interests. This will be used as part of our cultivation program for Planned Giving, the capital campaign, and other appeals. Asking for money will not be a part of these phone calls. More information will be forthcoming after the first of the year.

7. Car donation program

Ned Allen pointed out that there is an opportunity for us to reach out to local counties who are dealing with the problem of unused cars on properties and make them aware of our CARS program. Ned will follow up with CARS to get some more information. There will be an ad in the Island Packet appearing on December 9th that will both thank supporters for making VIM the HH Monthly Most Favorite Organization and kicking off the CARS donation program.

8. Kentucky Derby party

Planning will soon begin on the Kentucky Derby benefit party to be held on May 4 at the Poseidon Rooftop bar. Lynn will be contacting other organizations such as Heroes on Horseback to see how they handle betting while abiding by SC laws. Dedria and Linda will solicit additional party-planning volunteers at the gala party to be held on December 6. A kick-off party planning meeting will be held within the next few weeks.

9. Follow up to Strategic Plan with Organizational Value Proposition

Ray, Ginger, and Susan have been in touch with Tom Ralser, author of ROI for Nonprofits, to see if he can be helpful to us as we continue to develop an investor model for fundraising. Conversations are underway about a one-day workshop that would be a preliminary step in our eventual work on a capital campaign.



Marketing Committee Report Board of Directors Meeting 12.11.18

Website Rebuild

- Initial target of 10.31.18 delivery delayed
 - Preliminary draft led to substantial changes
- Second draft is nearing completion
 - Review the week of 12.1.18
- Realistic launch date is 1.1.19

Testimonials

- Multiple days spent in the field producing footage at multiple locations
- Multiple days spent in edit room @ WSAV to produce finished product
- Completed 2 Patient Testimonials
 - Sandra (debuted @ Gala)
 - Michael
 - Third was shot but pulled in edit process as unusable
- Completed 2 Business Testimonials
 - The Greenery: Focused on the critical value that VIM provides to local businesses in a very difficult work force environment. Lee Edwards issues a challenge to all owners to support VIM because VIM supports their business
 - The Greenery: Circle of Caring. A great story about a current Greenery employee whose Family depended on VIM. He rose to a Manager position, raised his kids (two of which are now in Medical School) and they both want to return to the Island after graduation to volunteer at VIM.
- Completed two videos of Dr. Cox for use on the website “about us” tab
 - “The Vision”
 - “The Mission”
- Beginning work on reducing the existing 2 minute testimonials to :25 PSA’s for airing on Local TV
 - Hope to get these ready for air by 2.1.19

Digital Marketing

- We’re in planning stages on how to most effectively use the \$6,000 digital advertising budget through WSAV’s digital agency



FINANCE COMMITTEE MINUTES December 4, 2018 Meeting

The Finance Committee held a meeting on December 4, 2018. Committee members in attendance were: Paul Moeri, Chair, Frederick Hack, Marc Puntereri, and David Ekedahl. Also in attendance were Board Chairman Jim Collett, Ray Cox, Susan Jones and Ginger Allen. Absent were Joe Scodari and Michael Pasquale.

The agenda and summary of discussion was as follows:

1. Approval of October 4, 2018 minutes

- a. The minutes from the October 4, 2018 were approved by the committee with no modifications

2. Investment Update

- a. Fiduciary Group (Joel and Scott) presented the status of the investments managed by them up through 12/3/18. A copy of their report is retained in the Accounting Office.
- b. The Fiduciary Group reported the portfolio has held to benchmarks, the economy is still “good” in many areas. Year-to-date return is .24%.
- c. After the committee asked questions and received answers, Joel and Scott left the meeting

3. Auditor’s Review of FY 2018 Draft of Audited Financial Statements

- a. Bernadette Kreisel of Webster Rogers presented an overview of the draft of audited financial statements.
- b. Webster Rogers will be issuing an Unqualified Opinion, indicated that the organization’s financial statements are fairly and appropriately presented, without any exceptions, and in compliance with accounting standards.
- c. No material audit adjustments will be made to the June 30, 2018 numbers that had previously been reported to the committee.

4. Tax Return Update

- a. Ray Warco of Webster Rogers provided an update on the preparation of the 2017 Tax Return (July 31, 2018).
- b. The tax return was due on November 15, 2018. An extension was file until May 15, 2019.
- c. Once the audited financial statements are finalized, Webster Rogers will complete the tax return.

5. Review of internal financial results as of and for the four months ended October 31, 2018:

- a. We reviewed the financial dashboard showing key metrics
 - i. Year to date total revenues are 55% ahead of year to date budget and 27% ahead of last year.
 - ii. Operating expenses were at y-t-d budget and 12% below last year.
 - iii. Investment income for the first 4 months was (\$88,681).
- b. Susan also discussed the monthly and annual highlights and dashboard included in the FC package.
- c. Currently, Susan does not anticipate having to draw down from the Endowment based on this year’s forecast, but will be more credible at the end of December.

- d. The committee discussed patient trends for this calendar year. New patients and patient's visits have risen but there is not an increase in patient donations reflecting this trend. However, patient's donations are still above budget. This will continue to be monitored to determine if any action is necessary.
- e. The forecast of net proceeds from the 2018 Circle of Caring Gala is approximately \$230,000.

6. Executive Director Update

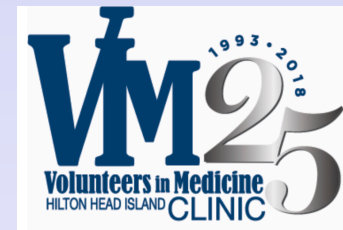
- a. Dr. Cox noted the following:
 - i. Noted that there have been revisions to the HIPPA guidelines
 - ii. Updated the committee on the status of the final IT pieces and password security issues related to HIPPA
 - iii. He noted that there could be some concerns with structural issues relating to privacy and safety issues that will need to be addressed in the future.
 - iv. He informed the committee of communications with Tom Ralser, author of "ROI for Non-Profits", to provide a proposal for educational workshops to assist in the expansion of VIM's Organizational Value Proposition and also to lay the groundwork for a Capital Campaign, which is eminent.
 - v. He also noted how the new Dragon software has been a "hit" for some physicians and the hope of luring more physicians to use the new devices. We also have a grant opportunity to support the purchase of additional devices.
 - vi. He informed the clinic that eight (8) new physicians will be coming onboard.

7. Any other Business

No other business was noted.

There being no other business, the meeting was adjourned.

Paul Moeri
Treasurer



Volunteers In Medicine Hilton Head FY 2020 - 2024 Strategy Framework

Volunteers In Medicine Hilton Head Strategy Framework



MISSION

Our mission is to understand and serve the health and wellness needs of the medically underserved and their households, who live or work on Hilton Head and Daufuskie Island

VISION

May we have the eyes to see those who are rendered invisible and excluded, open arms and hearts to reach out and include them, healing hands to touch their lives with love and in the process heal ourselves

STRATEGIC IMPERATIVES

Provide quality care in defined areas to improve patient outcomes in a patient-centered culture of caring

Recruit a steady supply of passionate, committed, & qualified volunteers and a small, capable, appropriately compensated management team

Ensure sufficient & sustained sources of revenue and/or in-kind services and manage expenses in line with appropriate charitable organization benchmarks

Through focused strategic marketing and community outreach, build VIM brand awareness and support fund raising



FISCAL YEARS 2020-2024 KEY ACTIONS

- | | | | |
|---|--|---|--|
| <ul style="list-style-type: none"> Continuously evaluate the medical & dental specialty areas in which service is provided Maintain the Medical Executive Committee as a key driver of peer review/clinical excellence Identify specific key clinical performance indicators (KPI's) & track them on an ongoing basis Establish metrics & track patient satisfaction over time Make critical information technology (IT) upgrades to support efficiency and quality Invest/gain grant support to ensure that infrastructure & equipment support quality Ensure governance supports quality and professionalism in everything we do | <ul style="list-style-type: none"> Maintain the existing word of mouth approach to volunteer recruitment Add targeted structured efforts such as provision of information about VIM to the real estate community and presentations within local communities Leverage planned marketing effort to generate interest among potential volunteers and employees Periodically benchmark compensation packages & ensure VIM remains competitive Continue reporting of professional volunteer statistics to potential donors | <ul style="list-style-type: none"> Demonstrate & communicate VIM's value by linking clinical KPI's with financial KPI's Implement sustained revenue sources such as the Alliance's auto donation program Continue the focus on strengthening planned giving, Companies That Care, and the capital campaign Explore collaboration options with other charities Seek grant support for key strategic initiatives such as IT upgrades Coordinate closely with planned marketing efforts to fully leverage the value of VIM to the community Maintain financial discipline in budgeting, annual operations, and with the endowment | <ul style="list-style-type: none"> Establish focused marketing/PR effort Ensure marketing/PR effort benchmarks best practices of other successful charities as effort is defined and resourced Leverage testimonials from patients, volunteers and Companies That Care. Continue partnering with community organizations & local businesses to increase awareness of VIM and promote fundraising Proactively manage the relationship with Bluffton VIM Ensure close coordination between marketing, development, finance, and clinical teams |
|---|--|---|--|

Final as of 10/30/2018

Volunteers In Medicine Hilton Head Strategy Framework



KEY PERFORMANCE INDICATORS - CLINICAL

1. Blood Pressure Management

Percentage of hypertensive patients who had BP documented within past year less than 140/90 Hg.

2. Diabetes Control

Percentage of diabetic patients with most recent A1C level below 8%.

3. Weight Control

Percentage of patients who have had BMI calculations within past year and showing a BMI of 28 or less.

4. Mammography Screening

Percentage of women who had a mammogram during the past two years for whom a screening is recommended according to NCI guidelines.

Percentage of women who had a positive screening result who are in early stage breast cancer for better health outcomes.

5. Colorectal Cancer Screening

Percentage of adult patients who had an appropriate screening for colorectal cancer.

6. Lipid Screening

The percentage of patients whose lipid panel indicates low LDL (less than 100 mg/dL) and high HDL (above 50 mg/dL) according to AHA guidelines. Evaluations done every 4 years for those with low risk

7. Dental Cavities, diagnosed and addressed

8. Patient visits to Clinic

Annual number of total patient visits and annual number of active individuals using clinic over past three years.

9. Emergency Department Use

Avoidance of ED use by instead utilizing clinic as indicated by patient questionnaire and data derived from financial metric evaluations.

10. Prescriptions filled in onsite pharmacy

Annual number of prescriptions filled in clinic and dollar value

Volunteers In Medicine Hilton Head Strategy Framework



KEY PERFORMANCE INDICATORS – FINANCIAL – FOR 7/1/17 TO 6/30/18*

Value of Services

Value of medical/dental care Provided:	\$4,515,101
Program costs and in-kind goods & outside services:	\$1,537,475

<i>Total Value of Services Provided:</i>	<i>\$6,052,576</i>
<i>Value of care provided per patient:</i>	<i>\$ 1,679</i>
<i>Value of care provided per patient visit:</i>	<i>\$ 220</i>

SC Hospital ER Visits per 1,000 population:	397
---	-----

Population of Bluffton & Hilton Head Island (BH):	55,416
Uninsured population of BH:	14,020

Potential Hospital ER Visits of BH uninsured:	5,566
Median cost per ER visit:	\$ 1,233
Hospital costs avoided:	\$ 6,862,878
Hospital cost avoided per patient:	\$ 1,904

Impact of Medical Services Provided

Total Value:	<u>\$6,062,576</u>
VIM Investment (annual expenses excluding volunteer time):	\$2,305,303

Impact per dollar invested: 263%

Impact of Hospital Costs Avoided

Total cost avoided:	\$6,862,878
VIM Investment (annual expenses excluding volunteer time):	\$2,305,303

Impact per dollar invested: 298%

APPENDICES

Appendices include the following:

- Annual budget including preparation timetable
- Board member job description
- Board member matrix
- Committee structures and remits
- Job Descriptions for compensated employees
- Organization chart
- Outputs of environmental scan effort
- Program & services matrix
- SWOT analysis
- Updated bylaws

**THE VOLUNTEERS IN MEDICINE CLINIC
FINANCIAL STATEMENTS**

JUNE 30, 2018 AND 2017

DRAFT 12/04/18

THE VOLUNTEERS IN MEDICINE CLINIC
Hilton Head Island, South Carolina

June 30, 2018 and 2017

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Independent Auditors' Report

To the Board of Directors
The Volunteers in Medicine Clinic
Hilton Head Island, South Carolina

Report on the Financial Statements

We have audited the accompanying financial statements of ***The Volunteers in Medicine Clinic*** (the "Clinic"), which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Clinic as of June 30, 2018 and 2017, 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.

Bluffton, South Carolina
November ??, 2018

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THE VOLUNTEERS IN MEDICINE CLINIC

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2018 AND 2017

	2018	2017
ASSETS		
Current Assets		
Cash and cash equivalents		
Cash in deposit accounts	\$ 906,746	\$ 931,248
Cash in brokerage accounts	108,066	100,913
Total cash and cash equivalents	1,014,812	1,032,161
Investments	7,105,501	6,446,361
Receivables	16,984	19,308
Inventory	2,870	-
Prepaid expenses	58,578	61,758
Total current assets	8,198,745	7,559,588
Property and Equipment, net	1,634,348	1,710,296
TOTAL ASSETS	\$ 9,833,093	\$ 9,269,884
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 48,837	\$ 24,338
Deposits held for others	19,637	16,614
Accrued salaries	23,260	30,172
Deferred revenue	108,750	24,950
Other accrued liabilities	6,500	9,000
Total current liabilities	206,984	105,074
TOTAL LIABILITIES	206,984	105,074
Net Assets		
Unrestricted - undesignated	2,539,235	2,375,751
Unrestricted - board designated	4,170,112	3,998,215
Total unrestricted	6,709,347	6,373,966
Temporarily restricted	1,122,872	996,954
Permanently restricted	1,793,890	1,793,890
Total net assets	9,626,109	9,164,810
TOTAL LIABILITIES AND NET ASSETS	\$ 9,833,093	\$ 9,269,884

The accompanying Notes to Financial Statements are an integral part of these financial statements.

THE VOLUNTEERS IN MEDICINE CLINIC
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2018 AND 2017

	2018				2017			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and Revenues								
Contributed support								
Contributions and grants	\$ 1,129,288	\$ 587,180	\$ -	\$ 1,716,468	\$ 1,546,384	\$ 258,264	\$ -	\$ 1,804,648
Services and materials donated	2,862,409	-	-	2,862,409	3,471,589	-	-	3,471,589
Benefit events, net	300,737	-	-	300,737	265,822	-	-	265,822
Total contributed support	4,292,434	587,180	-	4,879,614	5,283,795	258,264	-	5,542,059
Interest and dividend income, net of expense	95,359	43,825	-	139,184	82,064	40,835	-	122,899
Realized and unrealized gains on investments	227,747	104,667	-	332,414	361,920	180,169	-	542,089
Rental income	10,800	-	-	10,800	47,431	-	-	47,431
Administrative fees	261,324	-	-	261,324	333,027	-	-	333,027
Miscellaneous income	6,073	-	-	6,073	4,019	-	-	4,019
Net assets released from restrictions	609,754	(609,754)	-	-	414,266	(414,266)	-	-
Total support and revenues	5,503,491	125,918	-	5,629,409	6,526,522	65,002	-	6,591,524
Expenses								
Program services	4,751,046	-	-	4,751,046	5,351,861	-	-	5,351,861
Support services								
Administrative and general	95,797	-	-	95,797	88,768	-	-	88,768
Fundraising	253,435	-	-	253,435	216,041	-	-	216,041
Occupancy costs	67,832	-	-	67,832	66,642	-	-	66,642
Total expenses	5,168,110	-	-	5,168,110	5,723,312	-	-	5,723,312
Change in net assets	335,381	125,918	-	461,299	803,210	65,002	-	868,212
Net Assets at Beginning of Year	6,373,966	996,954	1,793,890	9,164,810	5,570,756	931,952	1,793,890	8,296,598
Net Assets at End of Year	\$ 6,709,347	\$ 1,122,872	\$ 1,793,890	\$ 9,626,109	\$ 6,373,966	\$ 996,954	\$ 1,793,890	\$ 9,164,810

The accompanying Notes to Financial Statements are an integral part of these financial statements.

THE VOLUNTEERS IN MEDICINE CLINIC

**STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
Cash Flows From Operating Activities		
Change in net assets	\$ 461,299	\$ 868,212
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:		
Depreciation	168,934	176,232
Unrealized gains on investments	(71,190)	(425,951)
Realized gains on sale of investments	(250,678)	(84,637)
In-kind donations of investments	(36,459)	(50,000)
(Increase) decrease in:		
Receivables	2,324	218,407
Inventory	2,870	
Prepaid expenses	(2,560)	(2,114)
Increase (decrease) in:		
Accounts payable	24,499	3,202
Deposits held for others	3,023	3,101
Accrued expenses	(9,412)	18,242
Deferred revenue	83,800	(200,050)
Net cash flows provided by operating activities	<u>376,450</u>	<u>524,644</u>
Cash Flows From Investing Activities		
Proceeds from sale of investments	1,932,495	1,261,017
Purchase of investments	(2,267,619)	(1,402,545)
Grant disbursed from investments	34,312	-
Purchase of property and equipment	(92,986)	(77,392)
Net cash flows used in investing activities	<u>(393,799)</u>	<u>(218,920)</u>
Net increase (decrease) in cash	<u>(17,349)</u>	<u>305,724</u>
Cash and Cash Equivalents at Beginning of Year	<u>1,032,161</u>	<u>726,437</u>
Cash and Cash Equivalents at End of Year	<u><u>\$ 1,014,812</u></u>	<u><u>\$ 1,032,161</u></u>

Schedule of Non-Cash Investing Activities

In-kind donations of investments	<u><u>\$ 36,459</u></u>	<u><u>\$ 50,000</u></u>
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The accompanying Notes to Financial Statements are an integral part of these financial statements.

THE VOLUNTEERS IN MEDICINE CLINIC
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2018

	2018				
	Program Services	Administrative and General	Fundraising	Building Rental	Total
Compensation and related costs					
Contributed professional services	\$ 1,724,171	\$ -	\$ -	\$ -	\$ 1,724,171
Salaries and wages	993,264	55,801	66,962	-	1,116,027
Payroll taxes	77,408	4,349	5,219	-	86,976
Contract labor	35,177	1,976	2,372	-	39,525
Employee benefits	5,900	332	398	-	6,630
Insurance	52,635	2,957	3,548	-	59,140
Education, training, and travel	8,087	454	545	-	9,086
Recruiting and recognition	5,793	325	390	-	6,508
Total compensation and related costs	2,902,435	66,194	79,434	-	3,048,063
Administrative and development costs					
Advertising, printing, and promotional	22,846	10,964	151,855	-	185,665
Board expenses	-	1,115	1,296	-	2,411
Computer repairs and software	36,083	2,027	2,433	-	40,543
Credit card processing fees	8,081	454	545	-	9,080
Copier lease and usage	8,184	460	552	-	9,196
General office supplies	17,133	963	1,155	-	19,251
Internet & web cost	4,502	614	-	-	5,116
Postage and delivery	5,647	317	381	-	6,345
Professional fees	20,006	1,124	1,349	-	22,479
Total administrative and development costs	122,482	18,038	159,566	-	300,086
Program costs					
Laboratory costs	73,115	-	-	-	73,115
Pathology services	46,793	-	-	-	46,793
Screenings	142,473	-	-	-	142,473
Medicine and drug costs	775,589	-	-	-	775,589
Medical supplies	55,529	-	-	-	55,529
Dental supplies	39,225	-	-	-	39,225
Patient education materials	447	-	-	-	447
Patient support	11,907	-	-	-	11,907
Classroom instruction	3,374	-	-	-	3,374
Classroom supplies	194	-	-	-	194
Hospital/surgery center costs	180,059	-	-	-	180,059
Physician costs	134,647	-	-	-	134,647
Software and equipment maintenance	36,544	-	-	-	36,544
Medical equipment and services	18,086	-	-	-	18,086
Total program costs	1,517,982	-	-	-	1,517,982

(Continued)

THE VOLUNTEERS IN MEDICINE CLINIC
STATEMENT OF FUNCTIONAL EXPENSES (CONTINUED)
YEAR ENDED JUNE 30, 2018

	Program Services	Administrative and General	Fundraising	Building Rental	Total
Occupancy costs					
Intern housing	\$ 11,196	\$ -	\$ -	\$ 3,807	\$ 15,003
Rent/storage	2,501	141	169	-	2,811
Utilities	25,143	1,479	1,849	8,504	36,975
Telephone and communications	5,153	289	347	-	5,789
Janitorial	11,728	690	862	3,967	17,247
Landscaping	108	6	8	35	157
Building repairs and maintenance	15,346	903	1,128	5,190	22,567
Insurance	21,161	1,245	1,556	7,158	31,120
Property taxes	936	55	69	316	1,376
Total occupancy costs	93,272	4,808	5,988	28,977	133,045
Depreciation	114,875	6,757	8,447	38,855	168,934
Total expenses	\$ 4,751,045	\$ 95,797	\$ 253,435	\$ 67,832	\$ 5,168,109

The accompanying Notes to Financial Statements are an integral part of these financial statements.

THE VOLUNTEERS IN MEDICINE CLINIC
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2017

	Program Services	Administrative and General	Fundraising	Building Rental	Total
Compensation and related costs					
Contributed professional services	\$ 1,732,888	\$ -	\$ -	\$ -	\$ 1,732,888
Salaries and wages	1,057,811	59,428	71,313	-	1,188,552
Payroll taxes	78,488	4,409	5,291	-	88,188
Contract labor	5,818	327	392	-	6,537
Employee benefits	6,933	389	467	-	7,789
Insurance	54,059	3,037	3,644	-	60,740
Education, training, and travel	4,604	259	310	-	5,173
Recruiting and recognition	6,988	393	471	-	7,852
Total compensation and related costs	2,947,589	68,242	81,888	-	3,097,719
Administrative and development costs					
Advertising, printing, and promotional	15,446	3,625	113,332	-	132,403
Board expenses	-	235	273	-	508
Computer repairs and software	16,408	922	1,106	-	18,436
Credit card processing fees	6,993	393	471	-	7,857
Copier lease and usage	7,754	436	523	-	8,713
General office supplies	21,020	1,181	1,417	-	23,618
Postage and delivery	5,460	307	368	-	6,135
Professional fees	31,256	1,756	2,107	-	35,119
Total administrative and development costs	104,337	8,855	119,597	-	232,789
Program costs					
Laboratory costs	74,103	-	-	-	74,103
Pathology services	23,192	-	-	-	23,192
Screenings	30,089	-	-	-	30,089
Medicine and drug costs	26,072	-	-	-	26,072
Medical supplies	45,536	-	-	-	45,536
Dental supplies	39,802	-	-	-	39,802
Patient education materials	721	-	-	-	721
Patient support	14,966	-	-	-	14,966
Classroom instruction	3,011	-	-	-	3,011
Classroom supplies	362	-	-	-	362
Hospital/surgery center costs	27,349	-	-	-	27,349
Physician costs	58,809	-	-	-	58,809
Software and equipment maintenance	36,711	-	-	-	36,711
Medical equipment and services	10,155	-	-	-	10,155
Surgical program	1,228	-	-	-	1,228
Women's health clinic	11,386	-	-	-	11,386
Wellness clinic	5	-	-	-	5
Mental health clinic	112,190	-	-	-	112,190
Specialties clinic	3,114	-	-	-	3,114
Internal Medicine clinic	82,759	-	-	-	82,759
Chronic disease clinic	1,047,191	-	-	-	1,047,191
Medical clinic	442,262	-	-	-	442,262
Total program costs	2,091,013	-	-	-	2,091,013

(Continued)

THE VOLUNTEERS IN MEDICINE CLINIC
STATEMENT OF FUNCTIONAL EXPENSES (CONTINUED)
YEAR ENDED JUNE 30, 2017

	Program Services	Administrative and General	Fundraising	Building Rental	Total
Occupancy costs					
Intern housing	\$ 9,975	\$ -	\$ -	\$ 3,392	\$ 13,367
Rent/storage	4,299	242	290	-	4,831
Utilities	25,724	1,513	1,892	8,701	37,830
Telephone and communications	7,648	430	516	-	8,594
Janitorial	10,240	602	753	3,464	15,059
Landscaping	6,294	370	463	2,128	9,255
Building repairs and maintenance	9,946	585	731	3,364	14,626
Insurance	13,986	823	1,028	4,731	20,568
Property taxes	972	57	71	329	1,429
Total occupancy costs	89,084	4,622	5,744	26,109	125,559
Depreciation	119,838	7,049	8,812	40,533	176,232
Total expenses	\$ 5,351,861	\$ 88,768	\$ 216,041	\$ 66,642	\$ 5,723,312

The accompanying Notes to Financial Statements are an integral part of these financial statements.

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 1. Nature of Organization

The Volunteers in Medicine Clinic (the "Clinic") was incorporated on May 14, 1992, for the purposes of understanding and serving the health and wellness needs of the medically underserved population living and/or working on Hilton Head and Daufuskie Islands in South Carolina. The Clinic provides these services through proceeds from private contributions and grants.

Note 2. Summary of Significant Accounting Policies

Basis of accounting

The Clinic maintains its accounts on the accrual basis of accounting. Revenues are recognized when the earnings process is completed and expenses are recognized in the period incurred.

Financial statement presentation

Financial statement presentation follows accounting standards issued by the Financial Accounting Standards Board ("FASB") for Not-for-Profit Organizations. These standards require the Clinic to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Permanently Restricted – Net assets subject to donor-imposed stipulations that they be maintained by the Clinic.

Temporarily Restricted – Net assets whose use by the Clinic is subject to donor-imposed stipulations that can be fulfilled by actions of the Clinic pursuant to those stipulations or that expire by the passage of time.

Unrestricted – Net assets that are not subject to donor-imposed restrictions. Unrestricted net assets may be designated for specific purposes by the Clinic or may otherwise be limited by contractual agreements with outside parties.

Cash and cash equivalents

The Clinic considers its investments with an original maturity of three months or less to be cash equivalents.

Investments

Investments consist of equity securities, mutual funds, and debt securities, and are stated at fair value in the statements of financial position based on quoted market prices. Realized gains and losses on dispositions are based on the net proceeds and the average cost of the shares sold. Unrealized gains and losses are charged or credited to the statements of activities. Gains and losses on investments are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

Grants receivable

Grants receivable represent amounts which have been awarded, performance completed but grant monies not received. These amounts are included in Receivables and Contributions and grants within the Statements of Financial Position and Statements of Activities, respectively.

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 2. Summary of Significant Accounting Policies (Continued)

Property and equipment

The Clinic records newly acquired real and personal property and major improvements at cost and donated property at fair market value. The Clinic calculates depreciation on fixed assets over the estimated useful lives, using straight line and accelerated methods, which are as follows:

	<u>Years</u>
Buildings and improvements	25
Equipment	3 - 10

Maintenance and repairs are charged to expense as incurred. When assets are retired or otherwise disposed of, the cost is removed from the asset account, and the related depreciation reserve is adjusted with the difference charged to income.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenue and expense during the reporting period. Reality could differ from those estimates.

Functional expenses

Directly identifiable expenses are charged to program services. Expenses related to more than one function are charged to program and supporting services on the basis of personnel time and space utilized for the related activities. Administrative and general expenses include those expenses that are not directly identifiable with any other specific function, but provide for the overall support and direction of the Clinic.

Donated services and supplies

Donated services and supplies are recognized as contributions when such services require specialized skills and would otherwise need to be purchased by the Clinic. Donated services from individual volunteers in areas not requiring specialized skills are not recognized as contributions in the financial statements since they do not meet the recognition criteria under accounting standards.

Revenue recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 3. Concentrations of Credit Risk

Financial instruments that potentially subject the Clinic to concentrations of credit risk consist principally of cash and cash equivalent accounts held at financial institutions and investments. The credit worthiness of the parties to these transactions is subject to continuous review and evaluation.

The Clinic places its cash and cash equivalents on deposit with financial institutions in the United States. The Securities Investor Protection Corporation (SIPC) provides protection from loss resulting from brokerage firm fraud or failure for cash and securities up to \$500,000, including \$250,000 for cash. The Federal Deposit Insurance Corporation (FDIC) insures deposits held at insured financial institutions up to \$250,000 for each deposit ownership category.

The Clinic, from time to time, may have amounts on deposit in excess of the respective insurance and protection limits. The Clinic's uninsured or unprotected cash balances totaled \$619,841 and \$661,173 as of June 30 2018 and 2017, respectively.

Note 4. Investments

Summary of investments at June 30, 2018 and 2017 were:

	2018	2017
Held at brokerage firm	\$ 6,696,700	\$ 6,031,742
Endowment fund held by other entity, the Community Foundation of the Lowcountry, Inc. (CFL)		
Board designated, invested by CFL Donor	403,264	410,788
Donor restricted, spendable portion	5,537	3,831
Total held by CFL	408,801	414,619
Total reported on Statements of Financial Position	\$ 7,105,501	\$ 6,446,361

Investments, held at brokerage firm

The amortized costs, gross unrealized gains and losses, and estimated fair values of investment securities held at a brokerage firm are summarized as follows:

	Amortized Cost	Unrealized Gains	Unrealized Losses	Estimated Fair Value
June 30, 2018				
Corporate debt	\$ 1,009,715	\$ 13,219	\$ (14,981)	\$ 1,007,953
Municipal debt	84,827	-	(6,190)	78,637
Equity securities	2,241,672	693,829	(24,250)	2,911,251
Mutual funds	675,695	1,441	-	677,136
Exchange traded funds	1,847,797	180,408	(6,482)	2,021,723
Total	\$ 5,859,706	\$ 888,897	\$ (51,903)	\$ 6,696,700

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 4. Investments (Continued)

	Amortized Cost	Unrealized Gains	Unrealized Losses	Estimated Fair Value
June 30, 2017				
Corporate debt	\$ 1,196,314	\$ 52,492	\$ (1,090)	\$ 1,247,716
Municipal debt	84,989	-	(2,276)	82,713
Equity securities	2,186,593	625,111	(19,307)	2,792,397
Mutual funds	703,004	17,608	-	720,612
Exchange traded funds	1,072,081	118,511	(2,288)	1,188,304
Total	\$ 5,242,981	\$ 813,722	\$ (24,961)	\$ 6,031,742

Endowment investment fund – agency funds

The Board of Directors elected to invest funds in an endowment with the Community Foundation of the Lowcountry Inc. (the "Foundation"). These funds are managed by the Foundation as part of a pool of investments and the Clinic has no control regarding investment decisions. Funds available for distribution on an annual basis are determined by calculating 5% of the average market value of the fund over a 12-quarter period. Assets may also be distributed to meet emergency funding needs of the Clinic as determined by the Foundation in its sole discretion. The Clinic may elect to add all or any part of the distribution back to the fund. Amounts related to this fund reported in the Statement of Financial Position as investment funds as of June 30 2018 and 2017, was \$408,801 and \$414,619, respectively.

The Foundation investments represent the proportional interest in the investment pool managed by the Foundation. The investments are reported at their fair value which is estimated as the fair value of the underlying assets held by the Foundation. This investment is categorized as Level 3 under the fair value measurement hierarchy. The components of the investment funds related to the endowment are classified as permanently restricted.

Endowment investment fund – third-party funds

The Clinic also has an endowment fund which is the accumulation of amounts donated to the Foundation by third-party donors for the ultimate benefit of The Volunteers in Medicine Clinic (Third Party Fund). In accordance with generally accepted accounting principles, the Clinic has excluded from their financial statements the non-spendable portion of the contributions and related investment gains, losses, and fees that are from third-party donors. The balance of the non-spendable portion excluded from the financial statements was \$126,561 and \$35,738 as of June 30 2018 and 2017, respectively.

Funds available for distribution from this fund on an annual basis (the spendable portion) are determined by calculating 5% of the average market value of the fund over a 12-quarter period. The Clinic may elect to add all or any part of the distribution back to the fund. The Clinic made no such election in 2018 or 2017. The spendable portion of this fund reported in the Statements of Financial Position as investment funds as of June 30, 2018 and 2017, was \$5,537 and \$3,831, respectively.

Note 5. Fair Value Measurements

Accounting principles generally accepted in the United States of America provide a framework for measuring fair value (FASB ASC 820-10), *Fair Value Measurements and Disclosures*. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 5. Fair Value Measurements (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Clinic has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in inactive markets,
- Inputs other than quoted prices that are observable for the asset or liability,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2018 and 2017.

- *U.S. Treasuries, equity securities and exchange traded funds:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *Debt securities:* Valued at the closing price reported on the active market on which the individual bonds are traded.
- *Mutual funds:* Valued at the quoted net asset value (NAV) of shares held by the Clinic at year end.
- *Investment held by other entity:* As the Clinic does not know the precise allocation of the underlying assets on an ongoing basis, the asset is classified as Level 3 within the valuation hierarchy based upon the asset's fair value as represented by the fund's management.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Clinic believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Clinic's assets at fair value as of June 30, 2018 and 2017:

Assets at Fair Value as of June 30, 2018				
	Level 1	Level 2	Level 3	Total Fair Value
Corporate debt	\$ 1,007,953	\$ -	\$ -	\$ 1,007,953
Municipal debt	78,637	-	-	78,637
Equity securities	2,911,251	-	-	2,911,251
Mutual funds	677,136	-	-	677,136
Exchange traded funds	2,021,723	-	-	2,021,723
Investments held by CFL	-	-	408,801	408,801
Total assets	<u>\$ 6,696,700</u>	<u>\$ -</u>	<u>\$ 408,801</u>	<u>\$ 7,105,501</u>

Assets at Fair Value as of June 30, 2017				
	Level 1	Level 2	Level 3	Total Fair Value
Corporate debt	1,247,716	-	-	1,247,716
Municipal debt	82,713	-	-	82,713
Equity securities	2,792,397	-	-	2,792,397
Mutual funds	720,612	-	-	720,612
Exchange traded funds	1,188,304	-	-	1,188,304
Investments held by CFL	-	-	414,619	414,619
Total assets	<u>\$ 6,031,742</u>	<u>\$ -</u>	<u>\$ 414,619</u>	<u>\$ 6,446,361</u>

The following table sets forth a summary of changes in the fair value of the Clinic's Level 3 assets for the years ended June 30, 2018 and 2017:

	Investments Held by CFL
Balance, June 30, 2016	\$ 374,295
Unrealized gains	44,736
Management fees	(4,412)
Balance, June 30, 2017	414,619
Grants given	(34,312)
Unrealized gains	33,209
Management fees	(4,715)
Balance, June 30, 2018	<u>\$ 408,801</u>

Total net gains and losses for Level 3 assets for the periods ended June 30, 2018 and 2017, are included in net realized and unrealized gains (losses) on investments in the Statements of Activities. The transfers out of Level 3 assets for the years ended June 30, 2018 and 2017, were \$34,312 and \$0, respectively.

THE VOLUNTEERS IN MEDICINE CLINIC

**NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017**

Note 6. Property and Equipment

Property and equipment consists of the following at June 30:

	<u>2018</u>	<u>2017</u>
Land	\$ 781,240	\$ 781,240
Buildings	1,683,055	1,667,255
Computers and software	513,439	501,835
Medical furniture, fixtures, and equipment	562,155	505,332
Office furniture, fixtures, and equipment	<u>498,688</u>	<u>489,930</u>
Subtotal	4,038,577	3,945,592
Less accumulated depreciation	<u>2,404,229</u>	<u>2,235,296</u>
Net property and equipment	<u>\$ 1,634,348</u>	<u>\$ 1,710,296</u>

Note 7. Net Assets – Unrestricted and Temporarily Restricted

Unrestricted net assets consists of the following as of June 30:

	<u>2018</u>	<u>2017</u>
Board designated endowed funds	\$ 4,070,313	\$ 3,903,377
Imlay/McConnel fund	<u>99,798</u>	<u>94,874</u>
Total board designated funds	4,170,111	3,998,251
Undesignated	<u>2,539,237</u>	<u>2,375,751</u>
Total unrestricted net assets	<u>\$ 6,709,348</u>	<u>\$ 6,374,002</u>

The Clinic has received various contributions which are restricted in their use. Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2018</u>	<u>2017</u>
Adult dental clinic	\$ 21,535	\$ 14,420
Healing services	320	320
Mammography clinic	34,005	27,579
Other restricted programs	155,406	56,388
Surgical program	47,148	71,614
Wellness center	86,104	125,015
Endowment available for appropriations	<u>778,354</u>	<u>701,618</u>
Total temporarily restricted net assets	<u>\$ 1,122,872</u>	<u>\$ 996,954</u>

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 8. Net Assets – Endowment

The Clinic's endowment consists of donor restricted funds. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The State of South Carolina adopted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) effective July 1, 2008. The Board of Trustees of the Foundation has interpreted the UPMIFA as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets: (1) the original value of the gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations or reductions to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to or the reduction subtracted from the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until these amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence described in the UPMIFA. In accordance with the UPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Foundation and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policy of the Foundation

At June 30, 2018, the Foundation had the following endowment net assets composition by type of fund:

	Unrestricted- Board Designated	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 778,354	\$ 1,793,890	\$ 2,572,244
Board-designated endowment funds	4,070,348	-	-	4,070,348
Total funds	<u>\$ 4,070,348</u>	<u>\$ 778,354</u>	<u>\$ 1,793,890</u>	<u>\$ 6,642,592</u>

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 8. Net Assets – Endowment (Continued)

The following are the changes in endowment net assets for the year ended June 30 2018:

:

	<u>Unrestricted- Board Designated</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, July 1, 2017	\$ 3,903,377	\$ 701,618	\$ 1,793,890	\$ 6,398,885
Investment return:				
Investment income	95,359	43,825	-	139,184
Net realized and unrealized investment losses	227,747	104,667	-	332,414
Appropriation of endowment assets for expenditure	<u>(156,135)</u>	<u>(71,756)</u>	<u>-</u>	<u>(227,891)</u>
Endowment net assets, June 30, 2018	<u>\$ 4,070,348</u>	<u>\$ 778,354</u>	<u>\$ 1,793,890</u>	<u>\$ 6,642,592</u>

At June 30, 2017, the Foundation had the following endowment net assets composition by type of fund:

	<u>Unrestricted- Board Designated</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 701,618	\$ 1,793,890	\$ 2,495,508
Board-designated endowment funds	3,903,377	-	-	3,903,377
Total funds	<u>\$ 3,903,377</u>	<u>\$ 701,618</u>	<u>\$ 1,793,890</u>	<u>\$ 6,398,885</u>

The following are the changes in endowment net assets for the year ended June 30, 2017:

	<u>Unrestricted- Board Designated</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, July 1, 2016	\$ 3,603,534	\$ 552,370	\$ 1,793,890	\$ 5,949,794
Investment return:				
Investment income	82,064	40,835	-	122,899
Net realized and unrealized investment losses	361,920	180,169	-	542,089
Appropriation of endowment assets for expenditure	<u>(144,141)</u>	<u>(71,756)</u>	<u>-</u>	<u>(215,897)</u>
Endowment net assets, June 30, 2017	<u>\$ 3,903,377</u>	<u>\$ 701,618</u>	<u>\$ 1,793,890</u>	<u>\$ 6,398,885</u>

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

Note 8. Net Assets – Endowment (Continued)

Funds with deficiencies – From time to time, the fair value of the assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the UPMIFA requires the Clinic to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2018 and 2017.

Return objectives and risk parameters – The Clinic has adopted investment and spending policies that attempt to provide a predictable stream of funding to programs supported by the Clinic. Endowment assets include those assets of donor-restricted funds that the Clinic must hold in perpetuity or for a donor specified period as well as board-designated funds. Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce a high level of total investment return consistent with a prudent level of portfolio risk. The Clinic expects its endowment funds, over time, to provide an average rate of return of approximately 4.5% annually. Actual returns in any given year may vary from this amount.

Strategies employed for achieving objectives – To satisfy long-term rate-of-return objectives, the Clinic relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Clinic targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending policy and how the investment objectives relate to spending policy – The Clinic's spending policy is to appropriate for distribution each year up to 4.5% of its endowment fund's average fair value over the prior 12 quarters through the calendar year-end preceding the fiscal year in which the distribution is planned. In establishing this policy, the Clinic considered the long-term expected return on its endowment. Accordingly, over the long term, the Clinic expects the current spending policy to allow its endowment to grow at an average of 1.5% annually. This is consistent with the Clinic's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

At June 30, 2018 and 2017, the Clinic's permanently restricted net assets consist of investments providing a permanent source of income for operations and for the use of furthering the mission of the Clinic.

Note 9. Operating Leases

Clinic as lessor

The Clinic has non-cancelable lease agreements for the rental of a portion of the Clinic's facilities. The lease income is approximately \$475 per month as of June 30, 2018, and the lease expires August 2018. As of June 30, 2018 and 2017, the total cost and accumulated depreciation of the facility and improvements of which a portion is leased, was as follows:

	2018	2017
Cost of facility and improvements	\$ 1,249,723	\$ 1,239,723
Accumulated depreciation	(466,459)	(429,268)
	<u>\$ 783,264</u>	<u>\$ 810,455</u>

The lease income under this lease was approximately \$10,000 and \$47,000 for the years ended June 30, 2018 and 2017, respectively.

THE VOLUNTEERS IN MEDICINE CLINIC

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

Note 9. Operating Leases (Continued)

Clinic as lessee

During June 2016, the Clinic entered into an operating lease for an apartment used for temporary housing for a staff member. The lease was renewed in May 2017 for twelve months, expired in May 2018, and payments are \$1,237 per month.

Note 10. Income Taxes

The Clinic is a not-for-profit organization under Internal Revenue Code Section 501(c)(3). Accordingly, no provision for federal or state income taxes is reflected in the accompanying financial statements.

The Clinic believes that it has appropriate support for any tax positions taken and, as such, does not have any uncertain tax positions that are material to the financial statements as of June 30, 2018 and 2017.

The Clinic files information returns in the U.S. federal jurisdiction and the state of South Carolina.

Note 11. Retirement Plan

The Clinic sponsors a 403(b), tax deferred annuity plan in which any employee may elect to defer a portion of their compensation. The Plan does not include a provision for employer contributions.

Note 12. Commitments and Contingent Liabilities

Grants

Amounts received or receivable from grantor agencies in previous years are subject to audit and adjustment by grantor agencies. Any disallowed claims, including amounts already collected, could become a liability of the general fund. The amount of program expenditures which may be disallowed by the granting agencies cannot be determined at this time, although the Clinic expects such amounts, if any, to be immaterial.

Note 13. Subsequent Events

The Clinic has evaluated subsequent events through **November __**, 2018, in connection with the preparation of these financial statements, which is the date that the financial statements were available to be issued.

Note 14. Pending Financial Accounting Standards Board Standards Updates

Update 2016-14 – *Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities* is designed to improve the current net asset classification requirements and the information presented in financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows. The update is effective for financial statements issued for fiscal years beginning after December 15, 2017. Early application of the amendments is permitted. The Clinic will implement the standard in 2019.

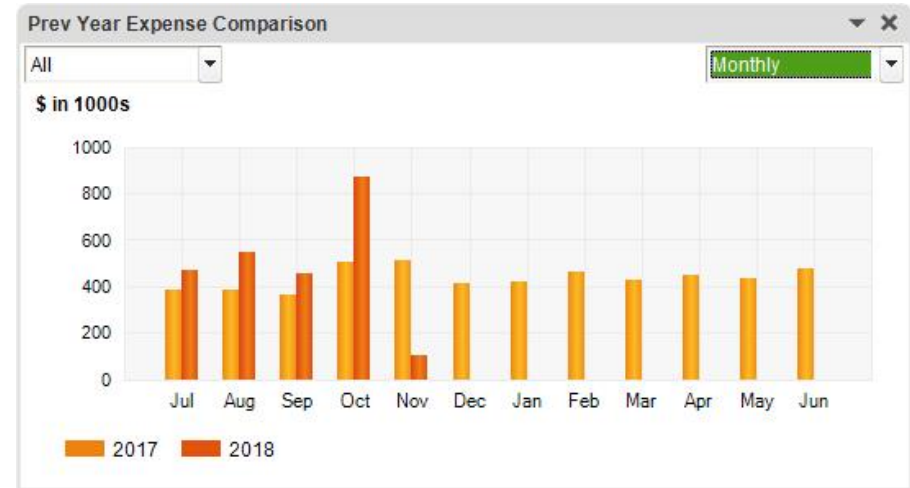
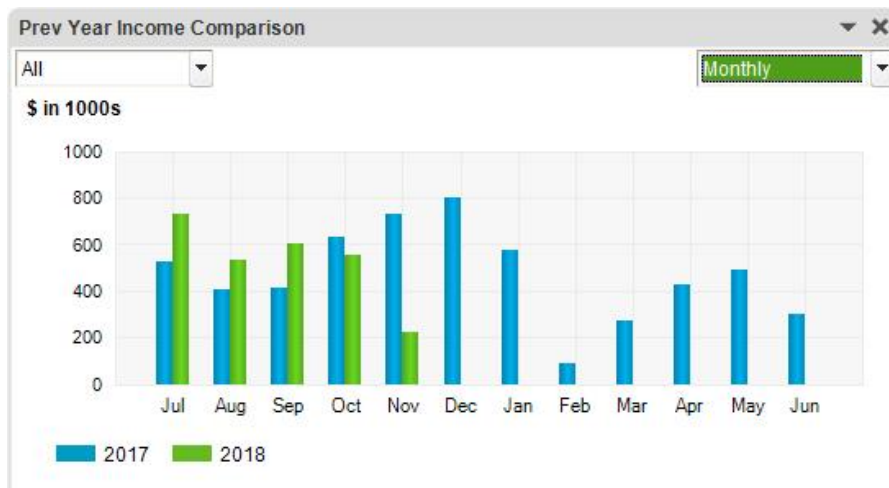


Monthly Financial Report

Presentation to the Finance Committee
For the Four Months Ended October 31, 2018

Metric		Result	Target	Celebrate	Monitor	Act
Days of Unrestricted Cash on Hand		78.13	90	>90	31-89	<30
Revenues within 5% of YTD Budget	Contributions	70%	±5%	>+5%		
	Patient Fees	15%	±5%	>+5%		
	Benefit Proceeds	17%	±5%	>+5%		
	Miscellaneous	21%	±5%	>+5%		
Expenses within 5% of YTD Budget	Administration Costs	-24%	±5%			<-5%
	Depreciation Expense	3%	±5%		-5%<>5%	
	Employee Costs	4%	±5%		-5%<>5%	
	Occupancy Costs	13%	±5%	>+5%		
	Program Costs	-12%	±5%			<-5%
	Prom & Development	31%	±5%	>+5%		

*Target is ±5% of FY'19 Approved Budget



Includes In-Kind and Investment Income (Loss) & Expense

Revenues

- Contributed Support exceeds budget by \$315,913 (169%)
 - Annual Appeal through October is \$218,360 (31% of budget).
 - Grants received exceed budget by \$230,200 (reported in prior months)
 - Memorials received for Bill Heberton and Jack McConnell not budgeted for, \$60k.
 - Birdies for Charity received in July vs. in prior fiscal year, \$25k.
- Circle of Caring Gala expected to gross \$305,385 an increase of \$121k over last year. See page 8 for details.
 - Fund-A-Need forecasted at \$70,000 plus a match of \$2,000 from the Heritage Classic Foundation (Only approximately \$15,000 will be matched from Fund-A-Need. We have reached the maximum of \$150,000).
- Patient Support is exceeding budget by \$7,745. Please see page 9 for Patient Support trends.
 - Patient visits and new patients are increasing, however patient donations are not increasing.
- Net Investment loss for the month of October was (\$316,009), year to date (\$88,681).

Expenses

- Administrative Costs exceed by \$12k budget
 - Design costs of new website, \$4,500
 - Dues to National Association of Free & Charitable Clinics \$1,800
 - Increase of credit card processing fees associated with increase in transactions from the Gala.
- Employee costs are \$17k under budget.
- Occupancy costs under budget due to the elimination of the apartment for interns, budget was for \$1,250 per month.
- Program costs over budget \$18k
 - Increase in number of outside procedures done through the Patient Surgical Navigation Program.

	ACTUAL			YTD BUDGET		FORECAST		ANNUAL BUDGET	
	July-Oct 2018	July-Oct 2017	PY % Variance	July-Oct 2018	% Variance	FY 2019	Actual % of FC	FY 2019	Actual % of Ann Bud
Revenues									
Contributions	770,213	565,969	36%	454,304	70%	1,412,952	55%	1,335,900	58%
Benefit Proceeds	141,485	88,551	60%	121,000	17%	417,770	34%	284,500	50%
Patient Support (Donations/Fees)	57,746	107,847	-46%	50,000	15%	157,746	37%	150,000	38%
Miscellaneous Inc	6,218	4,991	25%	5,128	21%	16,465	38%	15,375	40%
Total Revenue	975,662	767,358	27%	630,432	55%	2,004,933	49%	1,785,775	55%
Expenses									
Administrative Costs	61,801	33,868	-82%	49,964	-24%	151,237	41%	137,300	45%
Depreciation Expense	55,090	54,594	-1%	56,668	3%	168,422	33%	170,000	32%
Employee Costs	457,984	421,700	-9%	474,932	4%	1,407,850	33%	1,424,798	32%
Occupancy Costs	35,633	41,631	14%	40,804	13%	110,429	32%	124,000	29%
Program Costs	168,297	146,698	-15%	150,568	-12%	472,097	36%	451,700	37%
Promotion & Development Costs	20,175	14,286	-41%	29,100	31%	143,275	14%	130,200	15%
Total Expenses	798,980	712,776	-12%	802,036	0%	2,453,310	33%	2,437,998	33%
Net Operating Income	176,682	54,582	224%	(171,604)	-203%	(448,377)	39%	(652,223)	27%
Other Income									
Net Contributed Support/Mats	-	-	0%	-	0%	-	0%	-	0%
Net Investment Income	(88,681)	292,662	-130%	69,664	-127%	60,987	-145%	226,000	-39%
Net Other Income	(88,681)	292,662	-130%	69,664	-127%	60,987	-145%	226,000	-39%
Net Income	88,000	347,244	-75%	(101,940)	-86%	(387,391)	23%	(426,223)	21%

Reconciliation of Net Income to Operating Cash

October 2018

	ACTUAL	ANNUAL	FORECAST
	July-Oct 2018	FY 2019	FY 2019
Net Income	88,000	(426,223)	(387,391)
Recon to Oper Cash			
Change in Assets	9,798	(30,661)	9,798
Change in Liabilities	(63,953)	127,983	(63,953)
Capital Expenditures	(120,091)	(75,000)	(120,091)
Depreciation Expense	55,090	170,000	170,000
Net Investment Income	91,014	(226,000)	(60,987)
Oper Cash Before Transfers	59,859	(459,901)	(452,624)
Transfer From:			
Fiduciary Group	20,088	331,000	20,088
Wealthstone	-	-	-
CFLC	34,312	-	34,312
McConnell/Imlay	95,930	41,000	95,930
Vanguard IRA	-	-	-
Temp Restricted	313,251	492,595	633,251
Total Transfers From	463,581	864,595	783,581
Transfer To:			
Fiduciary Group	(20,015)	(25,000)	(25,000)
Wealthstone	-	-	-
CFLC	-	-	-
McConnell/Imlay	(101,578)	-	(101,578)
Vanguard IRA	-	-	-
Temp Restricted	(394,512)	(463,500)	(507,012)
Total Transfers To	(516,105)	(488,500)	(633,590)
Net Transfers	(52,524)	376,095	149,991
Change in Oper Cash	7,335	(83,806)	(302,633)
Oper Cash at Begin Per	481,747	250,710	481,747
Oper Cash at End Period	489,082	166,904	179,114
Operating Cash per BS	489,083	166,904	179,114
Discrepancy	1	-	-

Balance Sheet & Cash Flow Statement

October 2018

	Oct 30, 18	Jun 30, 18	% Var
ASSETS			
Cash			
Operating Cash	\$ 489,083	\$ 481,747	2%
Imlay Funds	\$ 105,784	\$ 99,801	6%
Temporary Rest Funds	\$ 408,035	\$ 325,198	25%
Total Cash	\$ 1,002,902	\$ 906,745	11%
Accounts Receivable	\$ 1,312	\$ 1,614	-19%
Other Current Assets	\$ 67,322	\$ 76,818	-12%
Total Current Assets	\$ 1,071,537	\$ 985,177	9%
Fixed Assets (Net of AD)	\$ 1,699,349	\$ 1,634,349	4%
Endowment Funds	\$ 7,080,720	\$ 7,208,031	-2%
TOTAL ASSETS	\$ 9,851,606	\$ 9,827,557	0%
LIABILITIES & EQUITY			
Current Liabilities	\$ 145,683	\$ 100,839	44%
Long Term Liabilities	\$ -	\$ 108,750	-100%
Equity	\$ 9,705,923	\$ 9,617,968	1%
TOTAL LIABILITIES & EQUITY	\$ 9,851,606	\$ 9,827,557	0%

CURRENT RATIO

	FY 2019	FY 2018
Current Assets	1,071,537	985,177
Current Liabilities	145,683	100,839
	\$ 7.36	\$ 9.77

Unrestricted Cash On Hand

	FY 2019	FY 2018
Operating Cash	489,083	481,747
Exp -Depr/365 days	6,260	5,856
	78.13	82.27

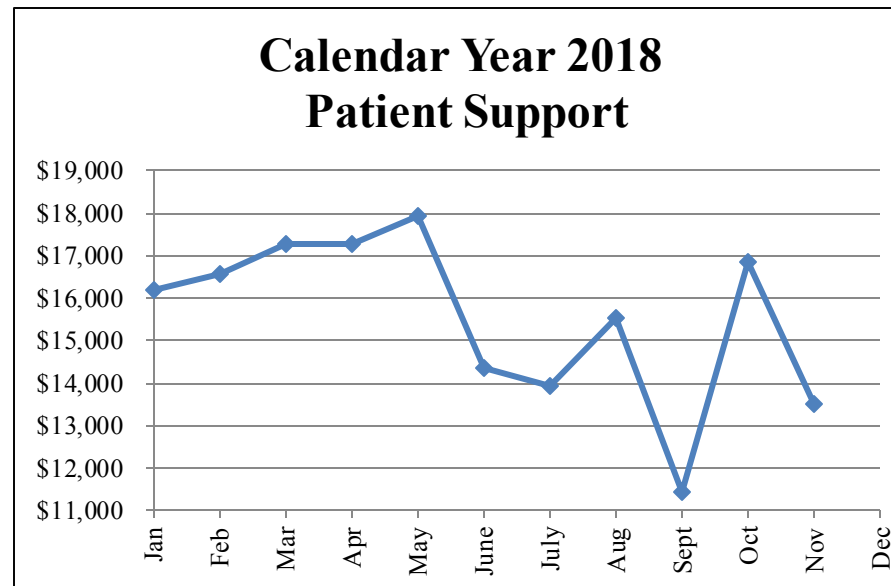
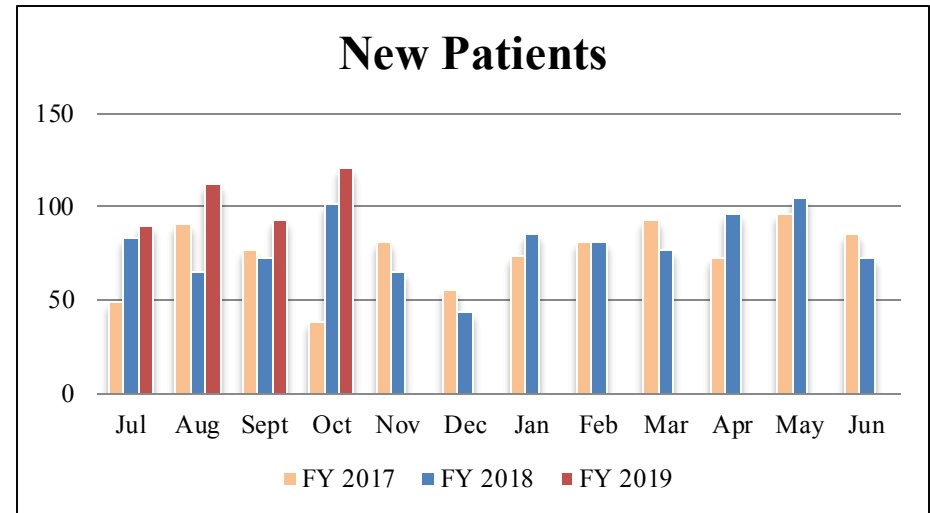
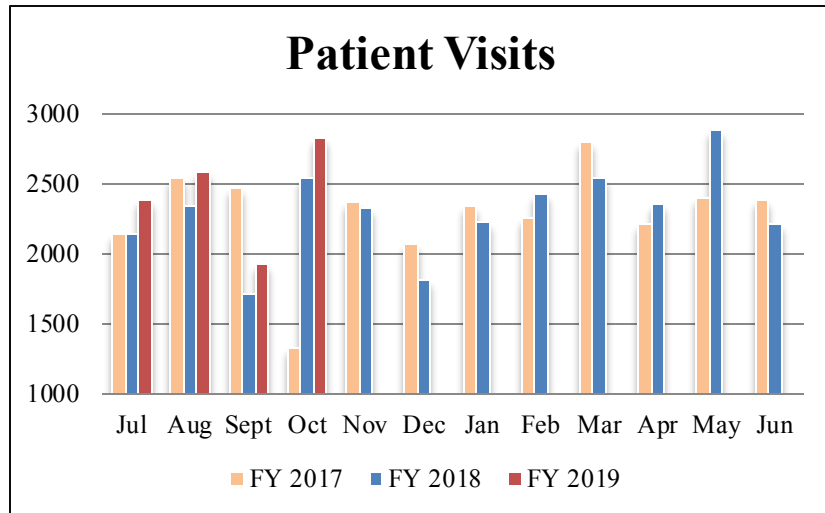
Operating Cash Flow Statement YTD

Net Income	\$ 88,000
Adjustments to reconcile NI	
Changes in Assets	\$ 9,798
Changes in Liabilities	\$ (63,953)
Depreciation Expense	\$ 55,090
Capital Expenditures	\$ (120,091)
Investment Income	\$ 91,014
Net Adjustments to Reconcile NI to Oper Cash	\$ (28,141)
Operating Cash before Releases	\$ 59,859
Net Transfers From Temp Rest (to)	\$ (81,261)
Net Transfers From Imlay Funds (to)	\$ (5,648)
Net Transfers From Fiduciary Group (to)	\$ 73
Net Transfers From Wealthstone (to)	\$ -
Net Transfers From CFLC (to)	\$ 34,312
Net Transfers From Vanguard ITA (to)	\$ -
Net Transfers	\$ (52,524)
Net Operating Cash increase(decrease) for period	\$ 7,335
Operating Cash at beginning of period	\$ 481,747
Operating Cash at end of period	\$ 489,082

	Circle of Caring Gala	Golf - Clinic Classic	Latinos Unidos	Millenium Club	Robert Pilon Concert	Total
Income						
Benefit Proceeds	85,360	375	55,730	0	20	141,485
Expense						
Benefit Expenses	10,733	2,077	2,472	0	0	15,282
Administrative Costs	1,583	0	0	0	0	1,583
Employee Costs	127	0	0	0	0	127
Occupancy Costs	0	0	0	0	0	0
Total Expense	12,443	2,077	2,472	0	0	16,992
Net Ordinary Income	72,917	-1,702	53,258	0	20	124,493
Other Income & Expense						
In-Kind Contributions	66,368	0	0	0	0	66,368
In-Kind Expenses	66,368	0	0	0	0	66,368
Net Other Income	0	0	0	0	0	0
Net Income	72,917	-1,702	53,258	0	20	124,493
	59%	-1%	43%	0%	0%	100%

Circle of Caring Gala Results & Forecast

	FY 2019	FY'19 Forecast	Budget	FY 2018
4400 · Benefit Proceeds				
4410 · Other Matching Gifts	0.00	0.00	0.00	4,100.00
4409 · C4C Matching	60.00	2,000.00	0.00	1,485.00
4408 · Event Donation	6,400.00	6,400.00	10,000.00	9,724.00
4407 · Fund A Need	0.00	74,950.00	40,000.00	38,650.00
4406 · Event Raffle Tickets/Prizes	6,625.00	6,725.00	5,500.00	10,350.00
4405 · Event Silent Auction	47,960.00	54,105.00	15,000.00	21,920.00
4404 · Event Live Auction	34,500.00	34,500.00	20,000.00	25,400.00
4403 · Event Registration	67,800.00	67,800.00	57,000.00	38,675.00
4402 · Event Sponsorship	70,250.00	70,250.00	37,500.00	34,000.00
Total 4400 · Benefit Proceeds	233,595.00	316,730.00	185,000.00	184,304.00
6400 · Benefit Expenses				
6461 · Other Benefit Expenses	684.83	684.83	0.00	185.82
6460 · Raffle/Prizes Items	0.00	0.00	0.00	0.00
6459 · Event Supplies	257.07	697.86	500.00	48.94
6451 · Facility/Security Expenses	0.00	0.00	0.00	0.00
6458 · Equipment Rental	6,130.08	6,130.08	10,000.00	9,528.48
6457 · Publications/Advertising	2,869.96	2,869.96	3,500.00	2,177.50
6456 · Entertainment	5,000.00	5,000.00	5,000.00	5,000.00
6455 · Silent Auction	232.39	232.39	0.00	0.00
6452 · Food & Beverage	53,029.39	53,029.39	36,500.00	32,541.65
6454 · Live Auction	2,047.32	2,100.00	3,000.00	3,529.06
6453 · Event Decor	6,290.66	6,290.66	6,000.00	1,389.92
6600 · Credit Card Processing Fees	5,333.62	5,333.62	3,000.00	3,098.96
6750 · Postage & Delivery	332.47	354.77	0.00	0.00
6917 · Travel	241.29	241.29	0.00	117.24
Total Expense	82,449.08	82,964.85	67,500.00	57,617.57
Net Ordinary Income	151,145.92	233,765.15	117,500.00	126,686.43
8900 · Gift In-Kind				
8940 · Benefit Contributions	67,618.38	67,618.38	40,000.00	39,866.54
8980 · In-Kind Benefit Expense	67,618.38	67,618.38	40,000.00	39,866.54
Net Other Income	0.00	0.00	0.00	0.00
Net Income	151,145.92	233,765.15	117,500.00	126,686.43





Planning and Governance Meeting
December 3, 2018

- Modified the Conflict of Interest form to read clearer following feedback from Board members. The updated form will be used beginning in 2019;
- Discussed the development of a “Pay Policy” for Volunteers In Medicine. In addition, updated the Committee on the status of our Compensation and Benefit Review progress. It is anticipated that we will communicate recommendations to the Board at our March meeting.
- Identified potential Board candidates to be considered for the two Board vacancies effective July 1, 2019;
- Reviewed feedback from our October offsite meeting and recommended changes in venue for our October 2019 offsite Board Meeting—including a half day afternoon meeting followed by a cocktail hour.



The Executive Committee has no report.



REPORT OF THE DENTAL DEPARTMENT

DR. ROB LINDSEY, DIRECTOR

December 2018

VIM Dental Treatment Analysis: The dental clinic is on track this year to provide more dental services than any previous year in operation. It is estimated the dental clinic will surpass 1.5 million dollars in valued treatment by the end of the 2018. This increase is attributed to several factors including more new patients, scheduling efficiency, a greater variety of services provided by dentist volunteers, upgraded dental equipment and ongoing training for staff and volunteers. However, the increasing number of patients also reiterates the ongoing need for more dentist volunteers especially in oral surgery as is reflected in the decreasing number of extractions provided since 2016.

The following select figures illustrate the changes in provided dental care:

Treatment Type	Year: 2016	Year: 2017	Year: 2018 (as of 12/5/18)
Emergency Exams:	564	642	727
Initial/New Patient Exams:	491	516	564
Diagnostic Images:	3234	3423	3700
Root Canal Therapy	35	58	66
Extractions:	939	829	791
Adult Cleanings:	1,029	1,086	1,287
Fluoride Treatments:	1,715	1,819	1,904
Denture/Partial (\$ Value):	\$72,302	\$95,975	\$113,431
Fillings:	1548	1820	1877

Protocol Changes: In our ongoing efforts to increase the clinic's overall efficiency, protocol changes have continued to produce ideal results. The ongoing challenge of no-show and/or short notice appointment cancellations, have been positively impacted by these changes. Measurable results from previous months:

August	September	October	November
2016: 60 n/s	2016: 62 n/s	2016: 42 n/s	2016: 62 n/s
2017: 35 n/s	2017: 28 n/s	2017: 20 n/s	2017: 35 n/s
2018: 31 n/s	2018: 21 n/s	2018: 41 n/s	2018: 23 n/s

Dental Student Rotations for 2019: The dental clinic resumes dental student rotations in January, 2019. 8 Medical University of South Carolina's College of Dental Medicine students will begin their week-long rotations and run through March. 2 University of North Carolina, Chapel Hill School of Dentistry students begin their month-long rotations in June and July. Finally, one student will be returning from AT Still University for a month-long rotation in October. We are still researching housing options for our June, July and October students. They are all 4th year students and provide a great deal of assistance to our volunteer dentists. In return, students receive valuable feedback on their clinical, chairside and interpersonal skills.



The Medical Executive Committee meets on a quarterly basis.
They will not meet again until Tuesday, January 8, 2019.



The Technology Committee meeting report will be provided in a
separate email prior to the December 11 meeting.